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Reframing Bioterrorism After The 2001 Anthrax Attack: Strategic Shifts In U.S. Counterterrorism Policy

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Abstract

This article examines *the 2001 Anthrax attacks* as a turning point in US counterterrorism strategy, emphasizing how the event redefined biological threats as matters of national security. Using information from intelligence reports, how governments have responded to this, and a theoretical framework based on Michel Foucault's idea of *biopolitics*, this study looks at intelligence failures and the move from reacting to counterterrorism to being proactive. The securitization of

health is explored as a means by which microbial threats can be transformed into strategic tools for state control, with consequences for civil liberties, global diplomacy, and public trust. The article argues that bioterrorism, particularly the anthrax case, should be understood not only as a security breach, but also as a political event that altered the way in which the state governs life. By doing so, the study contributes to a deeper understanding of how non-traditional threats can reshape security frameworks in the modern era concerning to the topic discussed.

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Keywords

Bioterrorism, Anthrax Attack, Counterterrorism, Intelligence Failure, Biopolitics

I. Introduction

This paper will examine the efforts of a nation, notably the United States, in addressing the issue of biological attacks where in today's era, the world has witnessed the sudden emergence of viral outbreaks, even during periods of relative global stability. Among the most significant of these was the COVID-19 pandemic, which not only disrupted global health systems but also prompted widespread societal and political transformations. The pandemic underscored the critical importance of public health infrastructure, sanitation, disease surveillance, and testing as central components of national and global *biosecurity* strategies. A similar case occurred in 2001

with *the Anthrax letter attacks*, which resulted in five fatalities and marked a pivotal moment in U.S. history. It was the first *bioterrorism* incident to significantly influence the country's counterterrorism policies, particularly regarding non-traditional threats. *The Anthrax attacks* became a catalyst for the development of U.S. strategies aimed at preventing future biological threats both at the national level and within the broader context of global security.

The term *biosecurity* however, has prompted experts to engage in debate concerning its definition, with various factors being taken into consideration to determine whether a biological agent is considered a security or public health issue, or whether it is regarded as a 'bio-threat'[1]. The simplest definition of *biosecurity*, as relevant to this article, is offered by Walsh, who describes it as encompassing threats that involve the intentional weaponization of hazardous biological materials such as bacteria, toxins, and viruses as well as the deliberate misuse of biotechnologies[2]. Additionally, *biosecurity* addresses a broader spectrum of intentional threats posed by various pathogens that endanger food supplies and the natural environment.

The rising focus on *biosecurity* in public discussions has partly been driven by speculation about where some outbreaks truly come from, especially in the case of COVID-19. After the virus first appeared in Wuhan, China, debates quickly surfaced, not just among health experts but also within the public. Many questioned whether COVID-19 emerged

[1] Patrick F. Walsh, "Improving Intelligence and Early Warning on Biosecurity Threats," *Journal of Intelligence & Analysis* 22, no. 2 (2015): 82–102.
[2] Patrick F. Walsh, *Intelligence and Intelligence Analysis* (New York: Routledge, 2011), 21–57.

naturally or if it had been engineered, possibly as a biological weapon. Responding to these growing concerns, the *World Health Organization* (WHO) released an official FAQ on November 26, 2020, stating that while the Huanan Seafood Market played a role in spreading the virus, though it might not have been the original source[3].

Even with these clarifications, conspiracy theories and misinformation spread widely across social media, showing how much confusion and fear still existed. This reaction suggests a deeper concern: people are becoming more aware that biological threats, whether they happen naturally, by accident, or on purpose, can seriously affect global security. That is why bioterrorism today needs to be seen not as a distant or hypothetical danger, but as a real and current issue that calls for stronger counterterrorism strategies and better intelligence coordination.

Over the past two decades, the world has been dealing with growing concerns about *bioweapons* and *bioterrorism*. As technology keeps advancing, it becomes harder to ignore the risks that come with dual-use scientific research. One of the key moments that made this threat feel real was in the early 2000s, especially with the 9/11 attacks followed closely by *the 2001 Anthrax letters attack*. These incidents reminded us that *bioterrorism* is not just a theoretical danger; it can actually happen. Between 2001 and 2002, these events forced global leaders to start paying more attention to man-made biological threats. Then, in the years that followed, outbreaks like *Severe*

[3] World Health Organization, *Origin of SARS-CoV-2* (WHO/2019-nCoV/FAQ/Virus_origin/2020.1), 2020, https://www.who.int/publications/m/item/origin-of-sars-cov-2.

