GOLD & ENERGY ADVISOR

$19 BONUS ISSUE Special Bonus Issue on Bioterror

"The Biological 9/11 Capable of Killing Millions!"

"A virulent and incurable biological attack may be the next horror unleashed by our terrorist enemies. This is the stuff of nightmares—but the danger is real and imminent.

"The effect of this sort of terrorist attack on the world's financial markets would be devastating. It could very well crack the very foundation of fiat (paper) money and change human civilization..."

I have to admit—it sounded crazy to me at first. Until I learned more.

This special issue contains an interview with Dr. Kanti Daya, an infectious disease specialist (with very impressive credentials). I first heard of Dr. Daya a while ago, and learned of his belief that new strains of tuberculosis could be a devastating weapon in the hands of suicide terrorists.

Frankly, this sounded a bit nutty to me. Tuberculosis? Didn't we conquer that disease decades ago?

As it turns out, no—we didn't. Tuberculosis is not only widespread in one-third of the world's population, it's mutated into some frightening new strains.

Strains that are not only deadly, but incurable. Strains that would make powerful weapons for terrorists.

Despite all that, I didn't place too much importance on this information. Then I heard of deadly new outbreaks of TB in South Africa and England. The disease is untreatable, and unstoppable. People are dying.

When I heard all this, I immediately thought of Dr. Daya. This sounded exactly like the scenario he'd described.

I realized I was wrong about my earlier assessment of his work. So I immediately contacted him to set up this interview, and created this bonus issue for you.

By this point, though, you might be wondering about all this. If the TB outbreaks are really such a big deal, why you haven't heard about them from the mainstream media?

Well, I'll let Dr. Daya explain that himself. Here's the interview!

Q: Why don't we begin by discussing your background?

I was born in India, and raised in Johannesburg, South Africa. I fled the Apartheid government and immigrated to the US some 40 years ago.

I've completed several academic degrees in multiple countries, including Southern Africa, England, the United States, and my medical degree which I completed in Asia. I became interested in medical research while still in medical school abroad. After medical school, I returned home to the US and continued with my medical research.

Q: I understand your research has made quite an impact. I believe you recently submitted a preventative treatment for heart attack and stroke to the FDA for approval, and you got a waiver to skip the IND [Introduction of New Drug] step—the part that's 90 percent of the overall process. And before that, the FDA hadn't issued a waiver for 35 years, is that right?

That's correct. The medication is called Carvasin™, and it addresses the epidemic and number one cause of fatality in our country. I believe it is a revolutionary treatment for heart attacks and strokes. The claim I submitted to the FDA, along with my Thesis on the medication which was first submitted to Harvard Medical School, was that Carvasin, in a primary care modality, would mitigate heart attack and stroke up to 92% and provide additional longevity of 8-10 years in good health. We're currently in the FDA approval process.

Q: That's a fascinating story in itself, but outside of our current scope. I just wanted to bring it up so our readers would have an idea of the kind of things you've accomplished. More on the topic for today, you've done a tremendous amount of work in infectious diseases, correct?

Some work, yes. A few years ago, I started by developing what is now known as the DST, or Daya Syphilis Test. While you and I may not think that syphilis is a big problem, there are, according to current estimates, approximately 100 million tests performed for it each year. Even in the US, there are hotspots where the disease attempts to take hold, and it's even more prevalent on the African, Asian and South American Continents.

There were existing tests for syphilis already, but these tests had some problems. I developed a test based on a different medical technology that works much better. It was approved by the FDA in 2000, and has been adopted by the US military. DST is shipped into combat zones with our soldiers.

Q: I understand this was a major development in fighting that disease. Once you were done with that, what did you do next?

Thereafter, I moved onto developing another infectious disease test, for a disease that's more prevalent than any other in the world: tuberculosis.

At least one-third of the world—two billion people—are infected with TB. Here in the US and Canada we barely hear about these diseases, but even in our country we're starting to feel their impact because of immigrants from the Caribbean, South America, Eastern Europe, Africa, and Asia as well.

Tuberculosis is a tremendous problem in the rest of the world. We have many programs for addressing it—the World Health Organization plays an active role, and the US government has contributed toward it. Even Bill Gates, in a program partnership with former President Clinton, has contributed hundreds of millions of dollars to fighting tuberculosis in Asia as well as Africa.

Q: How bad is TB?

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TB has been dubbed the "Captain of the Men of Death." One epidemic in Europe was called the "Great White Plague" and lasted about 200 years.

In early 19th century England, TB was so pervasive a killer that it dwarfed other dreaded diseases like cholera and typhus. It was so common and so little understood that death from the disease was accepted as inevitable. TB in the early 19th century may have accounted for one third of all deaths. During World TB Day in 1999, it was reported that an estimated one billion persons died of the disease worldwide during the 19th and early 20th centuries alone.

TB is a deadly killer, responsible for nearly two million deaths every year—that's almost four lives claimed every single minute.

The disease is communicated via airborne droplets. It has no color, odor or heat content that would alert you to avoid breathing. For example, an effective infection with anthrax requires between 8,000–10,000 particles. TB infection only requires an inoculum of 2-3 particles.

Based on a number of variables, vibrant healthy adults might survive the attack. The very young, the very old, the infirm or those that are immuno-compromised, such as HIV-AIDS patients, will immediately succumb to the disease. For example, today, about 30 percent of the 40 million people living with HIV or AIDS worldwide also have TB.

Tuberculosis usually develops in the lungs, the main zone of infection. Major symptoms are prolonged cough, bloody expectorations, chest pain, and changes in a person's general health status. Coughing, sneezing, talking, and spitting can all spread the bacilli in the air where they can remain for several hours before being inhaled by another person.

The healthy may be infected and may harbor the disease without symptoms. This condition is known as "latent." However, when a 'latent' patient's vitality is compromised, he or she will express the disease in its "active" form.

Q: So it's a lot worse than most Americans realize. That's why you began your research into the disease.

I began researching possibilities of developing a cheaper, better alternative for diagnosing TB. There were existing tests, but they had several problems. For example, they were based on older strains of TB, not the newer ones we see in the world today.

