

# Corona Virus Response

By Major Dr. Doug Rokke US Army (Ret)

As Corona virus spreads some very good but too many poor recommendations and comments have been issued by individuals who have never completed the 3<sup>rd</sup> US Army medical management of chemical and biological casualty course, the UIUC Police Department "Practical Community Preparation for WMD-E incidents" course, or the FORSCOM 120 city WMD-E course. You must come into direct contact with someone who has Corona or a recently contaminated surface from that person's body liquid secretion to get exposed. I, as a member of the 3<sup>rd</sup> U.S. Army Bauers Raiders WMD-E team during Desert Storm and UIUC Police Department special ops team from 1977 until after 9-11, helped write and then taught these courses. Our team also wrote then implemented the WMD-E response plans for the 1996 Atlanta Olympics and the Operations Iraqi and Enduring Freedom battle plans. Some of us went to Iraq. I and others deployed as team members of the 1996 Olympics WMD response force. All team members remained available for consultation even if they did not deploy - respond on-site. Team members are / were from Army; Air Force; Marines; Rantoul, UIUC, Champaign, and Urbana Police and Fire departments; Champaign County Sheriff's department; Decatur Police department; Indianapolis VA, Memphis VA; UIUC Colleges of Nursing and Law; and previous UIUC Fire Service Institute staff. We coordinated with the CDC, NIH, UN, VA, and the Vatican.

Corona has rampaged because the response has been for a flu like disease rather than a WMD-E incident with flu and pneumonia characteristics while travel or movement was not controlled. Isolation, decontamination, and medical care have been limited. Locally only a handful of medical professionals are treating or have treated a WMD-E casualty. They include two Carle Spine Institute physicians, five Christie Clinic physicians, and three Danville VA physicians. We have five experienced physical therapists practicing at Hearts and Hands, Athletico, Carle, Danville VA, and the Erickson Clinic. My own and others advanced care has been provided by Barnes Jewish Hospital physicians in St. Louis or at the Indianapolis VA. WMD-E medical care is not taught in medical or nursing school. I and our team members and hundreds of thousands of military personnel have died or are ill as a result of on-duty WMD-E exposures, These exposures occurred during actual WMD-E emergency response operations within our community, nation, and at war. We usually wore optimal but sometimes inadequate personal protective equipment such as in common use with corona.

Consequently, because previously we were not prepared validated WMD-E response plans now have been prepared, published, taught, and used for mitigation efforts. Currently they are ignored. Surviving and retired members of Bauer's Raiders and UIUC Police Department special ops team will teach one or more course upon request. These courses will supplement current efforts. Before and since the Corona virus erupted I have provided Champaign County Public health (Julie Pryde); UIUC Chez Center (Reggie Alston); UIUC (Lt. Todd Short and Lt Barb Robbin), Champaign, Rantoul (Chief Tony Brown), and Thomasboro Police departments; Christie clinic;

Carle Clinic; Danville VA (Captain D. Rusk); VA Headquarters Washington D.C.(Howard Anneul), UIUC Fire Service Institute (Chris Downey), Champaign County Sheriff's department; US Congressman John Shimkus; U.S. Senator Tammy Duckworth; State Representative Dan Caulkins; OSF (Pro) Ambulance; and individuals a complete set of the emergency response procedures. We developed and taught the original WMD-E curriculum at the UIUC Fire Service Institute under the guidance of FSI director Gerald Manigold and program leaders Paul Morrison, Matthew Weber, and Spike Weber by request of UIUC Police Chief Paul Dollins years ago. Carle Hospital's Francis Weber was the original team nurse. The first civilian law enforcement class our team wrote and I taught after Desert Storm was for the New York City Police and Fire Department Emergency Services Unit. Most of them died in the WTC explosions. After Operation Desert Storm, Project Shad emergency response operations, the Urbana Chemical Weapons emergency, 9-11, and other campus incidents, Matthew Weber and I attempted get the course incorporated into the FSI curriculum but we failed. The UIUC Police Training Institute has not been provided the necessary funding to teach WMD-E response courses and their staff has been reduced. That is frustrating because the current PTI director is an exceptional original team member.

