
The War on Terror in the Context of Public Health: 9/11, Islamophobia, and Interventionism

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The War on Terror in the Context of Public Health:

9/11, Islamophobia, and Interventionism

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Gender, Race, and Sexuality in the History of American Medicine

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Introduction

In October of 2004, as the presidential election was right around the corner, journalist Norman Lockman in his Elmira New York's *Star-Gazette* opinion piece, "Two Strategies to Fight a War Against Terror," makes a notable metaphor for President Bush and opponent John Kerry's strategies for fighting against terror. He argued, "Bush sees terrorism as a disease. You stamp it out wherever you find it, and then it's gone." He goes on to say, "Kerry sees it as a controllable virus. You stamp it out when it flares up, and then you try to inoculate against it because, even suppressed, it is always lurking, looking for an opportunity."¹ While on the surface, this argument seems like an innocent metaphor to compare two presidential candidates, it actually reveals a significant thought process during this period; the media often conflated the War on Terror with public health policy. This is not just some random consideration that Lockman used, it is a central part of the way that institutions, such as the press and the US government leveraged public health to construct an interventionist narrative.² According to history professor Susan L. Smith, public health goes beyond its basic idea of common healthiness:

Without question, public health and health reform programs have resulted in improved living conditions for many Americans. But the uses society makes of public health programs and policies is highly dependent on the beliefs, values, and dynamics permeating that society. Health issues are inextricably linked to wider

¹ Norman Lockman, "Two Strategies to Fight a War Against Terror," *Star-Gazete*, 2004.

<https://www.proquest.com/hnpusne/docview/2349483294/28AAFD6ACCD94E74PQ/2?accountid=40980>

² This essay defines public health as the general sense of a population's feelings of healthiness against potential threats to their direct lives. This can be physical, like disease or threats of death, or nonphysical, which could be the general level of wellbeing of a community. These result in actions and reactions, such as, among a multitude of different steps, surveillance and public service announcements, to promote and mitigate threats to said individuals and their communities.

social and political issues, such as urbanization, immigration, war, civil liberties, and social prejudice.³

Public health, especially when investigating it in a historical context, is more than just what policies are used to make people and communities healthier, it is a reflection of many different cultural and political dynamics. This means that there is a linkage between public health and institutions. As such, public health can be a tool for exploitation, to promote certain ideological standpoints or advance certain assumptions about groups of people.

Social issues, such as discrimination, can also play a part in understanding the relationship between public health policy and different communities. In order to unpack the cultural dynamics between race and gender that play a part in this relationship, the study of intersectionality is vital. Intersectionality is the academic and legal thought process that studies the ways that varying forms of identity combine with one another and how it contributes to one's experience of discrimination.⁴ This lens is particularly useful for studying public health as it underscores the implications in which complex identities can combine when forming, developing, and arguing for certain public health policies. For example, the experience of a white woman and her treatment at the doctor's will be vastly different from a woman of color, even if they may both experience discrimination. When analyzing intersectionality from a historical perspective, professor Vivian May explains, "is invaluable for plumbing history's silences; for understanding oppression as having a history and as existing within a set of cultural, political, and social conditions; and for unearthing a vision of historical agency for those whose

³ Susan L. Smith, "Teaching the History of Public Health and Health Reform," *OAH Magazine of History* 19, no. 5 (2005): 27.

⁴ Sumi Cho, Kimberlé Williams Crenshaw, and Leslie McCall, "Toward a Field of Intersectionality Studies: Theory, Applications, and Praxis," *Signs* 38, no. 4 (2013): 787, <https://doi.org/10.1086/669608>.

personhood and agency have been denied.”⁵ Not only does intersectionality allow for a deeper understanding and analysis of identity and the ways that public health policies affect identity, it also historically unveils discrimination that is hidden within institutions. This is so that those whose voices were taken away can remerge.