This work was very dangerous. I needed a viable bacterial source—I wanted to find more current bacteria that have a contemporaneous presence. So I went into government TB quarantine wards in Asia and took donations of blood samples from a number of active TB case patients.

Between this research and the development of the test itself, I became exposed to the power of the disease and how it's able to bring about its devastating effects.

Ultimately I succeeded in developing the D-Mantoux Test. My test has been used in India for well over a decade now. It was tested by the World Health Organization, and found to be a viable, accurate test. It has been used in India to diagnose millions of patients.

I brought it to the US and began the approval process just about 4 years ago. It's currently in the FDA and I'm expecting it to go to Phase I clinical trials shortly. It will be tested at the National Institute of Tuberculosis in New Jersey. Phase II is planned for trials at Walter Reed Memorial Hospital.

Q: When did you start realizing how devastating TB would be for bioterror?

9/11 was a wakeup call for all of us. The "Jihadists" had a stunning impact on me. I realized that because of our state of heightened preparedness, their logical progression would be bioterrorism.

Based on my medical training, having a childhood among fanatic Muslims in Africa, and my personal research, I am convinced that the absence of a viable program against tuberculosis being used a weapon compromises our state of national security.

TB has been around for a long time. Evidence of TB appears in Biblical scripture, in Chinese literature

Dr. Kanti Daya

dating back to around 4000 BC, and in religious books in India around 2000 BC. In ancient Greece, Hippocrates mentions TB around 400 BC, as does Aristotle, who talked about "phthisis and its cure" (about 350 BC). However, like all other diseases, it has mutated over time.

One of its mutated forms is called MDR-TB (multi-drug resistant TB). Traditionally we were able to use a combination of 3-4 medications to control the disease. But MDR-TB has mutated to where conventional medications would not work in controlling it. The bacteria are highly resistant to being killed.

It has mutated in another way as well, in its level of virulence, its degree of infectivity.

TB is passed on by airborne particles. Typically, if an individual had TB in a large room that was well-aired, you wouldn't get TB unless you were living in close conditions. So traditionally, we've created quarantine wards, and isolated the individuals from infecting the rest of the population. This was successful. We have also had some degree of success with the BCG vaccine.

However, with the virulence mutation we just discussed, even in a well-aired area you'll transmit the disease simply by talking with another individual for a brief moment.

In the US, we discovered one of those mutations. We called it the Charlie virus. There was an individual by the name of Charlie, who lived in a rural area. We found that as this individual traveled, people were becoming infected. Even individuals he talked to at gas stations and grocery stores were being infected with the virus. (It's actually a bacterium, but we call it a virus.)

The Charlie virus was found to be approximately 1,000 times more infective than the old TB we were accustomed to. So not only did we have a disease that was resistant to multidrug treatment, now we also had a variant that was 1,000 times more infective.

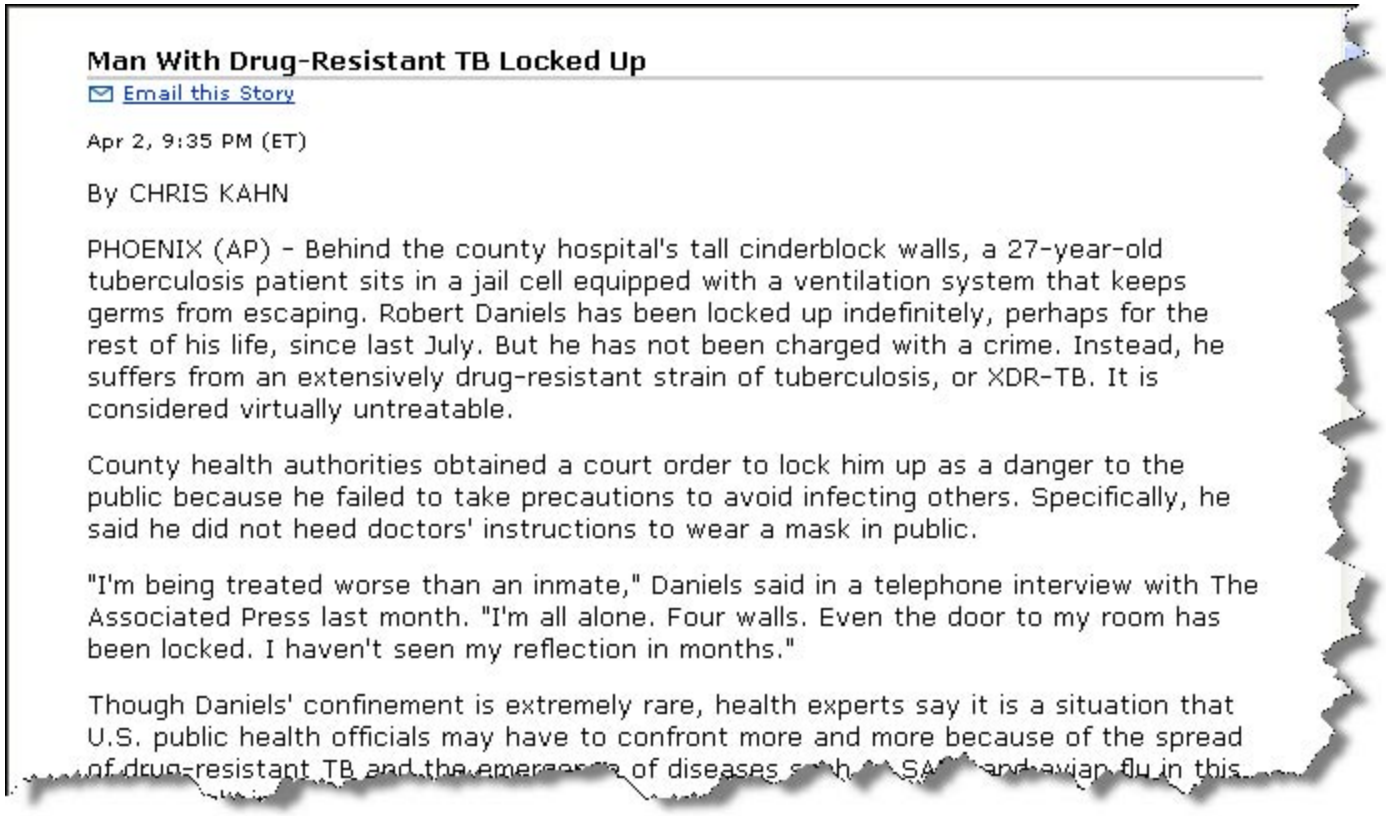
A person with active TB traveling on a train would, in a short distance, infect everyone on the train. Or if he was traveling on an airplane, or was in a restaurant, or even just at a gas station, filling gas. Everywhere he went, people would get infected. If that infected individual deposited sputum [saliva or phlegm] in a public place, it would be a depository of the disease—essentially a "time bomb."