Corona is not new and is classified as a military biological weapon such as West Nile Virus with gain of function, rapid mutation, long distance respiratory transmission, numerous exposure routes, and is contagious without symptoms. Carona virus casualties should be handled as biological weapon casualties per 1996 Atlanta Olympics plan and military operations protocols. That means: thorough decontamination of casualties, response and medical personnel, and medical equipment followed by isolation of all exposed and ill persons and animals. Medical care must focus on life support as there is currently no specific medical care. A containment perimeter is required. This means travel restrictions and gathering restrictions for any purpose. The recent decision is warranted but may be too late. As casualty numbers decrease the isolation perimeter can decrease until the virus promulgation is stopped. NIOSH Level 4 or US Army MOPP 4 PPE must be worn. The use of a partial face mask, dust mask, surgical mask, or cloth bandanna is simply stupid and dangerous because all mask weaves are like a wide open barn door. A mask is only good until contamination or respiratory exposure occurs and then must be decontaminated and discarded as biological warfare waste. Each individual must go through personal decontamination before removing their mask if exposure is suspected. Each mask must be replaced after each use limited to an hour or two even without any Carona exposure. Current misuse will only result in other disease problems. Respiratory moisture and wet and cold weather conditions result in rapid mask failure and bacterial and viral organism growth. MY DOD PROVIDED FULL – FACE MASK FAILED ME DURING IRAQ EXPOSURES AND ALSO DURING MY DEPARTMENT OF DEFENSE RESEARCH AT THE NEVADA TEST SITE! A military protective mask or fire department Scott air pack is required during suspected exposures and must be decontaminated after each exposure. Mask filters must be replaced and discarded as biological warfare waste. We found decontamination of Scott air packs nearly impossible. Specialized clothing is also required. It cannot be reused without thorough decontamination. In most cases current PPE cannot be decontaminated! Bio casualties should never enter a conventional medical facility. Casualty assessment or testing must be done outside a medical facility but only after personal and vehicle decontamination for drive thru clinics. Testing -triage

staff must go through that is exit through decontamination. That is why Army protocol calls for use of a "DEPMEDS" hospital or clinic in an isolated area. Decontamination at all phases is required. While corona poses low and still emerging medical risks the combination of corona with other medical problems may create a potential nightmare. We have learned via reality that wmd-e exposures result in synergistic long term medical problems that conventional medicine is unable to treat based current medical experience.

Basic safety or preventive precautions include; exceptional personal hygiene, washing with dish soap-ideally Dawn per Matt Weber our team's decontamination expert. That does not include use of hand spray sanitizers or contact sprays of alcohol or low concentration chlorine. They only result in enhanced mutation. Pine Sol is the best general disinfectant. All disinfectants must applied wet and allowed to air dry! DO NOT WIPE THEM OFF. If ill stay home. Wash all sheets, pillow cases, pillows, blankets, disinfect all surfaces over and over again until you have three clear tests and all symptoms are gone. Avoid all others while ill. Public transportation must incorporate enhanced safety and monitoring. Maintain an exceptional well balanced diet. Get plenty of rest. No alcohol. No illegal drugs, No tobacco, and no marijuana. Simply corona prevention, control, and elimination are the same as flu prevention while applying similar medical care. The primary public safety method is travel limitations. Ill persons must not travel between local and from international locations where medical problems exist.

Sadly poor personal hygiene, poor diets, misuse of medications, and military designed wmd-e agents are resulting in rapid mutations and thus inability to designate effective medical care procedures. CDC has confirmed acquisition of the Carona virus without direct exposure to any known face-to-face Carona casualty. That means contaminated surface contact. Medical personnel who wore useless inadequate ppe and ignored decontamination guidelines are now ill with Carona. CDC also has confirmed diarrhea and vomiting in known carona casualties.

In conclusion too many medical scholars and politicians are focusing on mortality rather than physiological changes resulting in life altering medical problems such as GULF WAR ILLNESS for which effective medical care remains elusive. Gulf War Casualty numbers are in comparison with Carona are simply orders of magnitude greater.

IN summary we should distribute and use existing response plans and teach at least our 8 hour WMD-E course. This course covers the emergency response and the medical management of chemical, biological, radiological, and environmental toxicology casualties to ensure local responders are prepared. Anyone can review the entire set of procedures with videos in the Rantoul Library, Western Illinois University Library, the UIUC archives at Hort Field Lab, and Urbana Library archives. In conclusion the flu and pneumonia both pose greater health risks but the synergistic nature, lack of effective medical care, and unknown long term effects of Corona are serious concerns.

There are numerous accurate references but the primary references are online or in libraries, and are:

US Army Fort Detrick's "Medical Management of Biological Casualties"

US Army Field Manual FM 8-285: The Medical Management of Chemical and Biological Casualties.