During the War on Terror, in the aftermath of 9/11, discrimination against Muslims and Arab Americans skyrocketed. In 2001, Islamophobic hate crimes quintupled from 2000.⁶ One could argue that the perpetrators are just a few extremists, but through an intersectional lens, one can see the ways that institutionalized discrimination contributes to this rise in hate crimes. The US government and media employed discrimination against American Muslims in a way that tied it to American public health. This paper will argue that after 9/11, the US government, and the press, framed their actions as a response to, and took advantage of preexisting and nonexistent public health crises in order to justify the War on Terror. This resulted in discriminatory practices towards Muslim and Arab Americans, through taking advantage of systems of public health police power. It also led to the destruction of the public health of other nations, in particular Iraq and Afghanistan. This was founded on three factors: physical health, national security, and American Exceptionalism.⁷

Historiography

⁵ Vivian M. May, “Historicizing Intersectionality as a Critical Lens: Returning to the Work of Anna Julia Cooper,” in *Interconnections*, ed. Carol Faulkner and Alison M. Parker, vol. 3, Gender and Race in American History (Boydell & Brewer, 2012), 19, <https://www.jstor.org/stable/10.7722/j.ctt1x732q.4>.

⁶ Ilir Disha, James C. Cavendish, and Ryan D. King, “Historical Events and Spaces of Hate: Hate Crimes against Arabs and Muslims in Post-9/11 America,” *Social Problems* 58, no. 1 (February 2011): 22, <https://doi.org/10.1525/sp.2011.58.1.21>.

⁷ This essay defines national security as the feeling of safety, and the actions to promote it on a level that incorporates an entire community. One example of said actions could be placing a metal detector in an important building to prevent individuals bringing in weapons.

The scholarship on the history of the War on Terror is necessarily interdisciplinary; it includes history, sociology, anthropology, political science, and jurisprudence. Many scholars have focused on the relationships between people, the media, and the US government, who constructed the framework of terrorism as a public health crisis.⁸ That being said, the framework is underdeveloped.

While many scholars appropriately focus on the policies of the Bush Administration, discriminatory practices, and the destruction of Iraq and Afghanistan, they do not look at it in the context of public health. For example, Historian Melvyn P. Leffler in his article “9/11 and Foreign Policy,” argues “there is more continuity than change in the politics of the Bush administration. Bush’s rhetoric and actions have deep roots in the history of American foreign policy.”⁹ While Leffler is analyzing Bush’s rhetoric from a historical perspective, he is not analyzing it in the context of the history of American medicine.

Understanding this context is important because war is often metaphorically connected to disease. Larry N. George, in his article “The Pharmacotic War on Terrorism,” first establishes the complex relationship that war has with ideas of public health:

War, then, is at one and the same time poisonous, medicinal and addictive. It is both a contagious disease of the body politic and an addictive drug with a unique capacity to temporarily restore political health. The Polysemous ancient Greek word *pharmakon* strangely captures all of these apparently contradictory senses and meanings: remedy and addictive drug, medicine and poison.¹⁰

⁸ David L. Altheide and Jennifer N. Grimes, “War Programming: The Propaganda Project and the Iraq War,” *The Sociological Quarterly* 46, no. 4 (2005): 617–43.

⁹ Melvyn P. Leffler, “9/11 and American Foreign Policy,” *Diplomatic History* 29, no. 3 (2005): 395.

¹⁰ Larry N. George, “The Pharmacotic War on Terrorism: Cure or Poison for the US Body Politic?,” *Theory, Culture & Society* 19, no. 4 (August 1, 2002): 163, <https://doi.org/10.1177/0263276402019004012>.

War is often both incredibly damaging to the actors involved but is also meant to save lives. That being said, George mainly focuses on the relationship of violence during this period.¹¹ This is still vital to this paper but does not really narrow its focus to the ways that public health is directly negotiated by the US Press and the Federal government. With the initial metaphor in mind, 9/11 and the War on Terror resulted in a public health erosion of the countries the US interfered in, as well as the damage of America's Muslim communities, caused by islamophobia. The war itself was meant to be a medicine for the public health crisis that 9/11 caused. In other words, these metaphors paradoxically justified the War on Terror as well as damaged the real public health of other nations and the American Muslim and Arab communities.

Looking at the War on Terror from the perspective of the history of American medicine is also essential in that violence itself can be understood as a public health issue. Physician and professor Leana S. Wen, in her article "Violence is a Public Health Issue," argues:

It is the duty of public health to recognize violence as a major factor in impacting the well-being of citizens. One of public health's essential functions should be violence prevention, as it fulfills its mission to focus on upstream intervention to improve the health of populations.¹²

This article is defining the prosperity of an individual of a country as a core part of defining public health. Violence can be just as, or even more disruptive than disease. When thinking about public health, violence is something that Wen asserts should be put into the conversation.