The virus has grown, and gained some frightening dimensions to it.

Q: How did they isolate the source of this outbreak? How did they find Charlie, and why didn't it spread further if it's so hard to treat?

We were lucky. The disease developed in a southern rural area, and our surveillance mechanisms brought it to the attention of the CDC [Center for Disease Control]. Most physicians would just think it was a chest cold or flu or a seasonal virus.

Even then, the CDC utilized substantial resources to isolate and identify the source. The bacterium



Man With Drug-Resistant TB Locked Up

Email this Story

Apr 2, 9:35 PM (ET)

By CHRIS KAHN

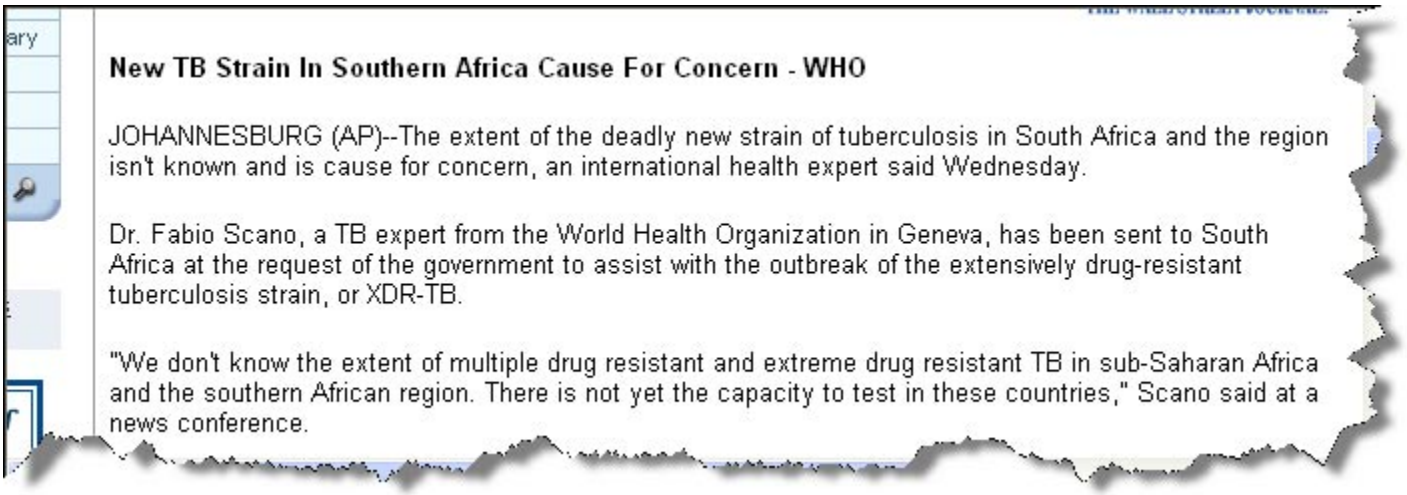
PHOENIX (AP) - Behind the county hospital's tall cinderblock walls, a 27-year-old tuberculosis patient sits in a jail cell equipped with a ventilation system that keeps germs from escaping. Robert Daniels has been locked up indefinitely, perhaps for the rest of his life, since last July. But he has not been charged with a crime. Instead, he suffers from an extensively drug-resistant strain of tuberculosis, or XDR-TB. It is considered virtually untreatable.

County health authorities obtained a court order to lock him up as a danger to the public because he failed to take precautions to avoid infecting others. Specifically, he said he did not heed doctors' instructions to wear a mask in public.

"I'm being treated worse than an inmate," Daniels said in a telephone interview with The Associated Press last month. "I'm all alone. Four walls. Even the door to my room has been locked. I haven't seen my reflection in months."

Though Daniels' confinement is extremely rare, health experts say it is a situation that U.S. public health officials may have to confront more and more because of the spread of drug-resistant TB and the emergence of diseases such as SA[illegible] and swine flu in this

Tuberculosis is starting to appear in the news with alarming frequency, as in this article from AP news.



New TB Strain In Southern Africa Cause For Concern - WHO

JOHANNESBURG (AP)--The extent of the deadly new strain of tuberculosis in South Africa and the region isn't known and is cause for concern, an international health expert said Wednesday.

Dr. Fabio Scano, a TB expert from the World Health Organization in Geneva, has been sent to South Africa at the request of the government to assist with the outbreak of the extensively drug-resistant tuberculosis strain, or XDR-TB.

"We don't know the extent of multiple drug resistant and extreme drug resistant TB in sub-Saharan Africa and the southern African region. There is not yet the capacity to test in these countries," Scano said at a news conference.

was MDR [multi-drug resistant] but not over a wide spectrum, so we were able to treat with conventional medical modalities.

Despite all that, it still infected hundreds.

Q: Have there been other outbreaks in the United States?

Yes, although you don't hear much about them. We had an outbreak of MDR-TB in the 80s in New York. It was suspected that illegal immigrants were the infecting carriers of that outbreak. There were approximately 60 individuals found to be infected.

The process of isolating the individuals cost the US about a billion dollars. It's a very expensive disease to epidemiologically identify, isolate and treat. Patients undergoing treatment for MDR-TB face long and arduous treatment lasting up to two years, much of which is often spent hospitalized in isolated wards. The drugs are very toxic, cause a wide range of side effects, and are very expensive, costing up to $15,000 per treatment course.

Even after all that, the survival rate in that incident was only about 50 percent.