US Army Fort Detrick's "Medical Management of Chemical Casualties"

Decontamination procedures that must be used right now that Matt Weber, Spike Weber, Rolla Dolph, Paul Morrison And I developed under command of deceased local team commanders Paul Dollins, Joe Brown, our army commanders to include LTC Dr Ken Wronke (Homer) and adopted by the Army are in NBC- e / WMDE publications.

Our team's joint command 1996 Atlanta Olympics WMD-E emergency response plan is available from the Rantoul Police Department, the Rantoul Public library, and Western Illinois University Leslie Malpass Library archives.

As an US Army, law enforcement, and university instructor in biological; chemical, and radiological exposures during military operations and civilian community incidents I have been exasperated by the staggering degree of confusion and misinformation on covid 19 – corona. Very few of the talking heads have ever actually been involved in nbc-e / wmd-e recovery operations or medical care. The essential references have eluded the public and talking heads. I and others I work within the military and law enforcement community either wrote or helped write the essential information. We were involved in on scene mitigation operations for dozens upon dozens of biological, chemical, radiological, and explosives incidents.

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For clarification;

Corona is a respiratory mist borne virus that may land on your entire body and all of your clothes if you are within 6 feet to 9 feet of an ill person and respiratory secretions are emitted. It does not land only on your hands.

If you are exposed via respiratory 'saliva' emissions or direct physical contact with a contaminated surface you should complete decontamination as specified in US Army Fort Detrick's "Medical Management of Biological Casualties", "US Army Field Manual FM 8-285: The Medical Management of Chemical and Biological Casualties, or US Army Fort Detrick's "Medical Management of Chemical Casualties".

Dust masks, surgical masks, and the M95 masks are useless. The mask weave is like a gigantic barn door for admission of the submicron virus to the respiratory track, eyes, mucous membranes- skin etc. These masks are one time brief duration use devices and can result in other serious lung, mouth, or throat diseases if worn for long periods or not replaced every few hours. N95 masks must be fit tested by each specific person for each specific mask. Masks must be changed immediately upon biological agent intake after full decontamination. They are not designed for continuous use in a biological agent environment. The individual masks must be disposed of as biological waste not placed in your trash or garbage. Military masks may be used but require decontamination and filter changes after each use if exposure is suspected or verified. The homemade cloth masks are useless with cloth dye and loose fibers that if ingested or inhaled may cause other respiratory problems.

Triage areas must be decontaminated also as viral fluids may accumulate in the equipment and terrain of triage areas. Triage staff members also should be decontaminated.

If ill and quarantined you must wash your entire body over and over several times per day until you have three clear corona tests. You must change and wash your clothes, towels, wash rags, dish towels, dish rags, sheets, pillow cases, blankets, and pillow over and over until you have three clear tests. You must wash all surfaces with dish soap (Dawn is recommended) and disinfect with Pine sol. Pine sol must be applied wet and left to air dry.

All other house occupants and those who go in and out frequently that did or may have come in direct contact with confirmed corona casualty should also be quarantined and decontaminated.

The use of alcohol based hand wipes and sprays that are applied then wiped off immediately are useless and dangerous because they do not have a high enough concentration of active disinfectant to kill the virus and therefore only result in mutation. Spraying low concentration chlorine and then wiping it off immediately with the same rag over and over is dangerous. Chlorine vapors may cause respiratory problems after repeated use. Skin damage is possible. These tools are just a waste of money because they are ineffective.

Medical personnel must wear full personal protective equipment as specified in Fort Detrick publications. The current junk will only result in an exposure nightmare if actual contamination is encountered. Medical personnel must complete full decontamination and remove all / clothes after triaging and / or treating an ill corona patient. Used PPE must be discarded as biological warfare waste. Contaminated medical equipment cannot be reused. Cross contamination is probable and precautions must be taken to reduce any effects. That is a dangerous probability if a respirator used. Contaminated respiratory exhaust air will also be distributed throughout the room and adjoining facilities. All tubing and masks must be replaced over and over with decontamination of the equipment body essential.

As the number of new cases or ill persons is reduced to zero each restricted region or the exclusion perimeter can be reduced. However travel and personal interaction must be restricted until the specific region is clear.

You will not get exposed or get sick unless you are in direct contact with an ill person or animal or contact a recently contaminated surface.

Hospitalization could be provided by the US Army using a DEPMEDS facility that is designed and equipped for biological mass casualties.