

# Planning Biodefense: *Security and the Competitive City*

by PAUL JACKSON

According to the Trust for America's Health, the period after 9/11 has come to be "The Age of Bioterrorism." Declaring this to be an "age" only heightens the anxiety of imminent attack that has been generated to support U.S. foreign policy. It also feeds into another trend: "Biodefense readiness" is now a job for professional planners.

Tom Ridge, speaking as secretary of the U.S. Department of Homeland Security (DHS), succinctly framed the political and policy environment: "Terrorism forces us to make a choice. We can be afraid. Or we can be ready." Jeffrey P. Koplan, the director of the Centers for Disease Control, stated in 2002, "Because health threats know no boundaries, we can afford no weaknesses in our public health line of defense. Either we are all protected or we are all at risk." These very clear either/or sentiments present only two options: fear *or* preparedness. Of course, no one wants to choose fear, so everyone has to be "ready." And that is a planning project. Disease, threats and biodefense readiness are now part of the planner's job description.

## **Cities Compete for Domestic Security Resources**

In the United States, the domestic security agenda has trickled down and seeped into

the most unlikely budgets and places. The "new normal" for business and government organizations now includes disaster preparedness plans, crisis management programs, life safety plans, emergency response protocols. Hamlin County, a rural area in South Dakota, received a homeland security grant. So can you!

Security funding is now a part of competitive city policies. Politically and economically this is a windfall for those planners willing and able to consult and prepare emergency plans. Activities such as planning for public facilities, university campuses, urban economic development and infrastructure have begun to merge with planning for biodefense security and crisis management.

The process of planning for bioterrorism involves envisioning a future worst-case scenario. To develop a defense strategy, threats are transformed into vulnerabilities that must be planned for. Preparedness planning looks towards crisis, to sites of potential disorder or disruption. Preparedness planning involves searching for places and targets where bioterrorism and its associated diseases might happen. The focus is on the protection of key infrastructure (roads, electric grids, communications, food, water), key institutions (financial

markets, government facilities) and key public services (hospitals).

While there is a low probability of a bioterrorist attack, the consequences are seen as significant. Because threats can be foreseen but never predicted, the emphasis in planning is on mitigating the worst possible effects. Writing in the *New Left Review* just after 9/11, Mike Davis saw this kind of thinking as leading to the "Fear Economy," predicting that "the discrete technologies of surveillance, environmental monitoring and data processing will grow into a single integrated system. 'Security,' in other words, will become a full-fledged urban utility like water and power."

Planning domestic security now bleeds into existing urban politics and policies in multiple ways. As one example, medical researchers are attempting to find "cures" for bioterrorism, and their institutions and scientists are being promoted as part of competitive urban regions.

## **Bioterrorism Is not New**

Over the last thirty years, approximately 285 biological and chemical agents have been used as weapons throughout the world. Most incidents have done little harm to humans, yet fear of such occurrences is used

to influence state policies. In the U.S., domestic, extreme right-wing neo-conservatives, such as anti-government militia groups and anti-abortion groups, have exploited this fear, for example, in the context of letters laced with fake toxic powder. The targets have included courthouses, IRS offices, news organizations, federal buildings and a Wal-Mart. The offices of Planned Parenthood, women's health organizations and abortion clinics have been targeted the most.

In the United States there have been two terrorist attacks against the general public that have

used disease as a weapon. The first event occurred when the Rajneeshee Cult infected salad bars in a small town in Oregon. There were no fatalities. The second event was a series of post-9/11 anthrax infections. Twenty-two people inhaled anthrax and five people died from anthrax exposure. The anthrax used in these attacks was traced to a biosafety laboratory in Fort Detrick, Maryland.

The anthrax attacks are the main justification for investment in biodefense, yet no evidence has come to light of any link between this incident and foreign terrorists.

Arguably, the anthrax attacks were not a huge escalation from the extreme right-wing groups' tactics. Still, the attacks amplified the call for preparedness and for an infrastructure to deal with future such incidents.