Q: Sounds like health officials have good reason to be scared of this disease. Tell me about the current outbreak in England and South Africa.

This is a truly frightening mutation. It has been named the extensively drug resistant tuberculosis (XDR-TB) variant. The World Health Organization has convened a global task force to fight it. A major limitation currently is the difficulty of diagnosing patients. This problem is even more acute in the case of XDR-TB because the disease is so rapidly fatal that most patients will die before the results

BIOTERRORISM >> GENERAL BIOTERRORISM INFORMATION >> NEWS >>

Printable Pa

Interpol official warns of bioterror threat

Mar 20, 2007 (CIDRAP News) – Interpol's top official said yesterday that evidence collected from terrorists suggests that international law enforcement agencies should be ready to respond to chemical and biological attacks.

Ronald K. Noble, Interpol secretary-general, told a reporter from *Gulf News*, a newspaper based in the United Arab Emirates, that training materials recovered from Al Qaida investigations and information from captured operatives suggest that terrorist groups have had plans to launch bioterrorist attacks. Noble made the comments at an Interpol bioterrorism prevention workshop for the Middle East and North Africa, which is being held this week in Muscat, Oman. Interpol is the world's largest international organization of police agencies.

More recent news. Top article is from the Associated Press. Bottom article is from the University of Minnesota's CIDRAP (Center for Infectious Disease Research & Policy).

of their diagnosis are available. Its virulence is unprecedented, and it's been reported to be fatal to all infected persons.

Q: There's no cure?

No, none has been reported to date. It is reported to be rapidly fatal in all cases. There's no question of being able to suppress the disease at any age. You'll be dead within 3 months at the most.

Q: You've said this would be a devastating weapon for terrorists. Let's talk about that.

We've seen that the terrorists are fanatics, and will use any weapon they can. Saddam Hussein used chemical weapons against the Iranians in their seven-year war. Our solders were exposed to chemical weapons during Operation Desert Storm. The value of human life is perceived by these fanatics in a different context from our Judeo-Christian system of values.

The CIA and national security agencies are all highly aware of the number of biomedical weapons that can be used for terror. The CIA has issued a

Biological Terror Weapons

The United States CDC (Centers for Disease Control and Prevention) maintains an extensive list of biological threats to the US population.

The CDC categorizes each disease/agent according to its threat. The most dangerous organisms pose a risk to national security because:

- they can be easily disseminated or transmitted from person to person;
- they result in high mortality rates and have the potential for major public health impact;
- they might cause public panic and social disruption;
- and they require special action for public health preparedness.

According to the CDC, some of the most dangerous organisms are these:

- Anthrax (Bacillus anthracis)
- Plague (Yersinia pestis)
- Smallpox (Variola major)
- Tularemia (Francisella tularensis)

Anthrax: In 2001, we saw a successful bioterror attack when somebody sent anthrax spores through the US mail and killed five people.

Why it's dangerous: it's easy to obtain, since it's a naturally occurring disease in animals. Spores can be dried into a powder that's easily stored and remains potent for decades. Also, it can be incredibly lethal: there's at least one known strain where just 8 gallons would be enough to kill everyone on earth.

How terrorists could use it: The spores have to be distributed through the air. Infected victims aren't contagious, so this is a direct attack rather than an epidemic.

Is there a vaccine? Yes, but it requires a series of vaccinations over 6 months. Last year the government cancelled an $877 million contract to buy more doses, so it's not widely available anyway.

Smallpox: This disease has caused mass epidemics throughout history, prompting a concerted medical effort to stamp it out. This fight was successful: the last known case occurred in Somalia in 1977. Since then, the only known samples of the virus are in labs in Atlanta and Moscow.

The CDC lab in Atlanta is secure. Unfortunately, for quite some time after the Soviet Union fell, the one in Moscow was not. Government security experts are concerned that, just as Soviet nuclear material was stolen and sold on the black market, so could the Soviet biological weapon stockpiles.

Why it's dangerous: If you catch smallpox, you need to be treated within four days. After that, there's no cure, and there's a 30 percent chance you'll die. Unfortunately, symptoms don't appear for two weeks after infection, so by the time you know you have it, it's too late. Smallpox is highly contagious and spreads easily from person to person. According to the CDC, "One confirmed case of smallpox is considered a public health emergency."

How terrorists could use it: By spreading weaponized smallpox through the air, or infecting themselves and then traveling on aircraft, trains, etc.

Is there a vaccine? Yes, but it's not being administered anymore. Routine vaccinations stopped in 1972, because the vaccine contains a live virus called *vaccinia* that itself kills a certain percentage of people. The government estimates that if the US population was vaccinated now, several hundred would die directly as a result of the vaccination, and thousands more would develop life-threatening complications.

If you were born before 1972, you were probably vaccinated as a child. This makes you somewhat resistant to smallpox today, but you're no longer

list of potential bioterror weapons, and TB has been listed as one of the most powerful weapons that could be used against our citizens.

An individual can be infected with TB, and in the disease's early stages, you'd never know it. Ideally terrorists seek weapons of destruction that are easily camouflaged, that are not detectable, that are easily portable, that will remain in the air or whatever media they introduce it to for some time, and that have definitive fatality results. They've had a great deal of difficulty developing those types of weapons.

An excellent example was the sarin gas attack in Japan. It's a gas that affects the nervous system and is highly lethal, and terrorists in Japan deployed it in a subway station. Fortunately the gas dissipates very quickly, and so the number of individuals affected was reduced, although it was in a highly concentrated area. Also there are natural protective mechanisms, such as UV light, bright sunlight, heat, and in the Japanese incident, even wind.

With our detection systems, liquid and metal weapons are detectable. However, bacteria and vi-

Biological Terror Weapons *cont'd*

immune (full immunity lasts only 3-5 years). Thus, even though much of the US population was previously vaccinated, we're still vulnerable to a mass epidemic.

Plague: This is one of the deadliest diseases in human history, killing an estimated 75 million in the Middle Ages. It became known as the Black Death because its victims bleed under the skin and blacken before they die.