Acute Respiratory Syndrome (SARS) in 2003 and the *Influenza A virus subtype H5N1* made it clear that both natural and man-made diseases are some serious security concerns[4].

The 2001 Anthrax attack was a major turning point that really showed how dangerous bioterrorism can be and more importantly, how unprepared we were to face it. What stood out was not just the attack itself, but how disconnected the public health system and intelligence agencies were in dealing with it. According to a report from the *U.S. Government Accountability Office* in 2003, these coordination problems led to delays in identifying the threat, organizing a response, and keeping the public informed. It became obvious that fighting bioterrorism is not just about having good doctors or strong law enforcement, it is about making sure all parts of the system work together entirely. *The Anthrax* case is still a powerful reminder of why a unified and well-planned approach to counterterrorism is crucial when dealing with biological threats.

Given the urgency of addressing biological threats, *the 2001 Anthrax attack* remains a critical case to examine. The author believes that the failures exposed during that incident, particularly in coordination, preparedness, and response can offer valuable lessons not only for the United States but also for the international community, which remains vulnerable to similar threats in today's interconnected world. In an era where *biosecurity* challenges continue to emerge, from

[4] Gregory D. Koblentz, "Biosecurity Reconsidered: Calibrating Biological Threats and Responses," *International Security* 34, no. 4 (2010): 96–132, https://doi.org/10.1162/isec.2010.34.4.96.

naturally occurring pandemics like COVID-19 to the looming risks of gene-editing and synthetic biology, revisiting this case is both timely and relevant. Therefore, this article aims to explore the following question: What intelligence failures occurred during *the 2001 Anthrax attack*, and how did they impact counterterrorism strategy?

This article will discuss three fundamental points. The first objective of this discourse is to deliberate upon the case study that has been referenced in this article, namely *the 2001 Anthrax attack*. It is imperative that the discussion revisits the history of the case and provides further information about the background of the attack. The second objective is to bring discourse that will encompass not only intelligence failures but also those in other domains, including research facilities and healthcare management during the attack. This discussion will most likely look back more on the report given by governmental institutes that took part in responding to the attack. The third objective of this article is to investigate not just preventive actions by the U.S. Government, but also pre-emptive biosecurity strategies that could be applied by the U.S. Government if signs of *bioterrorism* threats begin to emerge in the current global context and the critics behind it. With the world facing ongoing conflicts and instability, it is no longer just conventional weapons that pose a risk but modern bioweapons have also become a serious concern. This situation calls for stronger *biosecurity* measures and more proactive intelligence efforts to deal with both present and future biological threats.

II. Method

This article adopts a descriptive-analytical method, aiming to explore and critically evaluate the evolution of U.S. counterterrorism strategies in response to *bioterrorism*, with a specific focus on *the 2001 Anthrax attacks*. As a research article, this study does not rely on field-based empirical data, but instead draws from a wide range of secondary sources including government reports, intelligence documents, academic journals, legal frameworks, and scholarly critiques. The analysis is framed through a critical International Relations (IR) perspective, with Michel Foucault's concept of *biopolitics* serving as the central theoretical lens and then extended to Shoshana Zuboff's critics on digitalized surveillance capitalism to understand how biological threats are constructed and governed as security issues.

The study emphasizes how *the Anthrax attacks* catalyzed the transformation of counterterrorism policy from reactive to preemptive, and how health crises became instruments of broader state surveillance and control. The sources were selected based on relevance, credibility, and contribution to the academic discourse surrounding *biosecurity*, intelligence, and public policy.

This research is limited in several respects. First, it focuses primarily on the U.S. domestic response and does not undertake comparative analysis with other countries. Second, while the article addresses the intersection of health and security, it does not include in-depth epidemiological or technical biomedical discussions, as its emphasis is on political framing and state behavior. Finally, the temporal scope is

largely bounded by the post-2001 period, particularly the years immediately following *the Anthrax attacks*, though it occasionally draws connections to more recent developments such as the COVID-19 pandemic to illustrate the continuity and evolution of biopolitical governance.

III. Result & Discussion

A. The 2001 Anthrax Attacks and the U.S. Response

Historically, *Anthrax* has been one of the most utilized pathogens in the development of biological weapons. The use of *Bacillus anthracis*, the bacterium responsible for *Anthrax*, can be traced back to as early as the First World War. With the inherent characteristics of *Anthrax* making it a prominent and popular choice for use in biological weapons. Due to their microscopic size, these spores can be dispersed silently and discreetly, commonly through powders, aerosols, or contaminated food sources. Furthermore, *Anthrax spores* are invisible, odorless, and tasteless, which makes them challenging to detect[5].

