

BIOTERRORISM, SMALLPOX AND RACE: THE BIO-POLITICS OF MASS VACCINATION

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A bioterrorist attack utilising smallpox would deliberately seek to sow public panic, disrupt and discredit official institutions and shake public confidence in government (O'Toole 1999, 540). A mass vaccination approach may well be implemented in response to such an attack in the US (Henderson et al. 1999, 1282). Trust and cooperation must be present for the effective distribution of vaccines, and further, official actions will prime the conditions for future expectations and reactions (O'Toole et al. 2004, 30). This essay will outline the issues which may result from any mass vaccination policy—a political strategy which intervenes in the biological dynamics of the population, to protect against the emergent threat of smallpox at the molecular level.

FOUCAULT AND THE EXERCISE OF POLITICAL POWER

Foucault begins his lecture series—*Society Must Be Defended*—by asking whether the “binary schema of war and struggle, of the clash between forces, can really be identified as the basis of civil society, as both the principle and motor of the exercise of political power (Foucault 2004, 18)”. The question to be explored is whether war can be understood as the historical principle behind the workings of power. In answering this, Foucault carries out a genealogy outlining the different ways in which war is utilised within grids of historical intelligibility. Key to this approach is the move away from an analysis of sovereignty and law in trying to understand the workings of power. In doing so, this genealogy can be read as setting out the different rationalities and forms of knowledge which justify and legitimise the use of violence or force outside of those conceptualised in sovereign or juridical terms.

One way in which history is made intelligible in seventeenth century Europe is through the idea that the war going on beneath order and peace is race war. Termed the discourse of history, the investigation of race war, driven by antagonistic social groups, separated by language and ethnic differences, offers up a counter history to the unity of sovereignty in understanding the way power is established and the forms of truth that are deployed (Ibid. 215). The counter discourse of race struggle, speaking from the side of the defeated, offers up an effective history of the marginalised contra to the traditional history of the victors (Foucault 1998, 380). In so doing, the continuity of the traditional understanding is relentlessly disrupted. This way of

understanding history demonstrates that kings and laws have concealed the fact that they were born of the contingency of battles. The authority giving rise to the knowledge and truth of traditional history is exposed as artificial, igniting the revolutionary will to rekindle the war between races that once went on and which is still going on (Foucault 2004, 72 -79).

For Foucault, the discourse of history that utilised race war as a grid of intelligibility to understand political relations became pacified. A new understanding emerges which conceptualises relations of force in civilian terms. The war between races, the war for domination, is replaced by a struggle and rivalry towards and over the universality of the state. This civilian struggle both within the State and for the State's institutions now becomes the driver behind the discourses of right and truth. This understanding of history eventually leads to the strict curtailment of war's function as an analyser of historico-political processes. The French Revolution becomes the final episode in a violent war for domination whose aims are now inverted in a struggle over the content and expression of the state. War is eliminated from historical analysis by the principle of national universality, a potentially repressive and exclusionary national ideal (Neal 2004, 394). This successive grid of understanding then both complements and inverts the primal duality of the grid focused on race war and domination (Foucault 2004, 226-7).

A third schema for understanding war as the exercise of political power emerges with the totalitarian states of the twentieth century. A new science of the state—statistics—highlighted the dynamics and regularities of the population which could be measured and managed. This new form of knowledge gave rise to a new form of power—biopower—which seeks to intervene through political strategies in the random biological element inherent in a population of living beings—biopolitics—so as to optimise a state of *life* (Ibid., 246). This new power to "make" live and "let" die complemented the old right of the sovereign to take life or let live. Biopower, focused on man as species, intervenes in the population to make live, to improve life by eliminating accidents, for example. Death is moved beyond the reach of power (Ibid., 241-248).

State racism, in coordination with new forms of biological knowledge such as evolutionism, creates caesuras within the population and positions one element as a threat to another and justifies killing so as to improve the biological life/purity and well-being of the other. Killing then is justified on the grounds that it will result in the elimination of the biological threat to and the improvement of the species or the race (Ibid., 255-256). State racism legitimises the use of the sovereign power to kill that would seem to have been outlawed in a political system centred on promoting the health and welfare of the population (Foucault 2009, 105). Further, the positioning of the state as the protector of the population pacifies the struggle over the constitution of the state. The racist state further inverts the revolutionary discourse by positioning the state as the protector of one race against other races positioned as biological threats.