To be sure, bioterrorism preparedness was well underway prior to 9/11. The Clinton administration began channeling money (around \$1.5 billion) to various government departments like the National Guard. By the end of the 1990s, new think tanks, programs, institutes, conferences and publications, all on biodefense, had germinated. ⇨

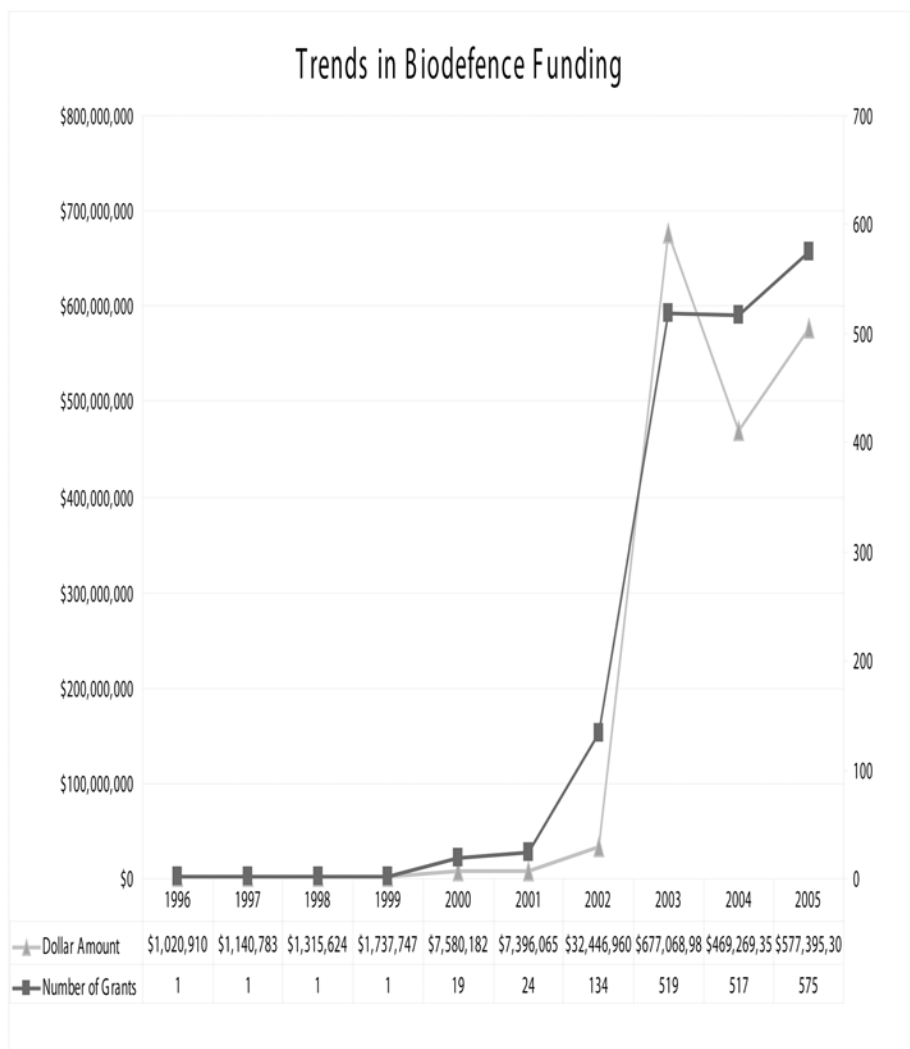


Figure 1

This in turn set the stage for the post-9/11 acceleration of biodefense associations between DHS and universities.

There is a long history of university links to the U.S. military, and health and medical research have become increasingly intertwined with the domestic security strategy. The National Institute of Allergy and Infectious Diseases (NIAID) shapes biodefense research and proudly declares the “acceleration” of its research funding programs in the direction of diseases with bioweapon potential. From 1996 to 1999, all funding that explicitly mentioned bioterrorism was awarded to one scholar: Sophia Dyer from Boston University. After 9-11, the number of researchers and the amounts awarded spiked dramatically (see Figure 1 on previous page). In 2001, there were twenty-four bioterrorism grants; by 2003, there were 519. From 1996 to 2005, the total dollar amount awarded was \$1.776 billion.

This medical research has benefited and transformed the cities in which it takes place. The financial investment has produced new laboratories and research centers that are now central to national security and bioterrorism disaster management. Many of the grants are concentrated in specific cities and at specific universities, organized in regional configurations and institutional clusters. Homeland security and competitive cities mutually

reinforce each other. Competitive cities are those that attract public and private funding, so participation in homeland security becomes closely connected to their success.

### **Regional Nodes in Biodefense Planning**

In 2003, the *NIAID Strategic Plan for Biodefense Research* laid out the basic policy framework for the creation and funding of new regional centers for biodefense planning. One of the goals of the plan is to construct six to twelve Regional Centers of Excellence for Bioterrorism and Emerging Diseases Research (RCEs) to handle and eliminate bioterrorist attacks on laboratories, clinical personnel and adjacent communities. These facilities would develop a new generation of high-tech products and interventions to be used in a public health emergency. Biodefense also includes facility investment, research networks and talent attraction, with grants funding the construction of new facilities, named biocontainment laboratories, within “research parks.” Location is evoked to validate requests for funding. For example, Hawaii researchers claim they need funding because Hawaii has military bases, is a center for tourism and is the U.S. gateway from Asia.

