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Biological Warfare as Psychological Warfare II

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Abstract. A previous IBPP article described a number of psychological warfare benefits of biological warfare. The present article discusses recent information reported in the Air Force Times within the context of these benefits.

According to the Air Force Times, 8 pilots of the Connecticut Air National Guard 103rd Fighter Wing--22% of the Wing's pilots--are leaving the Guard because they refuse to receive a vaccination against anthrax. Moreover, a member of the 815th Air Mobility Squadron is to be court-martialed after twice refusing to receive the anthrax vaccination. In addition, a sailor from the aircraft carrier Abraham Lincoln recently was discharged for refusing the vaccination, as were three others from the carrier John Stennis. Meanwhile, a Marine stationed in Okinawa may be facing discharge for the identical offense. And controversy continues, affecting the military chain of command--rightly or wrongly--about the safety, efficacy, military utility, and cost of the anthrax vaccinations

These data support item 3, sub-item 3a and a segment of sub-item 3c, of the previous IBPP analysis positing the psychological warfare benefits of biological warfare (BW). Item 3 asserts that an adversary's threat of BW employment can have significant adverse effects on a militarily superior target. Sub-item 3a--the very expense of research, development, purchasing, and fielding defensive BW immunizations--is supported by the very existence of the United States (U.S.) Department of Defense vaccination program. The cost of the program could have been applied to other defense needs that are now unsatisfied (based on the premise of limitation on defense funding) or transferred to other national and even international priorities. Sub-item 3c--stress, social cohesion, and moral shortfalls--is supported by the personnel discharges, other military legal actions, and the military public affairs/media events in which high-level military authorities receive their vaccinations as staged events.

One might assume that the same data support a segment of item 4: decrements to the public's sense of the equity and inviolability of law and order. As the public learns of the personnel problems associated with the vaccination program, the psychological proclivity towards stimulus generalization--viz., questioning the substantive and procedural aspects of other government programs--may well increase. The probability of such an increase rises when one considers the pathos that often accompanies U.S. paeans to its men and women "in uniform."

Finally, the psychology of combating information tending to inauthenticate the rationale and efficacy of the anthrax vaccination program may harm that program's efficacy. By increasing motivation towards implementing the program "at all costs," one is more likely to overlook problems in vaccine quality, in military utility of the vaccine towards most likely threats, the ease with which adversaries can change their BW threat profile depending on a specific counter-threat profile, and so on.

A conclusion related to US security policy towards Iraq, other (to some governments) rogue states, and various terrorist entities? Although the physical threat from BW proper may be contained, its psychological warfare elements are uncontained and continue to be almost effortlessly employed. Which brings us back to a segment of item 2 from the previous IBPP analysis. Given the humanitarian aid

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that Iraq, for example, already is allowed to receive and the extreme difficulty in verifying the absence of an offensive BW program, Iraq may be left with the best of both worlds--aid and a BW program. And in the process Iraq gets to psychologically--and physically (given the small amount of untoward side-effects most vaccination programs cause)--injure a chief tormentor, the US. (See Biological warfare as psychological warfare. (March 13, 1998). IBPP, 4(10); Cottrell, L.S., Jr. (1960). Social research and psychological warfare. *Sociometry*, 23, 103-119; Fullerton, C.S., Ursano, R.J. (1990). Behavioral and psychological responses to chemical and biological warfare. *Military Medicine*, 155, 54-59; Speier, H. (1948). The future of psychological warfare. *Public Opinion Quarterly*, 12, 5-18.) (Keywords: Biological Warfare, Psychological Warfare, Iraq.)