Terrorist attacks, are of course, a form of violence. As such, terrorist attacks are a public health crisis, and is one that for the War on Terror, the government leveraged to justify intervention and discrimination.

¹¹ George, "The Pharmacotic War on Terrorism," 166.

¹² Leana S. Wen and Kathleen E. Goodwin, "Violence Is a Public Health Issue," *Journal of Public Health Management and Practice* 22, no. 6 (2016): 503.

9/11 as a Public Health Crisis

The damage and loss created by 9/11 was substantial. The attack was incredibly deadly; 2,977 people were killed.¹³ Not only was the death toll horrifying, but the lingering health effects it had afterwards, affected at least hundreds of thousands of people, and likely more. When the Twin Towers collapsed, the health problems were massive and swift. Professor Brett L. Walker writes:

As scientists explain, because of its exotic ingredients and the unique circumstances of its creation, WTC dust is "new in the world." This alchemy of global terrorism and disease occurred when the Twin Towers exploded and aerosolized, one that took scientists and New York first responders into uncharted territories. As one observer described, "Metals and glass from windows and computers and girders were turned into mist particles that bonded with larger pieces of concrete, creating billions of tiny hybrid fragments, each coated with a sheath created from the elements of destruction. Asbestos was pulverized into pieces so tiny that ordinary tests devised to track the fibers missed them."¹⁴

The amount of damage caused by the attacks on the Twin Towers was widespread. The physical destruction of the buildings caused a release of toxic materials, many of which scientists and health experts could not discover easily. The effects of the toxic materials had long lasting consequences. For example, thousands of first responders experienced significant lung damage: "The massive dust concentrations to which these people were acutely exposed has produced a significant reduction in lung function resulting in obstructive airways disease...they seem unable to recover."¹⁵ When most individuals think of 9/11, they think of the death toll, but the larger public health damage it caused was significant. While the realities of lung damage emerge far

¹³ "Commemoration," *9/11 Memorial and Museum*, National September 11 Memorial & Museum, accessed December 7, 2021, <https://www.911memorial.org/connect/commemoration>.

¹⁴ Brett L. Walker, "Environments of Terror: 9/11, World Trade Center Dust, and the Global Nature of New York's Toxic Bodies," *Environmental History* 20, no. 4 (2015): 782–83.

¹⁵ Adrian Burton, "Respiratory Health. Lung Damage Lingers after 9/11," *Environmental Health Perspectives* 118, no. 6 (2010): A245.

later, the fact this attack holistically caused all of these problems is significant. The unprecedented nature of this health crisis, in particular the death toll, leads to the ways that the press and U.S. government began to justify its eventual intervention in the Middle East.

On the night after the Twin Tower Attacks, then President George W. Bush solemnly addressed the nation. This speech includes a lot of rhetoric that is central to the way that the U.S. government justified the War on Terror. One element of Bush's speech that includes this rhetoric emphasized the fact that innocent Americans were killed: "The victims were...secretaries, businessmen and women, military and federal workers, moms and dads, friends and neighbors, thousands of lives were suddenly ended by evil."¹⁶ While the War on Terror had not yet begun, one can already see how the Bush administration prepared a response. Through his emphasis on the fact that normal everyday Americans were killed by immorality, it is clear that any response would be about justice for the lives lost. Once the War on Terror began, Bush, in his 2002 State of the Union Address, discussed this justice when he celebrated the removal of the Taliban from Afghanistan's leadership: "We last met in an hour of shock and suffering. In four short months, our nation has comforted the victims," he goes on to say that the U.S. "captured, arrested and rid the world of thousands of terrorists...and freed a country from brutal oppression."¹⁷ The connection the President made between the comfort of the victims and the mass arrest of terrorists presented the War on Terror as justice for those who were killed in the attacks. He also presents the citizens of Afghanistan as other victims of terrorism, further justifying the intervention.

¹⁶ White House Communications Agency, *Address to the Nation September 11, 2001*, US National Archives, George Bush Presidential Library, April 24, 2012, Youtube Video, 5:30, <https://www.youtube.com/watch?v=2K9mG7EIuyo>.

¹⁷ "The State of The Union: The Address: President Bush's State of the Union Address to Congress and the Nation The War on Terror," *New York Times*, Jan 30, 2002.

