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REPORT

with a proposal for a European Parliament recommendation to the Council on cooperation in the European Union on preparedness and response to biological and chemical agent attacks (health security)
(2003/2187(INI))

Committee on Citizens' Freedoms and Rights, Justice and Home Affairs

Rapporteur: Gerhard Schmid

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PROCEDURAL PAGE

At the sitting of 8 October 2003 the President of Parliament announced that he had referred the proposal for a recommendation to the Council by Anna Terrón i Cusí and Gerhard Schmid on behalf of the PSE Group on dealing with the possible threat of biological and chemical weapon attacks (B5-0407/2003) under Rule 49(1) of the Rules of Procedure to the Committee on Citizens' Freedoms and Rights, Justice and Home Affairs as the committee responsible.

At its meeting of 7 October 2003 the committee decided to draw up a report on the subject under Rule 49(3) and appointed Gerhard Schmid rapporteur (2003/2187(INI)).

It considered its draft report at its meetings of 21 January and 19 February 2004.

At the latter/last meeting the committee adopted the proposal for a recommendation by 25 votes to 2, with no abstentions.

The following were present for the vote: Jorge Salvador Hernández Mollar, chairman; Robert J.E. Evans, vice-chairman; Johanna L.A. Boogerd-Quaak, vice-chairman; Gerhard Schmid, rapporteur; Mary Elizabeth Banotti, Kathalijne Maria Buitenweg (for Pierre Jonckheer), Michael Cashman, Carmen Cerdeira Morterero, Gérard M.J. Deprez, Adeline Hazan, Marie-Thérèse Hermange (for Thierry Cornillet), Margot Keßler, Timothy Kirkhope, Eva Klamt, Lucio Manisco (for Ole Krarup), Luís Marinho (for Carlos Coelho), Marjo Matikainen-Kallström (for Hartmut Nassauer), Erik Meijer (for Fodé Sylla), Elena Ornella Paciotti, Paolo Pastorelli (for Giacomo Santini), Hubert Pirker, Bernd Posselt, Olle Schmidt (for Baroness Ludford), Patsy Sörensen (for Bill Newton Dunn), Joke Swiebel, Anna Terrón i Cusí, Maurizio Turco and Christian Ulrik von Boetticher.

The report was tabled on 23 February 2004.

PROPOSAL FOR A EUROPEAN PARLIAMENT RECOMMENDATION TO THE COUNCIL

on cooperation in the European Union on preparedness and response to biological and chemical agent attacks (health security)
(2003/2187(INI))

The European Parliament,

– having regard to the proposal for a recommendation to the Council by Anna Terrón i Cusí and Gerhard Schmid on behalf of the PSE Group on dealing with the possible threat of biological and chemical weapon attacks (B5-0407/2003),

– having regard to Rule 49(3) of its Rules of Procedure,

– having regard to the report of the Committee on Citizens' Freedoms and Rights, Justice and Home Affairs (A5-0097/2004),

A. whereas the threat of terrorist attacks against EU Member States involving chemical and biological weapons is being discussed,

B. whereas, in addition to early-warning systems in Member States, information exchange and sharing of laboratory capacities, it has also been suggested that vaccines, antibiotics etc. be stockpiled at European level,

C. whereas early-warning systems in Member States, information exchange and the sharing of laboratory capacities, as well as the stockpiling of vaccines and antibiotics could have a considerable impact on the budgets of the EU and the Member States and require targeted legislative measures,

D. whereas budgetary and legal steps could be justified only on the basis of a clear risk analysis demonstrating a genuine probability of terrorist attacks in the EU involving biological and chemical weapons,

E. whereas the necessary analyses clearly exceed the capabilities of the Commission,

1. Addresses the following recommendations to the Council:

   (a) that it commission a realistic analysis of the threat posed, making use of European cooperation between national police forces and involving Europol and bearing in mind the results of cooperation between intelligence services in the fight against terrorism, in order to form the basis of a serious EU response,

   (b) that it communicate to Parliament in the appropriate form the general findings of this analysis that can, as such, be made public, so as to provide it with a rational basis for any relevant budgetary consultations,

(c) that it initiate, in the light of the findings of the analysis, the necessary legislative steps to deal with biological and chemical weapons attacks;

2. Instructs its President to forward this recommendation to the Council and, for information, to the Commission.

EXPLANATORY STATEMENT

The Commission reported on the measures taken in the European Union after 11 September 2001 to improve preparedness and response to biological and chemical agent attacks in a communication to the Parliament and the Council (COM(2003) 320). The basis for these measures is the joint programme adopted by the Council and Commission on 20 December 2002, which is intended to improve cooperation between Member States in the evaluation of risks, alerts, intervention, the storage of means of intervention and in the field of research. The programme focuses on arrangements for improved preparedness and response to biological weapons.