Plague comes in several forms. The one that ravaged Europe in the 1300s was apparently bubonic plague, spread by fleas which fed on infected rats. A handful of cases still occur in the US every year, mostly in the rural West where squirrels have been found to carry the plague. Bubonic plague doesn't transmit directly from person to person.

That's not true, though, for the more deadly form: pneumonic plague. This form spreads from person to person via airborne droplets from infected individuals.

Why it's dangerous: Pneumonic plague is feared by health officials because it spreads so easily. Bubonic plague kills up to 75 percent of its victims, which is bad enough, but it's mostly spread by fleas. Pneumonic plague kills 90-95 percent of its victims, and spreads easily from person to person. Survivability goes up if it's treated early, but infected individuals don't realize they have it until 1-6 days after being infected.

How terrorists could use it: The bacterium is found in nature, and can be easily obtained. Weaponizing it for airborne distribution is difficult. However, it would be easy for suicide terrorists to infect themselves and then spread the disease.

Is there a vaccine? No.

Tularemia: This disease is also known as "rabbit fever," since rabbits and other rodents can carry it. Ticks and deer flies spread the bacteria to humans.

Why it's dangerous: Tularemia is one of the most infectious diseases known: less than 10 bacteria are required to give someone the disease. Once in the body, the bacteria infect macrophages, a type of white blood cell, which makes it difficult for the immune system to fight the disease. Without prompt antibiotic treatments, about half of the victims die from multiple organ failures.

How terrorists could use it: The organisms are commonly found in nature, and can be easily aerosolized for spreading via aircraft.

Is there a vaccine? No.

Why Tuberculosis Could Be Worse than All These

Notice that TB meets all of the criteria for the CDC's "most dangerous" list:

- it can be easily disseminated or transmitted from person to person;
- it results in high mortality rates and has the potential for major public health impact;
- it might cause public panic and social disruption;
- and it requires special action for public health preparedness.

In some ways, TB matches these criteria even better than the diseases listed above.

Anthrax and tularemia only kill those that breathe the particles spread by the attackers. But TB can spread in a massive epidemic through the entire population from just a few infected individuals.

Smallpox is difficult to obtain (we hope). But the new deadly form of TB can be easily contracted in South Africa, where many infected individuals are still at large.

And all of the diseases listed above are treatable, especially if caught early enough. However, the new MDR strain of TB is not only deadly, it's incurable.

ruses are the major source of threat to our security. If an individual was infected with (for example) the Charlie virus type of TB or the XDR-TB, and planned to become a walking time bomb, we would have no means of detecting his lethality. For example, if an individual arrived in an airplane, almost every other individual on that plane would be infected. They would become unknowing carrier allies of the terrorist. The disease would be transmitted to customs and immigration officials, baggage handlers, bus passengers and taxi drivers. They would carry the infection home and infect their families. The disease would be carried to their jobs, and their schools, and infect the population on a scale of geometric proportions. If the terrorist left sputum in places, such as hand rails, elevators, ATM machines, etc., these would be time bombs.

It would spread and be out of control almost immediately.

Q: Of course, the terrorists themselves would die too, but we've already seen they don't care about that. If a terrorist has already decided to commit suicide, all he cares about is taking the highest number of victims with him as he can. And this seems the most devastating way to do that. Instead of crashing an airplane and killing a couple of hundred passengers, you could kill thousands or even millions instead.

Yes.

Q: How bad could such an attack be?

I've written a novel called *The Breath of Allah* about a scenario where the disease is introduced into four major metropolitan areas, such as Los Angeles, Miami, New York, and Chicago. Based on known infection rate models, it would cost the US no less than $1 trillion to survive. You would not have sufficient facilities to deal with the mass of human bodies that would accumulate. Our hospitals would be overwhelmed; we'd have to create facilities in the desert to have an effective quarantine. The scenario is too horrible to think of.

Q: The novel hasn't been published yet, correct?

It's awaiting publication. It needs to be vetted by Homeland Security before it can be released. I don't want terrorists using it as a how-to manual.

Q: Why isn't anybody talking about the potential for an attack like this?

In the interest of not frightening our citizens, I suspect the government has controlled the release of information of how devastating this disease could be. The government doesn't talk about it. We don't have programs or steps to fight that kind of an infection rate. But the threat continues to linger.

Q: OK, but some people would say that if terrorists really had such a weapon, they wouldn't hesitate to use it. Since they haven't used it yet, that proves they don't have it. Your comments?

We've been fortunate. Knowledge and the development of weapons is an evolutionary process, but I believe it is inevitable. Our security agencies have also attested to it by publicizing the most probable diseases that may be used as weapons.

The government funded a computer model that compared a dirty atomic bomb to the introduction of a bioterror weapon such as TB. They found that the devastation caused by the bioterror weapon was more severe than even the atomic weapon.

Q: But why would terrorists release such a disease? If it spreads so easily, it could spread back to their own lands as well. Correct?

The terrorists consider themselves expendable. Just look at the terrorists in Israel and Iraq who turn themselves into walking bombs.

Q: But they aren't walking around in their own communities with those bombs. Wouldn't they be concerned that the disease would spread back to their own countries?

In Iraq they are killing their own people without mercy, remorse or regret. TB is already present in one-third of the world, and the XDR-TB variant is spreading very rapidly—note the cases in England. Effective quarantine would ensure survivability. Retreating to remote areas such as Osama Bin Laden has done in the mountains of Afghanistan may ensure this. But what they call the "Satan and evil in the West" would be eliminated.

Q: Are you familiar with a book from the early 80s called *The White Plague*?

Yes.

Q: You might remember that the main character was a biologist whose wife and children were killed in a terrorist bombing. He went mad and wanted revenge, so he engineered a plague that killed all the women in the countries where he released it. The author said he wrote the book as a warning that anybody could make a disease like this just by using off-the-shelf equipment.

That's correct.

Q: And obviously, that was 20 years ago, so it would easier with today's technology than it was then. Your comments?

There are several dangerous diseases like TB. I merely use it as the red flag, as a potential weapon I have identified and believe in its inevitable deployment against us.

TB is abundantly available for harvesting. Deploying the pathogen would be as easy as breathing. It's a dismal picture, and a very frightening one.