Thus the regional centers have two aspects: the embedding of laboratories and science as a line of security and the strategic positioning of these clusters as a line of urban competition. The

RCEs speak of a new national infrastructure seen as a multi-city network based on the relationships between research clusters.

The RCEs are new facilities developed within universities in the wake of 9/11 to attract scientific expertise and biotechnology firms. The centers combine a research infrastructure with government institutions and public services to become central nodes in biodefense planning that benefits specific cities in a competitive political economy.

Part of the competitive city ideology is that urban futures are tied to public-private partnerships. NIAID’s plan encourages academia and industry to jointly create high-tech products along with dynamic and secure urban regions. The RCEs are “focal points” for federal, state and local agencies, in tandem with pharmaceutical and biotechnology companies. This is a direct application of economist Michael Porter’s influential policy declaration that urban prosperity lies in the clustering of leading-edge firms. These networked industrial districts promote competitiveness among entrepreneurs and institutions; and self-organization and collaboration are seen as crucial to entrepreneurial places.

The biggest winners in this game, the University of Texas Medical Branch at Galveston and Boston University, promised to provide \$50 million in matching funds. The returns on their investments

are lucrative. The national RCE in Boston is estimated to generate up to \$1.7 billion in research grants for the next twenty years, and around 2,000 new jobs, 600 of which will be permanent research positions. In Texas, a report by the Perryman Group about business activity around the University of Texas states: "In addition to the substantial contributions these [biodefense] efforts will make to the health, safety and security of the U.S. and, indeed, the world, these programs also result in a notable contribution to the economy of Texas." The report projects that over a period of twenty years the total contribution from the RCE to Texas' gross output will be \$1.1 billion. The report argues that this "will enhance the competitiveness of Texas for attracting pharmaceutical firms, emerging biotechnology enterprises and other related firms."

These developments completely side-step public participation as decisions are made outside any public planning or democratic

process. Community groups in Boston and Davis, California, have voiced opposition to these projects. Boston University BioDefense (a project of the Council for Responsible Genetics) and The Sunshine Project have been raising concerns about the lack of transparency and accountability surrounding the biodefense lab awarded to the Boston University Medical Center. But in economically hard-hit towns like Rome, New York, these laboratories are promoted as economic saviors. Progressive planners who work at universities that have a biodefense lab can, like their peers in Boston, play a similar role in questioning and raising awareness about the institutions of which they are a part.

The sobering take-home message is this: With this massive influx of federal funding, hospitals are still left out in the cold. A bioterrorist attack is first of all a public health crisis. If a bioweapon is released and people get sick, they will go to the hospital first. Hospitals

are very practical and productive sites to fund to mitigate the consequences of bioterrorism.

Hospitals and a democratic public health system are the real losers in U.S. biodefense security policy, and this does not appear to be changing. Even with the massive infusion of homeland defense funding, nearly one-third of states cut their public health budgets in 2003. The U.S. Government Accountability Office stated that while emergency plans were written, investment in hospitals was not made. Homeland security is focused on crisis events like bioterrorism; shamefully, a public and democratic health system is not in its mandate.

---

*Paul Jackson is a PhD. candidate in the Department of Geography at University of Toronto. His research tackles the culture and politics that arise from highly infectious diseases. His previous work on security and cities with Gerda Wekerle examined how anti-terrorism policy, urban sprawl and social movements have become entangled.*

## **Nevins, cont. from p. 19**

---

on the details of the specific forms of border enforcement and surveillance, they share the assumption that the boundary is insufficiently guarded and that more protection against would-be threats is essential. On July 26, 2007, by a vote of 89 to 1, the Senate authorized \$3 billion to build 700 miles of additional walls and fences along the Mexican boundary, and to almost double

the size of the Border Patrol to 23,000 agents by 2009. Whether or not the bill becomes law is unclear as of this writing. But it is one of many indicators that walls—both the physical variety and the social infrastructure—are the wave of the foreseeable future in the U.S.-Mexico borderlands.

---

*Joseph Nevins is an associate professor of geography in the Department of Earth*

*Science and Geography at Vassar College in Poughkeepsie, New York. His books include Operation Gatekeeper: The Rise of the "Illegal Alien" and the Making of the U.S.-Mexico Boundary (Routledge, 2002), and A Not-so-distant Horror: Mass Violence in East Timor (Cornell University Press, 2005). City Lights Books will publish his latest book, Dying to Live: A Story of U.S. Immigration in an Age of Global Apartheid, in 2008.*