Biological weapons are defined as micro-organisms capable of reproducing and toxins of biological origin, which are produced for non-peaceful purposes and which as a result of their effect on physiological processes can cause death, temporary incapacitation, or permanent damage. Pathogens of transmissible and non-transmissible diseases and toxins can be used as biological weapons. Biological weapons can contain known pathogens, unknown pathogens which occur naturally (possibly in mutated form), or unknown pathogens which have been manipulated in the laboratory.

Some of the measures described in the Commission communication relate to rapid alerts, information exchange on the availability of serums, antibiotics and vaccines, and the setting-up of a network of experts. In addition, EU-wide access to the six laboratories in the EU with security level four is intended to enable the rapid diagnosis of high-risk agents. These measures are in any case necessary to improve the way in which natural epidemics which may have been introduced (SARS, Ebola etc.) are dealt with, and are not an additional burden on government budgets.

Some of the other measures discussed would however have serious budgetary implications, e.g. the stockpiling of large quantities of smallpox vaccine in the Member States or the establishment of vaccine reserves in the EU, which is also proposed. In paragraph 49 of the communication, the Commission itself refers to the problems associated with the heavy budgetary burden of buying and maintaining a stockpile of vaccine, in view of the low probability of a bioterrorist attack with appreciable impact.

In reality, major investment is required for crisis management following a terrorist attack involving the use of biological weapons to be successful, and this goes far beyond stockpiling vaccines. An effective system would be based on four pillars:

Pillar 1: Effective early warning system

In the case of biological weapons, the success of treatment, and thus of crisis management, depends on the speed with which the attack is detected. For example, vaccination can prevent an outbreak of smallpox or greatly lessen the severity of the disease for up to four days after infection. In the case of anthrax, the use of antibiotics is also only effective in the initial stages, before the bacteria have produced any toxin. Even if there is no specific treatment available, as in the case of Ebola, prompt and expert isolation of sufferers can prevent further casualties. Responsibility for rapid detection lies with doctors, yet at present it cannot be

assumed that the extremely rare diseases which are caused by biological attacks would be detected immediately by a non-specialist doctor; for example, the early symptoms of pneumonic plague resemble an influenza-like illness. As a further example, how is a doctor supposed to diagnose a disease such as smallpox in its early stages, if the last time he dealt with it was during his time at university, and even then only theoretically? Without systematic, and therefore expensive, further training for doctors, early warnings will be left to chance.

Pillar 2: Effective reporting system

All Member States have legislation on epidemics in place under which certain contagious diseases must be reported. However, these systems only come into effect after an accurate diagnosis has been made. They do not apply in cases of poisoning by toxins, and are of no help in detecting clusters of unusual illnesses. Those affected by a biological attack on a city would only become ill several days after infection, not at exactly the same time, and not even necessarily in the same place nowadays. In all likelihood they would be treated at very different times in different clinics. The way in which the USA dealt with the 1999 outbreak of West Nile Virus, a disease previously unknown there, is a good example of the above predictions. The EU rapid alert system in place since June 2002 can only report cases which have been identified as such at Member State level. Until an institution comparable to the American NCID (National Center for Infectious Diseases) exists in every Member State, or, better still, at EU level, the rapid alert system will lack a solid foundation. The setting-up of such institutions would entail significant costs.

Pillar 3: A well-developed public health care system

Epidemics stretch all health care systems to their limits. Poorly developed health care systems break down at a very early stage. The maintenance of a well-developed health system for normal operations is therefore essential for effective damage limitation in the event of a terrorist attack involving biological weapons. Not all Member States can or want to bear the costs this would entail, and this is equally, and especially, true for the accession countries.

Pillar 4: Emergency planning

Normal health care systems cannot cope with outbreaks of epidemics or mass poisonings unless additional precautionary measures have been taken for such occasions. These measures would include not only the stockpiling of antibiotics and vaccines, but also that of painkillers, emergency beds, disinfectants and body bags. In addition, clear plans must be drawn up for emergencies, covering the deployment of staff, the distribution of the supplies listed above, the setting-up of vaccination points, emergency hospitals and isolation zones, and the orderly burial of casualties. As well as these plans, preparatory training for such extreme cases is necessary for **all** the emergency services (not only the medical services). As part of these preparatory measures, it should also be ensured that in the case of an emergency affected areas would be supplied with food and that it would be possible to erect barriers. It is obvious that this would require major investment.

Each of the packages of measures described under the different pillars above would have only an extremely limited effect on its own. In order to prevent money being wasted and to avoid

self-deception, it is therefore necessary to implement all four pillars.