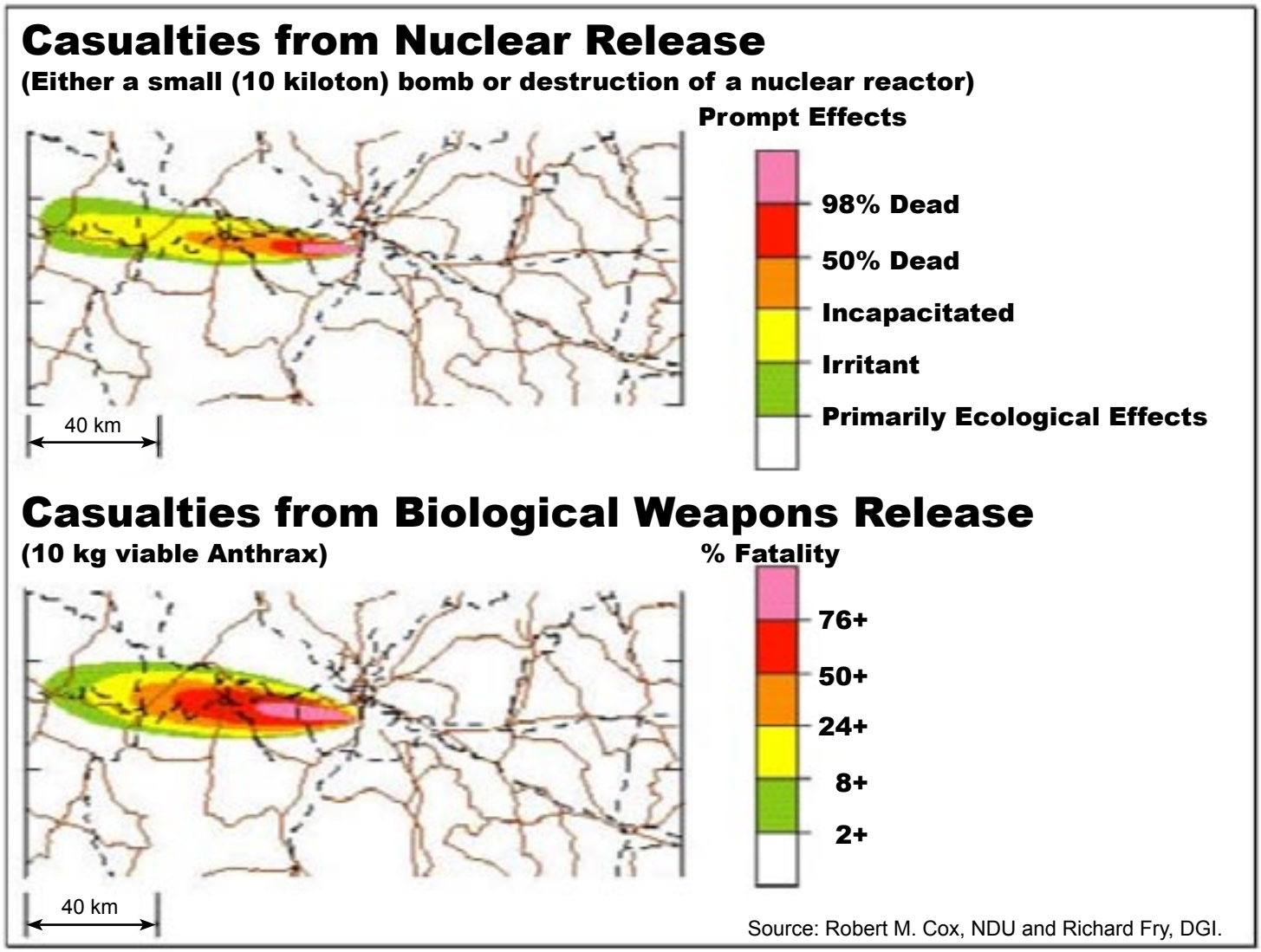
And we pray to God that it may not be real, but unfortunately it's a viable threat and it exists out there as a threat to our national security.

Q: Do we have any evidence that the terrorist organizations are working on this?

There have been some news releases that this threat exists. Obviously if the CIA and Homeland Security are drafting lists of potential bioterror weapons, then we know these agencies are aware of it and potentially in a state of preparedness. But we don't know exactly what level of preparedness really exists.

The threat is so severe that we'd rather not talk about it. My belief in security for our country is to create a "Bio-Shield" and totally impede the introduction of the pathogen in our country. But we keep our heads in the ground when talking about these types of threats.

Also, any detailed discussion of this on any media will be picked up by the terrorists. So the government might be maintaining a low profile in this area on purpose.



The government model found that a release of a biological weapon such as anthrax would cause higher casualties than a 10-kiloton nuclear bomb. Note that tuberculosis would potentially be far worse than anthrax, since anthrax cannot spread from person to person—its effects would be limited to those directly exposed to it. On the other hand, TB would spread from victim to victim, potentially having a much more devastating impact. *Image source: "Prospects for Super Terrorism" from the Potomac Institute for Policy Studies at www.potomacinstitute.org*

Q: Are you familiar with Biopreparat, the big Soviet organization that developed biological weapons for their military?

Yes, it is widely known that the Soviets had an extensive program.

Q: I've heard that former Soviet bioweapons scientists are now teaching in universities in Iran.

That's true. Our government is well aware that after the breakdown of the Communist system and the subsequent lack of resources to retain these experts, many left the country for better fortunes.

Iran is seeking weapons knowledge from experts from the Soviet Union, China, and even Pakistan. This is not only about biological weapons, but atomic weapons as well.

Q: Are you familiar with Serguei Popov, the Soviet bioweapons scientist who defected to the US in the early 1990s?

Yes, he has written quite a few articles.

We've tried to pick up specialists from around the world that have done work in the bioterror area, and bring them to the US. Not just to teach, but to help us with our anti-bioterror program.