Security and Public Health

Not only did the American government leverage physical health to justify the War on Terror, the Bush administration also used ideas of national security; that the war was meant to make Americans feel more secure. According to Victor W. Sidel and Barry S. Levy, in their article titled “Security and Public Health,” security and public health can easily be linked together:

Public health, as defined in the 1988 Institute of Medicine report entitled *The Future of Public Health*, is what we, as a society collectively, do to assure the conditions in which people can be healthy...In the United States, we have come to expect protections from certain dangers...to ensure opportunities to participate in the decisions that affect our lives.¹⁸

Sidel and Levy place public health in the context of community; that public health is a social responsibility. American citizens also expect the government to reinforce this public health, so, the government and the community are linked together. One way that the government does this is through security. This linkage is within the very nature of American exceptionalism. If America is a “government by the people, for the people,”¹⁹ then America has a unique responsibility to promote the health of its citizens, through national security, as the state and the citizens are the same. This unique responsibility is part of this idea that America is an exceptional representative democracy. Sidel and Levy, then, continue to explore the meanings and significance of nuclear security, biological security, and global security and their public health implications.²⁰ The potential damage of when those securities fail is massive. Security is meant to ensure that

¹⁸ Victor W. Sidel and Barry S. Levy, “Security and Public Health,” *Social Justice* 29, no. 3 (89) (2002): 109.

¹⁹ David Hirsch and Dan Van Haften, *The Ultimate Guide to the Gettysburg Address* (Havertown: Savas Publishing, 2017), <https://muhlenberg.idm.oclc.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=nlebk&AN=1464081&site=ehost-live&scope=site>.

²⁰ Sidel and Levy, “Security and Public Health.”

individual citizens and their national community are healthy. With this structure in mind, the American government bears the responsibility to ensure the public health of its citizens with security as the signifier. It represents America's efforts to promote the health of its citizens as well as its position as a major world power.

The US enacted this responsibility through the idea of police power. According to Jorge E. Galva, Christopher Atchison, and Samuel Levey, in their article "Public Health Strategy and the Police Powers of the State," the idea of police power, what the government has the ability to do in regards to public health crises, relates to how individual rights are negotiated to promote the health of Americans.²¹ This power was utilized after 9/11 to promote the national security of the US. For example, in the Patriot Act, a set of laws to improve national security, included a provision that allowed the Foreign Intelligence Surveillance Act to involve itself in criminal cases, not just for foreign intelligence.²² In this case, in order to give the FISA more power to prevent terrorist attacks, the US government eroded individual rights. This demonstrates that if one of the responsibilities of the police power of the US is to promote the public health of its citizens, by negotiating the individual versus the public, then the US did just that when it passed the Patriot Act. In other words, in the name of security, the US employed the same strategies and thinking that they do for public health issues like disease. The connection to the War on Terror and 9/11 is clear then in that the US justified its response based on these criteria, that it is responsible for the national security and public health of its citizens. Since terrorism is a threat to national security, all the US had to do was demonstrate how more attacks similar to 9/11 could happen.

²¹ Jorge E. Galva, Christopher Atchison, and Samuel Levey, "Public Health Strategy and the Police Powers of the State," *Public Health Reports (1974-)* 120 (2005): 20–27.

²² Alison Siegler, "The Patriot Act's Erosion of Constitutional Rights," *Litigation* 32, no. 2 (2006): 18.

One place where national security was used to frame the War on Terror as a public health issue is within the Department of Homeland Security. This department, founded directly after 9/11, is meant, as stated in their mission, “to prevent future attacks against the United States and our allies, responding decisively to natural and man-made disasters, and advancing American prosperity and economic security long into the future.”²³ The DHS’ mission statement emphasizes three very different ideas. The first is that they are meant to prevent national security threats, especially after 9/11, by emphasizing the idea that America has been attacked already. DHS then, is a response to 9/11. What is equally interesting is that there is an environmental and public health component. This mission statement implies then that national security is not just counter terrorism, it is also the prosperity of the public health of America, through the DHS’ commitment to helping in disasters. By bridging disasters and national security threats together, DHS has linked security and public health. The nature of these ideas being a mission statement, means that in some capacity, these issues—counterterrorism, environmental and economic health, all function together. If the Department of Homeland Security prevents a terrorist attack, they have promoted their three ideas, especially when looking at 9/11. The damaging public health outcomes caused by 9/11 and the rhetoric surrounding it, demonstrates a linkage between the three seemingly separate ideas.