The Nazi state demonstrates the link between developments in scientific knowledge set out in evolutionism and biological theory and a correlative discourse of power (Foucault 2004, 256). War is the logical extension of the claim to be the superior race. In Foucault's genealogy we have then distinct discourses of power that evolve in correlation to new forms of understanding and knowledge. Discourse joins together power and knowledge generating discontinuous segments whose tactical function is neither uniform nor stable, demonstrating its tactical polyvalence (Foucault 1998, 100-102). A discourse of race against sovereign power is transformed into a discourse of race for sovereign power (Lemke 2011, 44).

BIOTERRORISM AND EMERGENCE AT THE MOLECULAR LEVEL

Whereas Foucault was concerned with the ways knowledge understood and power affected the population, greater knowledge of life at the molecular level has opened up new understandings and interventions. In the 1950s microbiologist René Dubois coined the term "emergence" to describe the temporality of biological evolution as a relentless process in which there is no final equilibrium as there is no assignable limit to the co-evolution of resistance and counter proliferation, emergence and counter emergence (Cooper 2008, 78). This understanding of life, particularly the highly accelerated process of bacterial evolution through horizontal communication, has influenced the "biological turn" in US defence policy. This turn, which sees infectious disease outbreaks and bioterrorism as identical threats, conflates public health, biomedicine and war under the sign of the emerging threat, both natural and manmade. The doctrine of mutual deterrence has been replaced by full spectrum dominance, counter proliferation and pre-emption (Ibid., 75-77).

The creation of Project BioShield and the Biomedical Advanced Research and Development Authority (BARDA) – organisations whose sole goal are the creation of medicines to counter the threat of bioterrorism – can be seen as a response to this emerging threat. Indeed, biological weapons, with their ability to spread without detection, to incubate and produce delayed effects, are capable of transforming emergence into the ultimate military threat (Ibid., 88). The drive to create and stockpile vaccines is the logical activity of a defence strategy which legitimates the use of pre-emptive action against an emergent threat¹, to survive the future by becoming immersed in its conditions of emergence, to the point of actualisation (Cooper 2008, 89). In order to deal with the threat of a bioterrorist attack using smallpox, the Center for Disease Control (CDC) has stockpiled enough vaccine to protect the entire population of the US.²

EFFECTIVE DISTRIBUTION OF VACCINES

¹ Office of Homeland Security. (2002). The National Strategy for Homeland Security. Washington DC, The White House, p. ix.

² bt.cdc.gov. (2007). Smallpox Fact Sheet: Vaccine Overview. Available from: <http://www.bt.cdc.gov/agent/smallpox/vaccination/facts.asp> [Accessed the 18th of April 2014]

Gaining the cooperation of the public is essential to the effective distribution of vaccines in dealing with any smallpox attack. This has been noted by table top exercises such as *Dark Winter* and *Atlantic Storm*, which played out the consequences of a smallpox attack in the US and the North Atlantic region respectively. In *Dark Winter*, public cooperation was noted as being derived from the belief that the vaccine and other scarce resources were distributed fairly and that containment measures were for the good of society (O'Toole, Mair & Inglesby 2002, 982). *Atlantic Storm* identified effective communication with publics to persuade them to take effective action as a key recommendation (Smith et al. 2005, 265). A Working Group focused on governance during response to bioterrorism has also argued that successful governance and leadership during an act of bioterrorism will depend upon the cooperation of an engaged and trusting public facilitated by effective communication (O'Toole et al. 2004, 26).

There are a number of historical examples that may impact the level of cooperation and trust present in the US public when dealing effectively with a bioterrorist attack. One example is the response to the anthrax letters of 2001. Upon learning that laced letters had been sent to two Democratic senators in Washington, the Hart Senate office building was shut down and decontaminated for five months (Guillemin 200, 175-6). In contrast, despite evidence that the letters had leaked spores, postal facilities that had processed the letters were kept open until a cutaneous case of anthrax was diagnosed in a facility in New Jersey and three workers were hospitalised from a facility in Washington with two eventually dying (Ibid., 176-7). Central to these deaths was a failure to communicate the risks the workers were exposed to, a failure to describe the symptoms to look out for and a failure to communicate clearly with physicians to be on the watch for any patients from postal facilities (Ibid., 177). African American postal workers felt betrayed by the United States Postal Service, the public health authorities in the District of Columbia and the CDC in dealing with this event (Eisenman et al. 2004, 147).