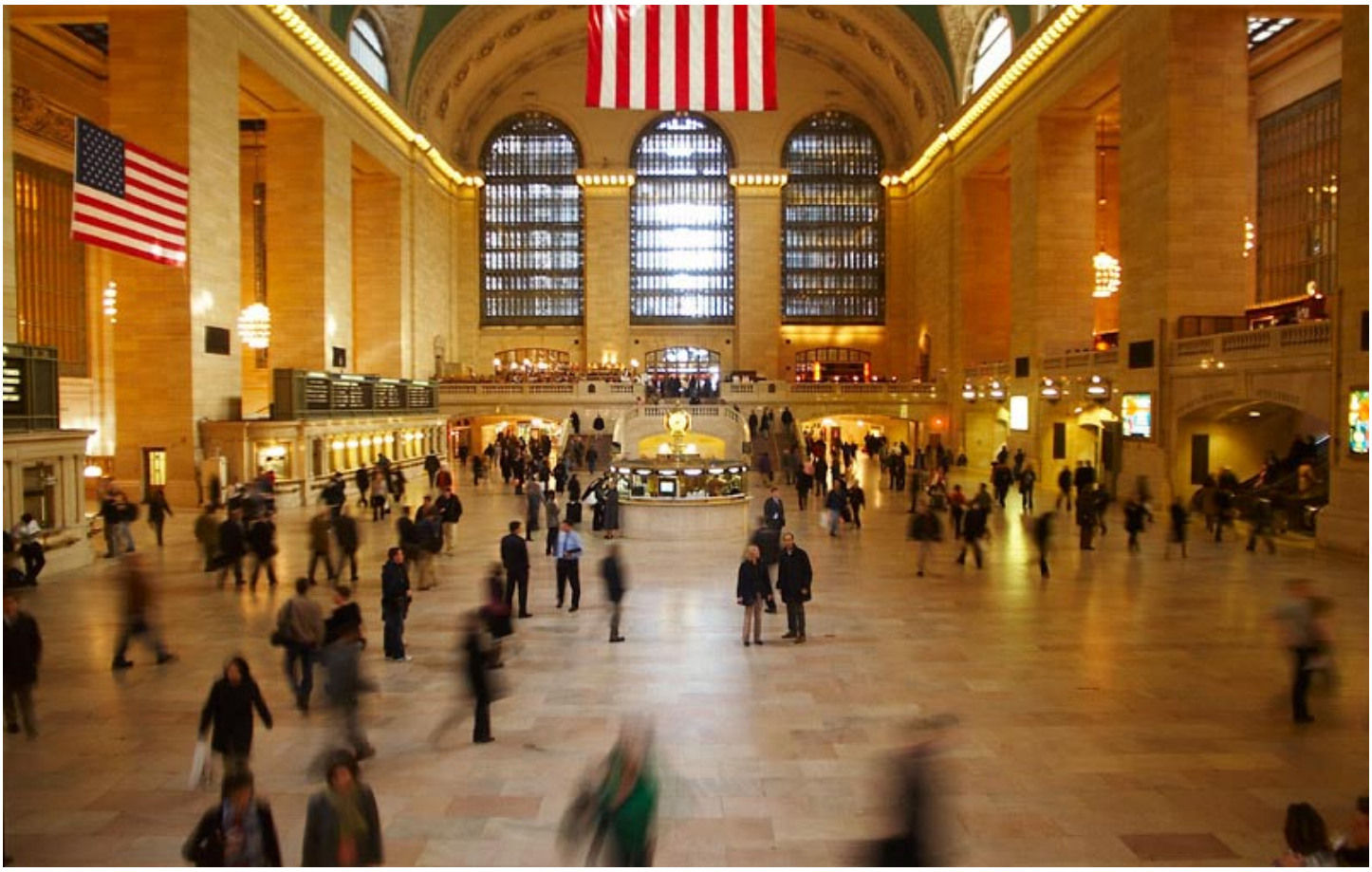
Q: He's a little controversial, isn't he? Some people don't want to believe that the Soviets got as far with their program as he says.

The easiest way to cast doubt or suspicion on these types of threats is to discredit the individual or the threat itself, and thereby allay the fears the public may have. What is real in this case is that one third of the world is infected with TB, and we're spending hundreds of millions of dollars to control the disease abroad. We had an outbreak just in New York that cost us over a billion dollars.

We've seen the variants, the mutations and new virulent species out there. The XDR-TB outbreak in South Africa and Britain is but an isolated example of the threat. It's a viable weapon that can and will be used against us.

Q: What can be done about this? Anything?

Our current level of science isn't sophisticated enough to screen with a high level of specificity or sensitivity for biological weapons that are brought to the US. We're going to have to rely on conventional systems



New York City's Grand Central Station. A lone terrorist standing here, infected with this highly contagious and virulent form of tuberculosis, could quickly infect thousands of commuters who would, in turn, infect thousands more. It's the stuff of science fiction doomsday nightmares—but it's a reality that could come true.

Exotic Bioweapons from the Soviet Union

In our interview, Dr. Daya and I discussed Biopreparat. This was a pharmaceutical agency in the Soviet Union that secretly developed biological weapons. It's gone now, but the discoveries it made—and the scientists who made the discoveries—are still around today. Worse, there's evidence that some of these scientists are now working for radical governments around the world.

Biopreparat was a huge organization, with some 30,000 scientists. Much of what we know about it comes from Serguei Popov, a scientist who worked for Biopreparat for nearly two decades. Before he defected to the US in 1993, Popov was the head scientist in a department of about 50 researchers who specialized in a certain form of genetic bioweapon engineering.

Today, Popov works for the National Center for Biodefense and Infectious Diseases at George Mason University. He writes and speaks frequently on the problems the free world is facing from bioweapons. Popov wants to raise public awareness of a subject that, for many, is too frightening to contemplate. But, as he says, we can't solve the problem until we're willing to talk about it.

The Soviet Union dedicated enormous amounts of resources to developing bioweapons. At first, Biopreparat's researchers focused mostly on known pathogens. The researchers wanted to take diseases like anthrax and make them resistant to antibiotics, and more lethal overall. Popov's first assignments as a young scientist were in this program.

Over time, though, the researchers became more creative. Advances in genetics opened up new possibilities: not only breeding and fine-tuning existing diseases, but creating entirely new ones.