The study of *Anthrax* and its ability to evade detection has spanned centuries. According to Riedel in 2005, *Anthrax* is among the oldest documented infectious diseases, with possible references found as early as the Plague of Athens in 430 BCE. It was known to affect both animals and humans,

[5] Centers for Disease Control and Prevention, *Bioterrorism and Anthrax: The Threa*, 2025, https://www.cdc.gov/anthrax/bioterrorism/index.html.

particularly those in close contact with livestock or animal products. In the 18th and 19th centuries, it caused widespread agricultural and occupational disease outbreaks, including the so-called "*woolsorters' disease*" in Victorian England. During this period, major breakthroughs in microbiology were made when scientists such as Robert Koch and Louis Pasteur investigated anthrax in depth. Koch first isolated *B. anthracis* and described its spore-forming ability, while Pasteur developed the first successful vaccine against it.

Although cases declined with the advent of vaccines and improved sanitation, *Anthrax* remained endemic in parts of Africa, Asia, and Latin America, and it continued to be studied for military purposes. In the 20th century, multiple state programs including those in the United Kingdom, the Soviet Union, and Japan investigated *Anthrax* as a biological weapon. Notably, the accidental release of spores in Sverdlovsk in 1979 and *the 2001 Anthrax letter attacks* in the United States proved that the pathogen remained both a public health threat and a viable instrument of *bioterrorism*[6]. This long historical trajectory explains why *Anthrax* continues to occupy a central position in discussions of modern biological warfare and global biosecurity.

While *the 2001 Anthrax attack* has been mentioned above, revisiting the case is both eye-opening and unsettling when considering the facts and failures it revealed. Through the report by the *U.S. Government Accountability Office* (GAO), the event is referred to as the "*Fall 2001 Anthrax*

[6] Stefan Riedel, "Anthrax: A Continuing Concern in the Era of Bioterrorism," *Baylor University Medical Center Proceedings* 18, no. 3 (2005): 234–236, https://doi.org/10.1080/08998280.2005.11928059.

Incident". The attacks began shortly after the September 11 terrorist attacks, when envelopes laced with *Bacillus anthracis* spores were mailed to various targets, including media outlets and U.S. congressional offices. The first known letter was postmarked September 18, 2001, and sent to a news organization in New York City. Additional letters followed, including those addressed to Senators Tom Daschle and Patrick Leahy in Washington, D.C[7]

As the contaminated letters passed through the U.S. postal system, several postal facilities became exposed, the most notably those in Trenton, New Jersey, and the Brentwood and Hamilton centers in Washington, D.C. and New Jersey, respectively. The result was 22 confirmed *Anthrax cases*, 11 of which were the more lethal inhalational form, and five of which were fatal. The final known letter was postmarked October 9, 2001. In the aftermath, contamination was found in media offices, congressional buildings, and sorting facilities, leading to temporary closures, intense decontamination efforts, and widespread public anxiety.

This subsequently led to a broader recognition that the inhalational form of anthrax could result in a fatality rate of up to 75 percent, even when appropriate medical treatment is administered. The fear generated by the attack prompted an immediate response; however, it also revealed that the U.S. government was arguably unprepared for such an incident. With *Anthrax spores* being undetectable and lacking the technological capability at that time to identify their presence,

[7] U.S. Government Accountability Office, *Bioterrorism: Preparedness Varied Across State and Local Jurisdictions (GAO-04-152)* (Washington, DC: U.S. Government Printing Office, 2003), 2, https://www.gao.gov/assets/gao-04-152.pdf.

the government faced a critical challenge, dealing not with a conventional or military threat, but rather, a biothreat.

When the United States was hit by 9/11 terror, then the anthrax terror series just a few months later, the understanding of "terror" that was originally only a traditional understanding (involving military attacks, etc.) has shifted into something broader. People and governments have come to understand that threats can come from all directions and in all forms. One of them is in the form of biological attacks, which can injure not only materials but also human welfare directly. Attacking the human body through pathogens spread through various media, then causing mass spread. Till this day, the incident still left a lingering fear that people are skeptical and afraid of receiving mysterious packages or, in the most similar example, receiving an unknown letter. In this context, it becomes crucial to clearly define non-traditional threats such as biothreats. The term "*biothreat*" refers to the deliberate or accidental release of biological agents, including bacteria, viruses, and toxins, that pose a threat to humans, animals, or the environment, with the potential to cause widespread harm[8]. Thus, we know that in this case, *the 2001 Anthrax letter attacks* endangered and claimed the lives of individuals who constitute the fabric of the civilian population.