The physical health leverage also informs certain ideas of national security. That it was utilized to understand counterterrorism as a promotion of public health. Returning to Bush’s speech, after he emphasized the individual Americans who were injured, he delivered a message about security, to justify the War on Terror:

America, and our friends and allies, join with all those who want peace and security in the world, and we stand together to win the war against terrorism. Tonight, I ask for your prayers for all those who grieve, for the children whose

²³ “Mission,” *U.S. Department of Homeland Security*, <https://www.dhs.gov/mission>.

worlds have been shattered, for all whose sense of security and safety has been threatened.²⁴

Directly after emphasizing the death toll and tragedy of the attacks, Bush then requests that every country in the world should support a war on terror based on ideas of national security. To push this leverage of the public health crisis of 9/11's damage and death toll even further, the war was justified so that people could feel safe, especially for the children. Bush is justifying violent intervention in other countries by manipulating the idea of safety. The idea of security in the speech emphasizes this point by linking tragedy and ideas of safety together to have a successful war.

Islamophobia

Through these complex relationships between physical health and safety in the context of the War on Terror, one of the harmful effects that emerged was Islamophobia. Defined as discrimination and fear of Muslims, Islamophobia, permeated America, particularly after 9/11 and during the War on Terror. With America's leveraging of 9/11's public health damage, Muslims and Arab Americans, who also faced Islamophobia due to stereotypes associating Muslims as exclusively Arab,²⁵ were victims of certain policies enacted by the U.S. Government and by rhetoric in the press. This effect is a defining part of the idea of the pharmacotic war:

Perhaps the first symptom that a pharmacotic process was in play following September 11 was the spate of demonizing and scapegoating attacks directed against American Arabs and Muslims that immediately followed the terrorist attacks, and which were accompanied by calls for retaliation against Muslims, even Muslim civilians, abroad.²⁶

²⁴ White House Communications Agency, *Address to the Nation September 11, 2001*, US National Archives, George Bush Presidential Library, April 24, 2012, Youtube Video, 5:30, <https://www.youtube.com/watch?v=2K9mG7Eluyo>.

²⁵ Erik Love, *Islamophobia and Racism in America* (New York: New York University Press, 2017), 2, <http://ebookcentral.proquest.com/lib/muhlenberg/detail.action?docID=4714291>.

²⁶ George, "The Pharmacotic War on Terrorism," 169.

Since the pharmacotic war is at the same time a treatment and infection, the attacks against Muslims is, for the federal government and the press, the treatment for what eventually morphs into the War on Terror. The fact that this rhetoric was extremely damaging to the public health of America's Muslim and Arab communities, demonstrates that this was the infectious nature of the pharmacotic war.

As an example of the treatment portion of the pharmacotic war, one manifestation of Islamophobia is the fear that Muslims will enact lethal violent attacks. Directly after the Twin Towers attack, the government directly targeted Muslim Americans. One example is Hady Hassan Omar. He "was one of hundreds of muslim immigrants held in solitary confinement for months without charges while the F.B.I. investigated their backgrounds."²⁷ What is horrifying about this was that Omar was imprisoned before going through any kind of due process, he was thrown into solitary confinement solely based on suspicion. The physical damage caused by 9/11 was taken advantage of in order to justify an overly harsh response, with actions, like solitary confinement without a trial, that should have been considered unconstitutional. This demonstrates discriminatory action because Omar had no connection with Al-Qaeda, and only knew who Bin Laden was through the media.²⁸ The only reason that Omar was taken into custody then, was because of his identity. This damaging policy speaks to the damaging infectious nature of the pharmacotic war.

²⁷ Matthew Brzezinski, "On Sept. 12, 2001, without Being Charged, He Was Put Behind Bars for 73 Days. Now He Is Suing the Government, and His Case, the First of Its Kind, Raises Difficult Questions about the Costs of Homeland Security.: Hady Hassan Omar's Detention," *The New York Times*, 2002, <https://www.proquest.com/hnpnewyorktimes/docview/92204271/83B4395C29564FD9PQ/40?accountid=40980>.

²⁸ Brzezinski, "On Sept. 12, 2001."