The considerable investment required to establish a truly effective defence strategy for terrorist attacks involving biological weapons means that a reliable assessment must be made of the risk of such attacks occurring. There must be coherent reasons showing that such measures are necessary, and it is not enough to take up claims made by the USA without closer examination. The United States had and has reasons to claim that a threat exists from biological weapons which 'rogue states' may have supplied to terrorists, but these reasons have less to do with a genuine threat than with justification for military intervention. The letters containing anthrax spores which were sent to addresses in the USA after 11 September 2001 are now known to have come from within the USA, and not from the biological weapons programmes of other countries.

Although there have been a number of incidents in the past involving biological weapons, their effects were restricted to a small area. For example:

- in the early 1980s a 'home laboratory' was discovered in Paris in a flat used by the RAF (Rote Armee Fraktion), in which *Clostridium botulinum* had been cultivated. The botulinum toxin which can be manufactured from these cultures is highly poisonous;

- in September 1984, in The Dalles, a small town in Oregon (USA), the Rajneesh sect contaminated food in local restaurants with salmonella. A total of 751 people became ill;

- in 1993, an American extremist was arrested during an attempt to smuggle 130 g of ricin across the border from Alaska into Canada. The toxin was to have been used as a biological weapon;

- the Aum Shinrikyo sect has tried to use biological weapons on a number of occasions:

    - in April 1990, attacks were carried out against the Japanese Parliament in Tokyo, the city of Yokohama, the US naval base Yokosuka and the Narita international airport using botulinum toxin released from vehicles. There were no known cases of illness,
    - in late June 1993 the sect attempted to disseminate anthrax spores over Tokyo from the roof of one of their buildings using a spraying device,
    - on 15 March 1995 the Aum sect placed three briefcases intended to release botulinum toxin in the Tokyo subway. However the culprit apparently had misgivings and replaced the poison with a non-poisonous substance.

Infectious biological weapons designed to cause epidemics were not used in any of these attacks.

When assessing risks, available knowledge on terrorism should be used. Terrorists are not crazed madmen who are interested in killing for the sake of it; they pursue political goals using highly criminal methods. As demonstrated on 11 September 2001, they are prepared to kill thousands of people in the process, yet their real goal is not killing as an end in itself, but the deliberate provocation and spectacular discrediting of the state under attack. Terrorism against everyone in the world is a contradiction in terms! This rules out weapons whose

effects cannot be confined to a small area, as the political effect would otherwise fail.

Because of incubation periods and high levels of global mobility, a major attack involving smallpox virus on the USA or an EU Member State would not be restricted to the country in question. The epidemic would rapidly be transmitted via international flights to third-world countries or Muslim countries, which would be less able or completely unable to deal with it.

There can be no doubt that terrorists carry out cost-benefit analyses. The effects that can be achieved with small-scale chemical weapons can in the vast majority of cases be achieved much more easily with conventional methods (e.g. the diesel and fertilizer bomb attack in Oklahoma, the attack involving a lorry loaded with propane gas in Tunisia, or, as an example of an attack which has not yet been carried out, an attack with diesel and an accelerant on an underground station).

It is impossible for this risk to be assessed by either the European Commission or the Health Ministers of the EU Member States and their officials, who have mostly dealt with this issue up to now. Instead, experts on terrorism must be consulted so that a realistic analysis can be drawn up of the threat posed, which could then form the basis of a serious EU response. This could be achieved by making use of European cooperation between national police forces, by involving Europol and by taking into consideration the results of cooperation between intelligence services in the fight against terrorism.

PROPOSAL FOR A RECOMMENDATION B5-0407/2003

pursuant to Rule 49(1) of the Rules of Procedure
by Anna Terrón i Cusí and Gerhard Schmid
on behalf of the PSE Group
on dealing with the possible threat of biological and chemical weapon attacks

The European Parliament,

A. whereas the threat of terrorist attacks against EU Member States involving chemical and biological weapons is being discussed,

B. whereas, in addition to early-warning systems in Member States, information exchange and sharing of laboratory capacities, it has also been suggested that vaccines, antibiotics etc. be stockpiled at European level,

C. whereas such a policy could have a considerable impact on the EU budget and require targeted legislative measures,

D. whereas such steps could be justified only on the basis of a clear risk analysis demonstrating a genuine probability of biological and chemical weapon attacks in the EU,

E. whereas the necessary analyses clearly exceed the capabilities of the Commission,

Recommends that the Council:

1. Commission a realistic analysis of the threat posed, making use of European cooperation between national police forces and involving Europol and bearing in mind the results of cooperation between intelligence services in the fight against terrorism, in order to form the basis of a serious EU response;

2. Communicate to Parliament in the appropriate form the general findings of this analysis that can, as such, be made public, so as to provide it with a rational basis for any relevant budgetary consultations;

3. Initiate, in the light of the findings of the analysis, the necessary legislative steps to deal with biological and chemical weapons attacks.