However, at the time of the incident, the absence of an adequate framework for addressing such cases significantly disrupted the political condition of the United States. This lack of preparedness resulted in failures to provide a timely

[8] BioTechniques, *An Introduction: Biothreats and Biodefense* [Video], October 25, 2023, https://www.biotechniques.com/videos/an-introduction-biothreats-and-biodefense/.

response and to implement preemptive measures in detecting non-traditional threats, such as the biological weapons attack in question. The shortcomings and the evaluations that followed that period have been thoroughly documented in official U.S. Government reports. As of the publication of this article, not only has the United States adopted more robust preemptive strategies, but many other countries around the world have also implemented similar frameworks, many of which are inspired by U.S. counterterrorism policies. Before examining the current and effective policies in place, it is important to revisit the failures that occurred during the attack and failures that stemmed not only from the intelligence sector but also from weaknesses in public health systems and the prevailing political conditions at the time.

One of the most evident failures during *the 2001 Anthrax attacks* was the lack of clear coordination between federal, state, and local agencies. The US response effort was characterized by overlapping responsibilities, unclear leadership roles and inconsistent procedures across institutions. According to the U.S. Government Accountability Office, there was no unified command or central authority coordinating decision-making between critical responders such as *The Centers for Disease Control and Prevention* (CDC), *The Federal Bureau of Investigation* (FBI), the U.S. Postal Service and various local public health departments. This resulted in delays to the initiation of containment measures, inconsistent guidance being issued to the public and postal workers, and different agencies taking

duplicated or contradictory actions[9]. The fragmented structure also resulted in confusion over who was leading the crisis management efforts, law enforcement, health authorities, or emergency management. Consequently, resources were not deployed efficiently and opportunities for rapid containment were missed. This coordination gap reflected a broader institutional unpreparedness for *bioterrorism* scenarios, in which both the security and public health sectors must operate in close synergy.

The second issue is that there is a delay in identifying the threat and informing the public promptly. Despite the initial discovery of *Anthrax* exposure in early October, considerable time was taken to confirm the presence of *Bacillus anthracis* and trace the contaminated letters. According to the GAO report, diagnostic limitations and insufficient early surveillance capacity meant that the pattern of infections, particularly the more severe inhalational *Anthrax cases*, were not recognized quickly enough[10]. The delay in detection also meant that individuals exposed to the bacteria, such as postal workers, continued to work in contaminated environments without protection or treatment. Furthermore, public warnings were issued late and, in some cases, guidance changed frequently, causing confusion and fear within affected communities. These delays increased the number of infections and fatalities, and weakened public trust in federal health and security agencies. The incident emphasized the importance of

[9] U.S. Government Accountability Office, *Bioterrorism: Preparedness Varied Across State and Local Jurisdictions (GAO-04-152)* (Washington, DC: U.S. Government Printing Office, 2003), 2-3, https://www.gao.gov/assets/gao-04-152.pdf.
[10] Ibid., 3-4.

rapid detection systems and clear, coordinated communication channels between laboratories, law enforcement agencies and public health institutions.

The 2001 Anthrax attacks also highlighted significant deficiencies in the United States' laboratory infrastructure and communication protocols. The surge in environmental and clinical samples overwhelmed existing laboratory capacities, leading to delays in testing and diagnosis. This is analogous to the initial case, which presented certain challenges due to its provenance from a small American town. Many state and local laboratories lacked the necessary biosafety levels and technical expertise to handle *Bacillus anthracis*, resulting in a bottleneck that impeded timely public health responses[11]. Following the laboratory challenges were fragmented communication strategies. Federal agencies, including *The Centers for Disease Control and Prevention* (CDC) and *The Federal Bureau of Investigation* (FBI), often disseminated inconsistent or delayed information, leading to confusion among state and local health departments and the public. In retrospective evaluations, public health leaders emphasized that the absence of unified, clear, and timely risk communication was one of the major impediments to a successful response (Center for Infectious Disease Research and Policy (CIDRAP), 2021). This is a matter of particular concern, given that effective coordination is the cornerstone of effective communication between agencies. The necessity for inter-agency linkages to minimize casualties is evidenced by the failure to do so in *the 2001 anthrax attacks*.