They did this by splicing DNA into existing pathogens. For example, Popov's team took a low-mortality bacterium that causes pneumonia and added some fragments of mammalian DNA that cause the building of myelin (proteins that sheathe our neurons). Animals infected with the new disease recovered from the pneumonia, but then died from rapid multiple sclerosis.

In attacking the bacteria's myelin fragments, the animals' immune systems destroyed their own myelin as well. This resulted in brain damage, massive paralysis, and death in almost 100 percent of the cases. So the disease provoked the animal's body into killing itself.

In doing this, the Soviets pioneered a frightening new type of bioweapon. Now it's possible to kill people with diseases that aren't even dangerous. The disease is only a carrier for DNA "payloads" that will trigger the victim's body to do itself in. (This approach is now in broader use beyond the Soviet regime. For example, Australian scientists have used a gene for an immune-system peptide to make a new form of mousepox—a form that uses the animal's own immune system to kill it, even if the mouse had already been vaccinated against the original form of the disease.)

The Soviet researchers had many failures, but they had many successes as well. They created new diseases that were designed to be lethal, easy to deliver, and impossible to cure.

Today, some of those same men are working for radical governments around the world—Iran's, for example. What bioweapon technologies have these scientists taught their new masters?

Only time will tell.

and create aggressive programs to create what I call a Bioshield around our country, and stop the disease from invading our borders.

My book goes into some detail about how that could be done. I'm also planning on initiating discussions with the government about providing some of these protective mechanisms from my research findings. There are still some regulatory approvals that have to be completed, though.

Q: If our readers wanted to contact you about anything we've discussed, how could they contact you?

Some of my research is presented on my company web site at www.DayaMed.com and I can be emailed at kd@dayamed.com.

Q: Dr. Daya, this has been a fascinating interview. Thank you for your time.

Thank you.

Crisis Investing

So there's the interview. What does all this mean to you and me?

I've taken some heat the past few years for saying we're in the early stages of World War III, and that we're facing tremendous risks from terrorist attacks with weapons of mass destruction.

I'm sure this issue of *Gold & Energy Advisor* will spur a good deal of criticism, but I don't care. We're

fighting World War III. We're combating enemies that have no conscience. Our enemies are numerous, and are such fervent believers that they're eager and willing to commit suicide attacks—not only on our armed forces, but also civilians.

One day we could wake up and discover that al-Qaeda has successfully transported 50 infected terrorists to the United States and Europe, who have already infected tens of thousands and created a plague.

The threat of suicide attackers becoming weapons of mass destruction by infecting themselves with this deadly form of tuberculosis is so serious and potentially imminent, that I could no longer remain silent.

Wall Street and financial markets around the world would nose dive on the news of a terrorist nuclear or biological attack. I certainly would expect the Dow Jones to plummet 1,000…2,000…even 3,000 points in the event of a widespread and large infection rate.

If I were to see events unfolding that indicated a large bio-attack was taking place, I would certainly load up on way-out-of-the-money S&P puts and sell all of my stocks. After 9/11, the Dow plunged by over 20 percent. To save it, the Federal Reserve was forced to flood the economy with liquidity. (In fact, this was the catalyst that ignited the current bull market in gold and precious metals.)

I'm afraid this isn't a question of "if" we are going to be attacked, but a case of "when"—and a question of how many thousands, tens of thousands, perhaps even millions will die.

Will a bio-attack take place in the United States? I really don't know. What I do know is that even if the attack takes place in Israel, Europe or even the Philippines, the impact on our society would be felt for hundreds of years. Since the threat of a terrorist biological attack is VERY likely, I STRONGLY RECOMMEND that every investor takes the following steps …

Recommendation #1: On any news of an outbreak of tuberculosis, stay at home. Do not go to population centers. Keep your contact with people to a minimum. Keep several boxes of surgical masks and rubber gloves in your home. Store canned and boxed food—enough to allow you to stay at home without re-supply for 60 days.

Recommendation #2: EMERGENCY GOLD. Keep 50-100 small (one-tenth ounce) US Gold Eagle $10 coins in your home, safely hidden for emergency barter and bribes. In an especially bad attack, panic and desperation could unhinge people and make paper money worthless. If you think this is doomsayer nonsense, consider the events surrounding the devastating hurricanes two years ago. Remember the people sitting on the side of the highway, watching as the busses passed by day after day, leaving them stranded with no food, water or even medicine?

A terrorist attack could be much worse. The gold I'm telling you to buy and stash MAY SAVE YOUR LIFE.

Here's how to get these gold coins at dealer cost. When you renew your subscription to the *Gold & Energy Advisor* for five years at $1895, you can buy 50-100 $10 Gold Eagles for our cost, plus $100 postage and handling. You'll also get these additional bonuses:

- A 2007 US Buffalo one-ounce gold coin, graded and certified MS70 by NGC.
- A five-year subscription to our unique *21st Century Alert* stock advisory service (www.21stCenturyAlert.com), which is worth $4,475.

So that's a $4,475 bonus, plus a one-ounce independently certified gold coin worth $995, and the ability to buy the $10 Gold Eagle coins at dealer cost plus $100 for postage and handling. Plus you get another five years of investment analysis from *GEA*—remember, our stock portfolio alone is up 116 percent since inception three years ago, and that's not even counting our monster profits in gold, silver, and platinum. And you get all this for only $1895.

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Recommendation #3: Put gold in your IRA—NOW! We have a solid IRA program for gold. If you call toll free at 1-866-697-GOLD (4653), my staff of gold consultants can get you set up right away. You can use current IRA money for this. The transfer and setup are painless.

Recommendation #4: Any major terrorist attacks that disrupt the financial markets (directly or psychologically) will result in the Federal Reserve and world banks pumping liquidity into the world economy. That means MUCH higher precious metal prices. In this kind of environment rare gold, silver and platinum coins will go BERSERK. I have put together investment portfolios—$10,000, $15,000, $25,000, $50,000, $100,000, $250,000 and $500,000—that I believe will OUTPERFORM ordinary precious metals portfolios. For more information, **call toll free at 1-866-697-GOLD (4653).**