This dichotomy can also be seen in the issues that Muslims faced at airports. According to Saher Selod, in his chapter title, “Flying while Muslim: State Surveillance of Muslim Americans in U.S. Airports,” writes: “they are afraid to speak Arabic, let alone words like ‘bomb.’ Their bodies and actions are closely monitored by both the state and fellow passengers.”²⁹ Selod is describing the fact that Muslims at airports are always being watched to ensure that they do not harm anyone. Most clearly, the fear of Muslims being a physical threat, is manifested in the anxiety that no one can mention explosives. Americans and the TSA were problematically overzealous in their fear of sustained damage to one’s physical health, through violent attacks, as a result of 9/11.

Not only does the physical health concern about threats play a part in Islamophobia, and this pharmacotic dichotomy, the idea of national security also plays a role in the discrimination against Muslims and Arab Americans. On the subject of flying, the reason these issues about explosives are there in the first place is based on ideas of national security. Based on the experiences of several Muslim Americans, Selod writes:

Muslim Americans go through a more rigorous form of surveillance triggered by their religious identity. The Muslim American men I talked to who were on the Selectee List and the Muslim American women who wore the hijab were repeatedly stopped for “random” searches. Their surveillance at airports was a visible act that created a public spectacle, confirming in the minds of their fellow passengers that Muslims are a potential threat to national security.³⁰

The anxiety felt by Muslim and Arab Americans at airports goes beyond the policing of certain words, they are pointed out based on how they look. Not only this, they are also humiliated in front of other people at the airport. This not only created, and continued to perpetuate, the

²⁹ Saher Selod, “Flying While Muslim: State Surveillance of Muslim Americans in U.S. Airports,” in *Forever Suspect*, Racialized Surveillance of Muslim Americans in the War on Terror (Rutgers University Press, 2018), 72, <https://doi.org/10.2307/j.ctv2n7f77.5>.

³⁰ Selod, “Flying While Muslim,” 56.

harmful stereotype that Muslims are terrorists, it demonstrates the process that the federal government, and more specifically the Transportation Security Administration employed to make Americans, in particular Non-Muslim Americans, feel safer, and as a result, healthier. Safety is one conception of healthiness, because life altering threats have supposedly been prevented. One way that this is achieved is that to those who witnessed the surveillance of Muslim bodies at the airports, they may have assumed that the person being subjected to the TSA checks was an actual threat, and that justice was done.

Just like with the Patriot Act, the US, with the power of its police state, eroded civil rights in order to make people feel safer, similar to the ways that public health officials utilize surveillance to track disease, such as early detection. In order to define what disease is spreading in a country, public health officials must adopt different strategies, such as syndromic and event-based surveillance before the disease can spread.³¹ In this sense, the surveillance of Muslim bodies at airports was an early detection method for preventing terrorist attacks. This method then was based on harmful and problematic stereotypes that fostered persecution.

The stereotyping of Muslims for the sake of protection and national security goes beyond airports, it is also a part of the way that the Department of Homeland Security functioned in order to protect the country from terrorist attacks. In 2004, in a controversial move:

The Census Bureau has provided specially tabulated population statistics on Arab-Americans to the Department of Homeland Security, including detailed information on how many people of Arab backgrounds live in certain ZIP codes. The assistance is legal but civil liberties groups and Arab-American advocacy organizations say it is a dangerous breach of public trust and liken it to the census

³¹ World Health Organization, "Early Detection: Is It Dengue, Chikungunya, Yellow Fever, Zika or Another Disease?," Establishing Syndromic Surveillance and Event-Based Surveillance Systems for Zika, Dengue and Other Arboviral Diseases (World Health Organization, 2020), <https://www.jstor.org/stable/resrep27940.9>.

Bureau's compilation of similar information about Japanese-Americans during World War II.³²

In order to promote ideas of national security, DHS was given information from the census about every single Arab American, and where they live. Civil rights groups identified this as a massive invasion of privacy and found it to be discriminatory. This issue is islamophobia because individuals of Arab Americans of certain national origins were being surveilled by multiple governmental bodies. Based on this controversy, and the surveillance of Muslims at airports, this was another way that Arab and Muslim Americans were discriminated against. The reason that Homeland Security did this was the supposed possibility that these Americans were more capable than, say white Americans, to attack. While the terrorist attacks were carried out by Al-Qaeda in the Middle East, assuming that all Muslims and Arab Americans could bear responsibility for a future attack, amounts to both a collective punishment and a racist assumption about them. Again, in an attempt to make Americans feel safer and healthier, in that American's physical health is not perceived to be under threat, DHS watches those who could potentially commit another attack. The variable for the likelihood to do this was based on where they came from what they look like therefore, this national security effort was discriminatory. All of these discriminatory practices are a direct result of the War on Terror's pharmacotic relationship to American citizens. It both a treatment for non-Muslim Americans and a harmful disease for Muslim and Arab Americans.

