

COMMENTARY

Terrorism and Dispelling the Myth of a Panic Prone Public

JEANNE GUILLEMIN

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Behind every proposition that the public is inherently irrational or stupid lies an agenda for a higher authority to impose rational order. In 1895, Gustav LeBon in *The Crowd: A Study of the Popular Mind* argued his thesis that the popular masses were deficient in their collective reasoning. LeBon's fear was that the many newly enfranchised workers would destroy European civilization by making their voices heard in government, thus substituting mob rule for the enlightened judgment of traditional elites. What he failed to predict was how those elites, with little rationality to guide them, would lead Europe into a devastating World War that set the stage for yet another conflagration that, by 1945, found the major powers of Europe reduced to rubble, with millions of ordinary, innocent people brutally killed. Nor did LeBon predict the twentieth-century disenfranchisement of citizens by totalitarian communist regimes that, by the end of the Cold War, left no illusions about the failure of Marxist utopian ideas.

After the end of the Cold War, the representation of the public as irrational emerged in the US in a new guise. This time the masses were not the angry mob but the vulnerable targets of terrorism. The signal year for this depiction of public vulnerability was 1995, during which the Aum Shinrikyo cult attacked the Tokyo subway with nerve gas and an out-of-work Gulf War veteran blew up the Murrah Federal Building in Oklahoma City. The discovery that the Aum had also attempted anthrax attacks heightened government concern and

Address for Correspondence: J Guillemin, MIT, Security Studies Program, Bldg. E38, 6th Floor, Massachusetts Institute of Technology, Cambridge, MA 02139, USA. E-mail: guillemin@mit.edu

prompted speculation about a new era of global apocalyptic terrorism.

For decades before 1995, the experience of the US with urban terrorism had been practically nil, in contrast to the long years of intermittent Irish Republican Army attacks in the UK. Nonetheless, in the late 1990s, a US federal movement began for “domestic preparedness” against a range of mass terrorist attacks. The threat of bioterrorism was particularly high on the list, although no attack of mass dimensions had ever occurred. Rather, the threat of deliberate disease attacks received widespread attention after it was revealed that two old enemies, the USSR and Iraq, had each secretly developed biological weapons programs, in defiance of the 1972 Biological Weapons Convention. In 1992, Russian President Boris Yeltsin denounced this illegal activity and, in 1995, the United Nations oversaw the destruction of the production facility that had served the Iraqi program. But by the late 1990s, the imaginations of high Washington officials, including that of President Bill Clinton, were consumed by horrendous visions of medieval plagues perpetrated on Americans by invisible foreign terrorists.

Washington institutions and experts actively promoted the threat of a low-probability, high-consequence bioterrorism disaster. In this, they were aided by the media’s perception that nothing sells like a good scare story, real or not. In novels, on television, and in movies, panicked citizens caught in pandemics shouted, fought, and killed each other for medical supplies, and also died en masse, the social order destroyed. As the millennium approached, these cataclysmic scenarios resonated with worries about social change and future challenges in general.

Meanwhile, officials throughout government lined up for new funding opportunities. In 1996, Congress authorized the Department of Defense to fund domestic preparedness programs in 120 of the major US cities. These programs included training exercises, new equipment for police and fire fighters. In response to President Clinton’s 1998 directive to increase funding for domestic preparedness, about 40 federal offices and programs saw rises in their budget support. Based on the increased importance of bioterrorism, the budget of the Department of Health and Human Services was increased from \$16 million to \$265 million, and other federal agencies, for example, from Defense to State, Energy, and

Agriculture, received substantial funding increases to prepare against bioterrorism as a threat to the “homeland”.

Think tanks and contractors also lined up for new counter-bioterrorism funds. In 1999, the new Johns Hopkins Center for Civilian Biodefense (reinvented later as the Center for Biosecurity at University of Pittsburgh) took the lead in defining the bioterrorism threat as distinct from either chemical or radiological attacks. In the Center’s published scenarios, the unwitting public succumbs to panic when the necessary vaccines or antibiotics prove insufficient; invariably the military is called in to restore order. These scenarios and other planning exercises staged by the federal government supported expanded funding for pharmaceutical solutions and greater integration of hospital organizations and medical personnel into counter-bioterrorism strategies. They also supported the idea that bioterrorist attacks would be perpetrated by foreign terrorists from Third World nations.

Before 9/11 and the 2001 anthrax postal attacks that followed soon after, US government agencies presumed that state and city governments could mobilize disaster responses. Across the country, thousands of local first responders went through the motions of rescuing downed citizens in mock biological, chemical, and radiological attacks. At the time, though, state and local funding for routine police and firefighter services was declining sharply and the US health care system, in the process of for-profit conversion, was in crisis, with hospital staffs overworked and many millions of Americans lacking health insurance coverage. With the Soviet Union gone, the US had not yet positioned itself in a globalized, multi-polar world in which its own workers were losing jobs and security, the divisions between rich and poor were increasing, and the population was aging. The Soviet Union and its nuclear capability had long served Washington as the cosmic plot, justifying aggressive national defense. In this new world, both American trust in government and access to marketplace rewards emerged as problematic, a situation that cried out for a new cosmic plot and a new enemy.

Immediately after 9/11 and the 2001 anthrax postal attacks, the cosmic plot and the new enemy (fundamentalist Islamic terrorists) were defined by President George W. Bush’s “war on terror” policies, which soon expanded to war against Iraq. Not surprisingly, the most influential bioterrorism scenario of this time was “Dark Winter,”

conceived in the summer of 2001 by the Johns Hopkins group. Its unlikely premise, that smallpox-infected Iraqis would invade the US and destroy it with a pandemic, greatly impressed Vice-President Richard Cheney and, through him, President George W. Bush. This politically constructed smallpox threat became incorporated into the administration's efforts to garner public support for the 2003 Iraqi invasion. It also justified the administration's 2003 national smallpox vaccination program, an organizational fiasco of the "cry wolf" variety.

Few of the new US biodefense ventures address the key imperatives for avoiding or containing disastrous disease outbreaks from any source: an educated, healthy public and viable public health infrastructures. The problem with modern catastrophes lies not with the public's reactions, which, as the accompanying article, solicited by the Editors of *JPHP*, illustrates, find due equilibrium. Rather, the problem stems from the political ineptitude that exposes people to large-scale catastrophes in the first place.