[11] Ibid., 5.

The discourse of *the 2001 Anthrax attack's* aftermath and gaps remained debatable until 20 years ahead of it. In the aftermath, the U.S. government initiated measures to address the systemic breakdowns in public health coordination and infrastructure. In response to the challenges posed by the pandemic, hospitals have developed formal emergency operations plans, enhanced their capacity for patient surges, and begun organizing into healthcare coalitions to a better share resources and coordinate responses. The establishment of several frameworks has occurred on a federal level, with the Department of Health and Human Services creating *the Office of Public Health Emergency Preparedness* (OPHEP), for instance, with the objective of facilitating coordination between federal agencies. Prior to 2001, the CDC conducted all testing for bioterrorism agents in a laboratory setting. However, following the establishment of a network of approximately 120 laboratories, a standardized approach to testing for biological agents was adopted. This development marked a significant improvement in laboratory facilities and testing methodologies[12].

The Anthrax attacks also exposed how outdated and inconsistent public health laws were at the time. Since each state had developed its own health codes independently, there were major differences in structure and procedures, making coordination between state and federal authorities difficult. In response, the CDC commissioned the Center for Law and the Public's Health at Georgetown and Johns Hopkins to draft

[12] Lawrence O. Gostin and Jennifer B. Nuzzo, "Twenty Years After the Anthrax Terrorist Attacks of 2001: Lessons Learned and Unlearned for the COVID-19 Response," *JAMA*, 2021, E1, https://doi.org/10.1001/jama.2021.19292.

the *Model State Emergency Health Powers Act* (MSEHPA), which was completed in late 2001[13]. By 2006, 38 states had adopted it fully or partially, with the act outlining emergency definitions, planning requirements, and broad public health powers during crises. In the context of the extraordinary policy changes made by the United States in the wake of these non-traditional terror threats, there are several that are still evolving. For example, the project BioShield which was established in 2004 with the aim of accelerating the research, development, procurement, and availability of effective medical countermeasures against *the Chemical, Biological, Radiological, and Nuclear* (CBRN) agents' threat[14] (Biomedical Advanced Research and Development Authority (BARDA), 2023). The project BioShield itself was of fundamental importance, as most of the funding for medical countermeasure facilities was derived from it. This has resulted in a significant budgetary overhaul that has been gradual in integrating health as a security priority, which again, considered as a major change after the incident.

Another major initiative introduced during this period was the establishment of *the National Biodefense Analysis and Countermeasures Center* (NBACC) under the Department of Homeland Security. Designed as a cornerstone of America's post-*Anthrax biodefence* strategy, the NBACC was tasked with modelling biological threats and conducting high-level research on dangerous pathogens, including genetically engineered microbes and aerosolized agents. The center's

[13] Ibid.

[14] Biomedical Advanced Research and Development Authority, *Project BioShield*, U.S. Department of Health and Human Services, 2023, https://medicalcountermeasures.gov/barda/cbrn/project-bioshield.

mission was to predict and prevent future bioterrorism attacks by simulating scenarios and analyzing pathogen behavior. However, NBACC's work operated largely in secret, with its findings classified and reviewed only by select White House officials[15]. In the same article, Adam Stolar also criticizes the classified nature of the program, suggesting that although the NBACC was created to strengthen national security, it may have unintentionally weakened global efforts to prevent the spread of biological weapons. Specifically, he contends that the nature of NBACC's work, especially the development of potential bioweapons for 'defensive' purposes, raises concerns under the Biological Weapons Convention (BWC) and could encourage other nations to conduct similar secret research in response. He also points out the irony that the *Anthrax* perpetrator may have come from within the US biodefence establishment itself, emphasizing the risk of insider threats[16].

B. The Shift Toward Pre-emptive Biopolitical Security

On the other hand, when discussing the possible mastermind behind *the Anthrax mail attacks*, some pointed to Osama bin Laden or al Qaeda, given the suspicious timing between the 9/11 attacks and the *Anthrax* incidents. Vice President Dick Cheney stated that the government should

[15] Adam Stolar, *Bioterrorism and U.S. Policy Responses: Assessing the Threat of Mass Casualty*, Institute of Peace and Conflict Studies, 2006, 4-5, http://www.jstor.com/stable/resrep09256.
[16] Ibid.

