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STEERING COMMITTEE ON COUNTER-TERRORISM (CDCT)

Overview and Preliminary Reflection on the Bioterrorism Threat

Secretariat of the Counter-Terrorism Division
Information Society and Action against Crime Directorate, DG I

DGI.CDCT@coe.int / www.coe.int/terrorism

1. Introduction

The current COVID-19 climate highlights the **potential impact of the intentional use of biological weapons.** Biological agents are key stimulates for terror due to their ability to cause morbidities, mortalities and societal paralysis.

In the meantime, terrorist organisations have demonstrated the intention to use biological weapons, for example, ISIS members planning to infect human carriers with Ebola[1]. **These intentions were limited by the lack of capability to be successful.** However, over 5,600 former ISIS members have now returned to 33 Western countries[2]. These countries have had technological advancements, **increasing the accessibility of information and biological substances** via the dark web and private exchange platforms. This enables **the pre-existing intention to act, to combine with new capabilities to be successful**, demonstrating as Interpol have stated, **a realistic bioterrorist threat.**

This threat could be considered by CDCT in order to have a better vision of the possible measures to counter bioterrorism and to eventually address the lack of operational and legal framework in this domain.

2. Definition and History of Bioterrorism

Bioterrorism refers to **the intentional release of biological agents or toxins for the purpose of harming or killing humans, animals or plants** with the intent to intimidate or coerce a government or civilian population to further political or social objectives[3]. There are three key groups of possible biological agents that could be used as weapons: bacteria, viruses and toxins. Biological agents can be spread by contaminating food or water, aerosol sprays, explosive devices, absorption or injection into the skin, infection of agriculture or simply human contact.

The end of the Cold War has witnessed a significant rise in the use of biological agents by non-state actors for terrorist purposes. For instance, the 2001 anthrax attacks through U.S. mail infected 11 people, of which five died. This event can be considered the first realistic bioterrorism case.

3. Threat Severity Assessment

The following threat severity assessment aims to highlight the appropriate counter-bioterrorism measures that address both the intention and capability of the terrorist to be successful:

3.1. The Variety of Attacks

The increased accessibility of information and the range of bacterial pathogens that can be obtained and used (as shown in Table 1), creates variations in the **possible types of attack**. These include large scale targets of local communities, cities or official infrastructures. In

[1] A Short History of Biological Warfare: From Pre-History to the 21st Century: https://ndupress.ndu.edu/Portals/68/Documents/occasional/cswmd/CSWMD_OccasionalPaper-12.pdf
[2] Beyond the Caliphate Foreign Fighters and the Threat of Returnees: https://thesoufancenter.org/wp-content/uploads/2017/10/Beyond-the-Caliphate-Foreign-Fighters-and-the-Threat-of-Returnees-TSC-Report-October-2017.pdf
[3] Bioterrorism: https://www.interpol.int/en/Crimes/Terrorism/Bioterrorism

contrast to specific individuals or even indirect attacks on humans through the infection of agriculture.

3.2. The Potential Impacts

Due to the **covert and unfamiliar nature of bioterrorism, a delay in the required response is likely.** An attack can, therefore, have a negative economic, political and social impact as well as causing high mortality and morbidity rates. The severity of the impact is dependent on the vulnerability discrepancies of the targeted area. For example, variations in the availability and use of health services, the economic, political and social status or the specific climate of the targeted area(s). Additionally, containing the impact of an attack is limited by **21st century globalization**, including widespread movement and interconnectivity of people, **as shown throughout the case of COVID-19.**

3.3. Monitoring and Detection

The technological surveillance systems are currently considered insufficient for detecting the intention, capability or actual use of bioweapons[4]. The large range of platforms used to exchange information and agents extends beyond the dark web, including private exchanges via trusted networks, making it challenging to monitor and detect.

The slow onset of disease following the exposure to an agent may inhibit the detection of the event as a terrorist attack, **preventing the recognition of the time, location and perpetrator.** The range of possible attacks and the corresponding impact combined with insufficient monitoring and detection systems **present a high threat level.**

4. The Demand for Operational and Legal Framework Dedicated to Bioterrorism

International and European legal framework related to the production and use of biological weapons mainly exists in the **Geneva Protocol** (1925), which prohibits the use of such weapons in the event of armed conflict. The **Biological and Toxin Weapons Convention (BTWC)** of the UN (1975) is the first multilateral disarmament treaty banning the development, production and stockpiling of this category of weapons. In **Resolution 1540** (2004), the UN Security Council also decided that all States will not provide any form of support to non-State actors that attempt to acquire or use biological weapons. As part of the EU Strategy against Proliferation of Weapons of Mass Destruction (2003), the Council of the EU has adopted **Decision (CFSP) 2016/51** in support of the BTWC and **Decision (CFSP) 2017/809** in support of UN Resolution 1540.

However, most of these legal instruments are designed around the perspective of biological weapons being used in interstate conflicts. Even the UN Resolution 1540 only **briefly mentions the bioterrorist threat.** Moreover, **these instruments** primarily encourage States to take non-proliferation measures at the national level but **do not define any common regulation standards** in the field of bioterrorism. In this regard, the Council of Europe could

[4] Lack of Adequate Surveillance of Biological Threats is a Peril to Global Public Health**:** https://www.omicsonline.org/lack-of-adequate-surveillance-of-biological-threats-is-a-peril-to-global-public-health-2157-2526.S4-e001.php?aid=9831

contribute by creating an **operational and legal framework specifically dedicated to countering the bioterrorist threat.**

5. Conclusions: The Role of the Council of Europe

It has to be brought to the attention of the committee members that the Council of Europe could provide its Member States with a **common reference basis, allowing them to efficiently deal with the issue of bioterrorism** in areas such as justice, health, intelligence and police affairs. This could help European partners to effectively counter this threat and develop common responses in the event of a bioterrorist attack. In this regard, the Council of Europe could aim to develop an instrument that:

- Defines **the biological products and the activities potentially related to bioterrorism** that need to be regulated at the European level;

- Ensures **cooperation to prevent bioterrorism** (between Member States and other international bodies) by bringing together experts from all concerned domains including technological development and the sharing of monitoring and detection systems;

- Develops **interstate coordination** models that could be used **in the case of an actual bioterrorist attack**, considering the disparities (notably in terms of health infrastructures) between countries.

Appendix:

Table 1:

Category A **Highest Risk**	**Category B** **Second Highest Risk**	**Category C** **Third Highest Risk**
Anthrax	Caliciviruses	Antimicrobial Resistance
Botulism	Chikungunya	Hendra
Dengue	Cholera	Influenza (highly pathogenic strains)
Ebola	E. coli O157:H7	MERS
Hantavirus	Hepatitis A	Nipah
Lassa	Ricin toxin	Prions
Marburg	Salmonella	Rabies
Plague	Typhus fever	SARS
Smallpox	Yellow fever	Tickborne encephalitis
Tularemia	Zika	Tuberculosis