

PSYCHOLOGICAL ISSUES OF BIOTERRORISM

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Unique Psychological Aspects of WMD

- Onset of event unknown
- Site of attack unknown
- Threat is ongoing
- Multiple attack sites
- Uncertain termination

Psychological Factors Inducing Terror

- **Unfamiliarity with the threat agent**
- **No visible destruction**
- **Visual cues absent for escape**
- **Unclear as to what is safe**
- **Unclear if one has become a victim**

“The Psychological Casualties”

- **True Exposure or Infection**
 - Worried Sick
 - Support to Families Members
- **Perceived Exposure or Infection**
 - Worried Well
 - Mass Hysteria
 - Psychogenic Illness
- **Disaster Somatization Reaction**
 - Overwhelm the Medical System
 - Deplete Medical Stockpiles
 - Triage Nightmare

Aum Shinrikyo 1995 Tokyo Subway Sarin Attack

- **5,510 seek medical treatment**
- **12 die**
- **17 critically injured**
- **1,370 suffer mild injuries**
- **4,000 no medical injuries**

The Threat

- **Aerosolized release likely**
- **Anthrax (Distribution Centers)**
- **Smallpox (Vaccination Centers)**
- **Psychology Issues of Mass Prophylaxis**
 - **Treatment Urgency and Availability (Rumors)**
 - **Treatment Disparities**
 - **Medication Compliance**
 - **Fear of Contagiousness**
 - **Quarantine**
 - **Separation from family members**
 - **Stigma**

Psychological Issues for Medical Staff

- **Will Our Medical Staff Remain?**
- **Reassurance of one's own safety**
 - Adequate Medical Prophylaxis
 - Adequate PPE
 - Pts. Adequately Decontaminated
- **Conflicting Information / Rumors (Work Quarantine)**
- **Safety of Family Members (Child Care)**
- **Spread of Agent to Family Members**
- **Avoidance by friends and coworkers**
- **Long Term Psychological Impact**
- **Readiness & Resiliency Programs**