"proceed on the basis" that *the Anthrax attacks* could be linked to Osama bin Laden. Regardless of the available evidence, the Bush administration reportedly pressured the FBI to explore potential connections between the attacks and Iraq or Afghanistan[17]. This was followed by a statement from President Bush, who acknowledged that there was "not enough data" to confirm bin Laden's involvement, yet still referred to him and his network as "bad guys" who openly wished to inflict further harm on the United States[18]. This statement was later refuted by various investigations carried out by the FBI and other institutions, whose findings confirmed that *the Anthrax spores* contained in the attack letters seemed to have been modified to be more lethal. Tom Ridge, former Assistant to the President for Homeland Security and the CDC, stated that the *Anthrax* used in the letters had been deliberately weaponized. Meanwhile, military officials informed U.S. senators that the *Anthrax* was 'very refined' and that it had clearly been produced by someone with expertise[19].

[17] David Johnston and William J. Broad, "Nation Challenged: Anthrax Trail—U.S. Inquiry Tried but Failed to Link Iraq to Anthrax Attacks," *The New York Times*, December 22, 2001, https://www.nytimes.com/2001/12/22/us/nation-challenged-anthrax-trail-us-inquiry-tried-but-failed-link-iraq-anthrax.html.

[18] Erin Murphy and David Sklansky, "Science, Suspects, and Systems: Lessons from the Anthrax Investigation," *Issues in Legal Scholarship* 8, no. 2 (2009): 7, https://doi.org/10.2202/1539-8323.1110.

[19] Ibid., 8-10.

Ultimately, all this suspicion led the FBI to formally close the case in 2010, concluding that Dr Bruce Ivins was responsible for the attacks. However, Ivins, a senior biodefense researcher at *The U.S. Army Medical Research Institute of Infectious Diseases* (USAMRIID), had died by suicide in 2008, before he could be charged[20]. While the FBI's conclusion remains highly controversial and continues to spark debate among experts, it ultimately contradicted the initial assumptions promoted by the Bush administration, which had suggested links to foreign terrorist groups that were never substantiated. Such bold statement and the shift in U.S. counterterrorism policies, as discussed in the previous sections, illustrates the profound impact that emerging non-traditional threats—particularly those involving bioweapons have had. The fear generated by such attacks affects not only policymakers but also the most vulnerable members of society. This fear, once internalized, becomes a powerful force that can be easily manipulated or exploited.

Since the attack, the United States has undertaken significant reformations on infrastructure, particularly in public health surveillance and biomedical research. These improvements were done not merely for prevention steps but rather preemptive action, anticipating threats whether in the form of *bioterrorism* or future pandemics. This shift signals a deeper transformation in how the state conceptualizes

[20] Noah Schactman, "Anthrax Redux: Did the Feds Nab the Wrong Guy?," *WIRED*, March 24, 2011, https://www.wired.com/2011/03/ff-anthrax-fbi/.

security. No longer limited to traditional defense mechanisms, the U.S. counterterrorism strategy has increasingly focused on governing biological risks, even at the level of individual bodies and populations. For example, as what has been proven on the passage above, not only those initiatives such as Project BioShield or the establishment of NBACC, there is also an expanded authority over biological risk management through legislations like the USA PATRIOT Act. This shift reflects on what Michel Foucault describes as the concept of biopolitics.

Biopolitics, a concept introduced by Michel Foucault in the 1970s, refers to the growing involvement of the state in regulating life itself, particularly through mechanisms that manage health, bodies, and populations in the name of security and governance. It represents a form of political rationality aimed at ensuring, sustaining, and multiplying life, while simultaneously subjecting it to surveillance, control, and systemic administration[21]. Through the biopolitical lens, the U.S. response to *the Anthrax attack* is one of the examples, where it reveals the evolution of the state's role from sovereign protector to biological administrator that governs not just threats, but the very detailed condition of human's security. Human security then considered to be one of the crucial aspects and a matter of national survival. Following the series

[21] Rachel Adams, *Michel Foucault: Biopolitics and Biopower*, Critical Legal Thinking, May 10, 2017, https://criticallegalthinking.com/2017/05/10/michel-foucault-biopolitics-biopower/.

of attacks that struck the United States in 2001, it was the use of biological weapons and their far-reaching consequences that most profoundly unsettled the nation. *The Anthrax attacks* however, have blurred the line between public health response and military doctrine, prompting the U.S. to reframe health as a matter of national security. This reframing became essential not only in response to the evolving nature of non-traditional terrorist threats but also in recognizing the state's role, especially as a biopolitical actor, in prioritizing safeguarding civilian welfare.

