

Date: Tue, 3 Feb 2004 19:14:38 EST
From: Martinfuranski@aol.com
To: msm@wjh.harvard.edu
Cc: J.P.P.Robinson@sussex.ac.uk
Subject: Re: Ricin paper

Dear Matthew & Julian:

I apologize for the delay on a reply about an article for the CWC bulletin. I have been swamped with moving and had a bad bout with that nasty post-Christmas flu that was circulating. And the Harvard U Press/SIPRI Korea Allegations chapter has been taking up most of my available academic time and resources (only a few boxes of my archives were accessible for several weeks during the moving process).

Apologies aside, it seems that Ricin is now big news. I attach a paper I wrote a year ago, but for reasons addressed in the introduction, I only circulated to an individual well known to us who works for the Justice Department (or is it Homeland Security now?) who has a special interest in CW. I had obtained some more complete archival material on my last trip to NARA in November, and had hoped to revise it, but perhaps I had best circulate it again as it was in Feb 2003. I do not think the central conclusions would be changed by the new data.

I do not know if it is suitable for the CWC bulletin, but you two probably ought to have a look at it, if only because you will be interviewed on Ricin by the media, and some history is always useful. If you think it would have a place in the published realm, I would appreciate any suggestions.

One item that I did not have a chance to put in the paper is the fact that can find NO instance of a HUMAN ever dying, or even becoming ill from INHALED Ricin. The talk of micrograms of Ricin being lethal by inhalation are extrapolations from animal studies, and as the paper addresses, these laboratory exposures are unlikely to be duplicated in a real weapon. Human deaths of ingestion are quite rare (usually homicide). Castor beans were used in some traditional Chinese remedies, and in looking over my Chinese Medical History, there are a few reports of Ricin poisoning from this source. Injected, it is also also deadly in small amounts, as Bulgarians with umbrellas well knew. But I can find NO mention of illnesses or deaths at Castor Oil Industrial factories, where raw Ricin containing materials were handled in industrial quantities, nor in the CBW Ricin preparation laboratories, which produced kilogram quantities of highly enriched (even crystalline) Ricin and milled dry concentrates to 6 microns. Such human illnesses would almost certainly have been mentioned in my archival sources, as HUMAN susceptibility was always a question, and the BW/CW program was not bashful about using laboratory infections and industrial accident exposures to calibrate their agents.

I will be in touch, but will be out of email contact from 15 Feb to 10 March 2004, being out of the country.

I have moved. My email remains the same, but otherwise my contacts have changed:

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I have received Jeanne's MS, and am looking forward to reading it tonight. I will reply with comments soon.

Best personal regards,

Martin

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