

R/dsb-bw R246



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JOSHUA LEDERBERG
UNIVERSITY PROFESSOR

May 7, 1991

Captain Larry Seaquist
Room 4E829
The Pentagon
Washington, D.C. 20301-3140

Dear Larry:

Thank you very much for your January memo. I found it very helpful; and in fact I hope it will be possible for you to brief our task force if we can just get it off the ground in July. Colonel Cutting will be in touch with you about that. Understanding, of course, that it was written in January and events have unfolded since then, I have just a very few comments to make.

I need to be a little bit circumspect for obvious reasons on account of security.

On section 6, page 4, I think that Detrick could fill in more detail on your assessments of BW impact and diagnosis than appears in the report. Anthrax, albeit with a little delay, should not be that hard to diagnose if physicians are alert to it. It does have a fairly short incubation period so that time is of the essence.

Section 7: it would be a good idea to have some explicit comparison of the 2x2 vs. 3x3 vaccination regimes. Is anybody looking at level of antibody responses in U.S. vs. British troops?

Yes, in our own private conversation we agreed that we have to carefully reexamine the assumptions about the half life of anthrax in the field.

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Re: page 7. There is some inter-agency coordination going on; especially with respect to civilian domestic vulnerability. Are you in contact with Rick Yannuzzi who works with Bromley and Scowcroft? He might be co-opted to the inter-agency group for the DASD. Rick used to be at CIA. Perhaps also Larry Mefford, FBI, another sector of the intelligence community.

Page 9. Please be careful about the labels; it should always be ABW -- not BW; we have absolutely abjured any offensive programs. I would concur (although I need to learn more about it) that Detrick is probably not as well coupled to military operations and policy as it should be.

Going back again over your section list:

#2 the BDRP TF will revisit the threat agents. Bacteria are the easiest to produce and so they certainly belong on the first generation list; but it gets to be pretty open ended after that.

Section 6. Some time ago I did hear some pretty comprehensive briefings on the horrendous problems of medical response; I do think the Army has some more to add to that.

Section 8. The Brits are pretty savvy and we ought to work closely with them.

Section 10. Proliferation is a very tough nut.

Section 11. I be glad to help out on any training effort you mention there.

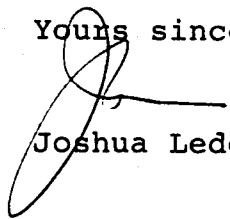
Longer term, Section 13, there is ongoing modification of the treaty. The big problem is enforcement; just what we do when we have a pretty sure idea that somebody is violating it.

Section 14. I am not quite sure what you meant about old vs. new genetic engineering.

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I'll be glad to go over all this with you sometime when we can be in a secure room together again. I kept the copy you gave me, at the Pentagon in care of Colonel Cutting.

Yours sincerely,

A handwritten signature in black ink, consisting of a large, stylized loop followed by a horizontal line extending to the right.

Joshua Lederberg