Another important point to highlight is how the U.S. counterterrorism strategy shifted from a reactive posture to a pre-emptive and proactive one following *the Anthrax attacks*. It is proven by the broader reach of surveillance mechanism, lab experiments (NBACC), and exceptional policies that has been made after the incident. As a result, even when biothreat has become the top priority of a state, this could be viewed as a tool of social control and how the states govern through fear. The statement is supported by how the Bush administration's attempt to link *the Anthrax letters* to Iraq, despite lacking evidence, exemplifies how strategic fear narratives were used to justify foreign policy agendas and mobilize domestic consent. Through the fear narration that a government built and by normalizing the legal exceptionalism that have been made, what begins first as a project of national protection (as a biopolitical agent) could resemble a regime of *bio-surveillance* where the boundaries between care and coercion, defense, and

domination, become indistinguishably blurred. This phenomenon exemplifies how, even when governed by a biopolitical logic, security can subtly metamorphose into a system that governs populations in the name of survival.

This biopolitical reframing of security has not faded in the decades since *the Anthrax attacks*. In fact, it has intensified. The COVID-19 pandemic resurrected many of the same governing patterns: states of emergency were declared, movement was restricted, surveillance technologies were rapidly deployed, and extraordinary powers were consolidated all under the name of public health. While these responses were medically framed, their strategic utility was undeniable. Health crises increasingly function as geopolitical events moments that justify the expansion of state power, redraw lines of global influence, and reinforce national hierarchies. The securitization of health, therefore, serves not only as a form of domestic control but also as a tool of international positioning. Policies such as vaccine diplomacy, border closures, and supply chain nationalism revealed how biological risk was weaponized in global contestation. In this sense, public health emergencies such as the current one are not merely biological challenges, but also strategic opportunities through which states can project dominance and reshape geopolitical landscapes, all the while cloaking these actions in the moral imperative of saving lives.

C. Digital Surveillance, Health Geopolitics, and the Future of Biosecurity

Building on this trajectory, it becomes increasingly clear that the logic of biopolitical governance has extended beyond policy and diplomacy into the realm of digital surveillance and algorithmic control. After decades since *the 2001 Anthrax attacks*, the U.S. counterterrorism approach has relied on technological infrastructure not only to prevent biothreats, but to manage populations through data. This is what that has become the critics coming from Shoshana Zuboff about how the concept of surveillance has now been capitalized as personal health data becomes an asset for the government in control. The logics that once Foucault has suggested of how the modern state govern not through visible coercion alone but by regulating the conditions of life, the logic has now extended into the digital realm. Concerns have been raised regarding the way the state employs existing population data as a means of governmental control. The concept of bio-surveillance, initially developed with the stated objective of enhancing public health, has undergone a gradual transformation into a system of behavior prediction and control[22].

[22] Shoshana Zuboff, *The Age of Surveillance Capitalism: The Fight for a Human Future at the New Frontier of Power* (New York: PublicAffairs, 2019), 15–16.

Beyond the early example of *the Anthrax attacks*, the more recent COVID-19 outbreak also illustrates how health crises have increasingly been reframed as security issues under state control. Measures such as lockdowns, health passports, and mass vaccination campaigns (though implemented for public safety) have, in some cases, raised concerns about the erosion of individual privacy, freedom of movement, and the right to refuse certain medical treatments, especially when individual health conditions vary. he securitization of health often brings military and intelligence institutions into the public health domain, as seen after *the 2001 Anthrax attacks*, when the U.S. established integrated surveillance mechanisms involving national security agencies to monitor biological threats. However, this blending of health governance and security operations can also give rise to problematic outcomes, such as authoritarian tendencies, social stigmatization, or discriminatory responses framed as protective enforcement. For instance, the Bush administration's early efforts to attribute *the Anthrax attacks* to Osama bin Laden demonstrated how health-related incidents could be politically mobilized. Similarly, during the COVID-19 pandemic, narratives around the virus's origin led to widespread suspicion and discriminatory rhetoric directed toward an anti-Asian sentiment, underscoring how global health emergencies can easily intersect with geopolitical tensions.

