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FACT SHEET

Special Assistant to the Under Secretary of Defense (Personnel and Readiness) for Gulf War Illnesses, Medical Readiness and Military Deployments

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Project Shipboard Hazard and Defense (SHAD)

DTC Test 69-32

Project Shipboard Hazard and Defense (SHAD) was part of the joint service chemical and biological warfare test program conducted during the 1960s. Project SHAD encompassed tests designed to identify US warships' vulnerabilities to attacks with chemical or biological warfare agents and to develop procedures to respond to such attacks while maintaining a war-fighting capability.

The purpose of Deseret Test Center (DTC) Test 69-32 was to examine the effect of solar radiation on the viability of aerosolized Serratia marcescens and Escherichia coli after being aerially disseminated in a temperate marine environment during time periods about sunrise and sunset.

Twenty-seven field trials were conducted (14 Serratia marcescens and 13 Escherichia coli). R eleases were made from two Aero 14B spray tanks wing-mounted on an A-4C aircraft. *Bacillus subtilis var. niger* (BG) with fluorescent tracer suspension was released from one tank while either *Serratia marcescens* or *Escherichia coli* was simultaneously released from the other. Calcofluor was added to the BG as the physical fluorescent tracer. All trials were conducted using ten percent calcofluor added to the BG.

The USS *Granville S. Hall* (YAG-40), along with five Army light tugs, was assigned to provide surface support to DTC Test 69-32. The five tugs, each converted to serve as an oceangoing sampling platform and laboratory, were employed as target vessels. Agent and tracer dissemination by A-4C aircraft commenced 1.6 kilometers downwind of the primary laboratory ship (YAG-40) and continued downwind for approximately 3.2 kilometers beyond the last sampling support tug.

DTC Test 69-32 was conducted at sea southwest of the Hawaiian Islands during the period of April 30 to June 28, 1969.

The Department of Defense (DoD) is providing this information, at the request of the Department of Veterans Affairs (VA), to assist the VA in providing healthcare services to qualified veterans and to assist veterans in establishing service connection for disability claims. The Special Assistant to the Under Secretary of Defense (Personnel and Readiness) for Gulf War Illnesses, Medical Readiness and Military Deployments collected this information from multiple sources and requested that the military services declassify it to allow its public distribution. The VA accepts this information provided on location, dates, units and/or ships, and substances involved in this exercise, which the Special Assistant extracted from classified DoD records, and will provide it to individual veterans as necessary, but the VA cannot verify its accuracy.

| Test Name | DTC Test 69-32 |
|-----------------------------|---|
| Testing Organization | US Army Deseret Test Center |
| Test Dates | April 30 – June 28, 1969 |
| Test Location | Testing was conducted at sea southwest of the Hawaiian Islands. |
| Test Operations | To examine the effect of solar radiation on the viability of aerosolized Serratia marcescens and Escherichia coli after being aerially disseminated in a temperate marine environment during time periods about sunrise and sunset. |
| Participating Services | US Army, US Navy, US Air Force, Deseret Test Center personnel |
| Units and Ships Involved | USS <i>Granville S. Hall</i> (YAG-40) Five Army light tugs VC-1 (previously designated VU-1, Utility Squadron One) the Blue Aiis (Blue Warriors) Squadron, stationed at Barbers Point, Hawaii, provided a Navy A-4C as a disseminator aircraft. Patrol Squadron Six (PATRON SIX), Fleet Air Wing Two, provided two P3V <i>Orion</i> aircraft as airborne command posts. |
| Dissemination Procedures | Releases were made from two Aero 14B spray tanks wing mounted on an A-4C aircraft. <i>Bacillus subtilis var. niger</i> (BG) with fluorescent tracer suspension (calcofluor) was released from one tank while either <i>Serratia marcescens</i> or <i>Escherichia coli</i> was simultaneously released from the other. |
| Agents, Simulants, Tracers | Serratia marcescens (SM) Escherichia coli Bacillus subtilis var. niger (BG) Calcofluor (fluorescent brightner 28) |
| Ancillary Testing | Not identified |
| Decontamination | Not identified |

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Potential Health Risks Associated with Agents, Simulants, Tracers

Serratia marcescens (SM)

In 1969 Serratia marcescens was recognized as having a limited pathogenic capability and its use as a bacterial marker for studying the dissemination of bacterial aerosols was discontinued. It is an opportunistic pathogen, causing infections of the endocardium, blood, wounds, and urinary and respiratory tracts. (Source: U.S. Army Activity in the U.S. Biological Warfare Programs, Volume II, Appendix E, p. E-6, p. E-7, February 24, 1977; Miller-Keane Medical Dictionary, 2000, http://my.webmd.com/content/asset/miller_keane_30189 [as of January 9, 2002]).

Escherichia coli (Synonym: E. Coli)

[as of January 9, 2002]).

E. coli is one of the most common bacteria in man's environment. Most animals and humans have it in their digestive systems, where it does no harm. E. coli can cause severe stomach cramps, diarrhea, bloody stools, and kidney failure. Some who are exposed to E. coli may experience mild irritation of the stomach and intestines that goes away without treatment, while for others the bacteria can be deadly. (Source: http://my.webmd.com/content/article/3606.464

Bacillus subtilis var. niger (Bacillus globigii [BG])
The American Type Culture Center characterizes
Bacillus subtilis var. niger as a BioSafety Level-1
(BSL-1) bacterium. The Centers for Disease Control and Prevention define BSL-1 as suitable for work involving well-characterized agents not known to consistently cause disease in healthy adult humans.
(Sources: American Type Culture Collection data sheet, http://www.atcc.org/ [as of January 11, 2002].

Biosafety in Microbiological and Biomedical Laboratories, US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention and National Institutes of Health, 4th ed., p. 17, April 1999, U.S. Government Printing Office, Washington).