Studies have also found that African Americans demonstrate a greater distrust of physicians, researchers and the health care system generally compared to whites (Ibid., 152). This may have been influenced by the history of racial discrimination and exploitation by the medical profession dating back to the pre-Civil War period and the use of freed and enslaved African Americans for brutal and non-consensual medical experimentation (Ibid.). A frequently cited example is *The Public Health Service Tuskegee Syphilis Study on Untreated Syphilis in the Negro Male*, in which federally funded investigators observed African Americans through the natural course of syphilis and withheld available treatment (Gamble 1997, 1773). This was conducted for forty years from 1932-1972, on 399 men from Macon County, Alabama (Ibid.). This study has also been pointed out as predisposing many African Americans to distrust medical and public health authorities, with critically low Black participation in clinical trials and organ donation. The fear of experimentation and genocide generated by this study has also been used to explain why African Americans opposed needle exchange

programs for HIV/AIDS prevention in New York City (Eisenman et al. 2004, 152). It has also been noted that poor and disenfranchised populations already distrust standard vaccines for hepatitis B and influenza and that this is likely to influence vaccine acceptance in a bioterror attack (Ibid.).

In addition to these examples of institutional and personal discrimination and abuse is the response to Hurricane Katrina in 2005. The social catastrophe that emerged from what was originally a natural disaster left hundreds of thousands of mainly poor African Americans stranded and isolated for weeks (Giroux 2007, 306). It has been argued that the black bodies that were left to rot and decay literally laid bare the racial and class fault lines in American society and demonstrated the emergence of a new kind of politics in which entire populations are considered disposable (Ibid., 307). Following the National Guard's intervention in the aftermath of Hurricane Katrina, President Bush concluded that the armed forces should be granted greater legislation for action during catastrophic events (Cooper 2008, 95). Despite the repeal of Bush's expansion of military power through amendments to the Posse Comitatus and Insurrection Act¹, in 2009 the Obama Administration placed 20,000 regular Army troops under the command of the US Army Northern Command (NORTHCOM).² The first active unit of the regular army to be under the command of NORTHCOM, possibly illegally assigned, will respond to potential chemical, biological, radiological, nuclear and high-yield explosive (CBRNE) incidents in the US.³

The examples cited may be significant factors in reducing the trust and cooperation of African American and poor communities in dealing with a smallpox attack. The military response to such an event may well implement forced quarantine and isolation on uncooperative populations (Cooper 2008, 95). The dangers that can arise in such a situation were highlighted in the natural smallpox outbreak in Milwaukee, Wisconsin in 1894. Discriminatory policies of home quarantine for the middle and upper classes and forced removal and isolation for the poor, in combination with the distrust of vaccines, led to resistance from poor communities, a complete breakdown in civil order and a month of rioting, which increased the spread of smallpox and led to many unnecessary deaths (Leavitt 2003, 185-7). As this example demonstrates, unless the public is convinced it is receiving fair treatment, equitably applied, it will resist public health policy instead of supporting it (Ibid., 192).

¹ GovTrack.us. (2008). H.R. 4986 (110th): National Defense Authorization Act for Fiscal Year 2008. Available from: <https://www.govtrack.us/congress/bills/110/hr4986> [Accessed the 15th of April 2014]

² Wolverton, J. (2009). "Barack Obama Continues Bush Administration Policy Regarding Posse Comitatus", The New American. Available from: <http://www.thenewamerican.com/usnews/politics/item/2775-barack-obama-continues-bush-administration-policy-regarding-posse-comitatus> [Accessed the 11th of April 2014]

³ Rothschild, M. (2012). "What is NORTHCOM up to?" The Progressive. Available from: <http://www.progressive.org/rothschild0209.html> [Accessed the 15th of April 2014]

CONCLUSION

The biopolitical security strategy of mass vaccination set out to protect and enhance the welfare of the population, implemented militarily and backed by the forced isolation and quarantine of resistant populations, threatens to bring into sharp focus the marginalised knowledges of the African American community and the racist history of public health institutions and its practitioners. Such forms of knowledge recall acts of violence which hold the authority of these institutions to be illegitimate. The call for trust and cooperation in response to a smallpox attack, the exercise of power backed by the threat of violence, necessarily open up a space for resistance (Foucault 1983, 220-1)—a resistance motivated by these marginalised knowledges and the illegitimate authority of these institutions, which in turn motivates subjects in the legitimate exercise of power and violence outside of those conceptualised in sovereign or juridical terms, severely restricting vaccine distribution and uptake efforts and threatening the further spread of smallpox. We have resistance in opposition to a biopolitical security tool which is also resistance to the social and political forces (Neocleous 2008, 7) behind this policy whose malevolence and racism is brought to light through it—a resistance shaped once again by a discourse on race against power conceived in sovereign and juridical terms.

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