Building on this pattern of development, it becomes increasingly evident that microscopic biological threats, such

as *Anthrax spores* or viral particles, have prompted macroscopic state responses that extend far beyond the realm of public health. What initially appears as a targeted medical intervention can evolve into expansive systems of surveillance and control, often justified by the urgency of containing an invisible danger. Over time, measures such as emergency legislation, behavioral monitoring, and restrictions on movement can become integrated and normalized within broader governance structures. As Michel Foucault suggests, there are no threats that is neutral, it has always been controlled or constructed by power. *The Anthrax case* illustrates how the state can influence public perception to legitimize extraordinary policies, including foreign interventions—as seen in the paragraph prior to this. These examples reveal that biothreats are not solely medical challenges; they are political constructs that can serve to expand state authority and regulate populations under the emerging type of threat.

In the context of an increasingly digital governance paradigm, this mode of health securitization has extended into the digital realm, where data collection, predictive algorithms, and biometric monitoring have become central tools of public management. In the name of pandemic response or biothreat prevention, governments and private sectors have expanded their capacity to track, profile, and influence individual behavior in real time. It has been observed that systems designed for safety purposes frequently function as instruments for behavioral control. These systems utilize

personal data to assess risk, automate decisions, and influence public compliance. In such an environment, the distinction between health governance and data exploitation becomes increasingly indistinct. The incorporation of surveillance technologies into routine health assessments not only amplifies the state's reach but also establishes a novel economic paradigm centered on the extraction of information and the regulation via algorithms. This dynamic engenders a power structure in which health crises become opportunities to reinforce systems of observation, standardization, and digital dependency, all under the moral imperative of public protection. The objective of this initiative is not solely the protection of life, but rather the cultivation of a population that is increasingly transparent, measurable, and governable.

Now more than ever, it is crucial for states to understand how to anticipate and respond to threats in all their evolving forms, especially those that emerge beyond the battlefield. When the world is struck by epidemics or biological incidents, the terror they generate does not always arise from intentional harm, but often from nature itself. Still, the consequences are no less severe. In an age of accelerating digital transformation, public safety must not be used as a shield to justify arbitrary shifts in counterterrorism strategy, particularly when such changes risk curbing fundamental rights. Democratic freedoms and the state’s function as a biopolitical actor must coexist in balance. Security frameworks should not be designed merely to control, but to protect without

suppressing. Only through transparent and accountable preemptive strategies can governments address the dual threat posed by bioterrorism and natural outbreaks which safeguards not just human lives, but also the civic and environmental fabric of society. This is the core criticism the author aims to emphasize: that in managing biological threats, the preservation of democratic values must remain inseparable from the pursuit of national security.

IV. Conclusion

The 2001 Anthrax attacks were more than a tragic case of domestic bioterrorism; they marked a turning point that reshaped the approach to counterterrorism. As discussed throughout this article, the attacks revealed serious gaps in intelligence coordination and institutional readiness. Yet beyond these practical failures, they triggered a broader transformation in how the state understands and responds to biological threats. Viewed through the framework of Foucault's concept of biopolitics, the U.S. government's post-*Anthrax* policies reflect a shift in governance, from focusing on territorial protection to regulating life itself. This shift involved securing not only national borders, but also individual bodies, entire populations, and imagined futures.

Counterterrorism gradually moved from a reactive model to one guided by preemptive thinking, expanded surveillance, and the institutionalization of emergency measures. What started as an urgent reaction to a hidden threat became a long-term mode of governance shaped by fear and

control. This blurs the distinction between genuine medical needs and strategic exercises of power. The argument presented here is that using a critical international relations perspective helps us understand how biological threats can serve as tools to expand state authority and rationalize both domestic and international interventions in the name of protection.

In the years following *the Anthrax attacks*, this logic of biological securitization has become even more deeply embedded. It now stretches beyond laws and policy into digital infrastructures. Public health management is increasingly tied to algorithmic tracking, biometric systems, and data collection practices. Although these tools are often promoted as neutral methods of risk control, they reveal deeper patterns of behavioral regulation. As health governance becomes digitalized, new concerns emerge around consent, accountability, and inequality which raises the possibility that biological emergencies are being used to normalize not only exceptional state responses but also ongoing systems of surveillance and classification.

As new biological threats continue to arise, whether naturally occurring or intentionally engineered, the key challenge for policymakers, scholars, and civil society is to critically assess not just the effectiveness of counterterrorism measures, but also the assumptions that shape them. In efforts to protect life, there is a real risk of slowly sacrificing the freedoms that give life its meaning. Moving forward, responses to *bioterrorism* must be grounded not only in prevention and preparedness, but also in democratic principles, transparency, and ethical limits on state power. Only then can a true balance between security and liberty be achieved.

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