These surveillance activities also reveal the issue of power, that because the TSA, the FBI, and the Department of Homeland Security were an authority, people were more likely to trust what they say, thereby justifying the formation of hierarchical structures in the institution of

³² Lynette Clemetson, "Homeland Security Given Data on Arab-Americans: Census Bureau Complies With Request," *New York Times*, 2004, sec. National.

the federal government. This assumption that Muslims are automatically perceived as a physical threat and that the suppression of such a threat, through racial profiling, is public, was incredibly dehumanizing. This demonstrates the ways that conceptions of American public health in this period were linked to white supremacy. Not only did the US abuse its power through its authority against its own citizens, it also abused its power on the world stage by decimating Iraq's public health infrastructure in its War on Terror. The US began to justify the Iraq War through leveraging a preexisting public health crisis; bioterrorism, which got conflated with 9/11.

The Iraq War: Conflations, Justifications, and Motivations

Beginning soon after 9/11, the U.S. experienced another deadly wave of terrorist attacks, which utilized Anthrax, a lethal infectious disease.³³ The way that the press and the U.S. government talked about these attacks included conflations with 9/11, and they attempted to use them to justify intervention in the Middle East. The Anthrax attacks, which intentionally infected people with this deadly disease, occurred just weeks after 9/11 and killed seven Americans.³⁴

In February of 2002, Judith Miller of *The New York Times* reported that the Bush administration “spurred by the spate of anthrax filled letters that followed the Sept. 11 terrorist attacks...decided to seek \$11 billion over two years to protect the nation against biological terrorism.”³⁵ What is strange about this reporting is the mention of 9/11. This funding request was exclusively about bioterrorism, and yet, 9/11 is mentioned. 9/11 was not an attack that used

³³ Ceci Connolly et al., “The Anthrax Attacks and Bioterrorism,” in *The Media and the War on Terrorism*, ed. Stephen Hess and Marvin Kalb (Brookings Institution Press, 2003), 124, <https://www.jstor.org/stable/10.7864/j.ctt127wr6.12>.

³⁴ Ceci Connolly et al., “The Anthrax Attacks and Bioterrorism,” 124.

³⁵ Judith Miller, “Bush To Request A Major Increase In Bioterror Funds: \$11 Billion Over 2 Years Response to Anthrax Attacks Seen as Effort to Fix Public Health Vulnerabilities,” *New York Times*, Feb 4, 2002.

biological weapons. This is one example where the US government is taking advantage of the public health crisis caused by 9/11. Through this leverage, the Bush Administration also attempted, as reported by William J. Broad and David Johnson of *The New York Times*, to blame Iraq for these attacks.³⁶ What is clear then, was that through conflating Anthrax as part of the damage caused by 9/11, even though they had nothing to do with one another, the Bush Administration was attempting to justify warfare. The report also implies that the US government did not succeed in leveraging the anthrax attacks as a justification for the war against Iraq. Though the US government failed to leverage anthrax attacks as a justification specifically against Iraq, they still convinced the American people that Iraq was the enemy.

One of the central justifications involved with the Iraq War was the potential for physical damage. This is demonstrated by David L. Altheide and Jennifer N. Grimes, in their article “War Programming: The Propaganda Project and the Iraq war.” They argue “President Bush justified this preemptive strike [against Iraq] by repeatedly claiming that...Saddam Hussein was implicated in the 9/11 attacks...and still harbored weapons of destruction (WMD),” they go on to say that “reports would show that the White House claims about each of these points were wrong.”³⁷ What is important about this misinformation that the Bush Administration perpetuated is that they believe that Iraq has significant potential for more physical harm to come to Americans. The conflation between Sadam Hussien and 9/11 is also significant in that, because of the great catastrophe and tragedy of the attacks, it was incredibly easy to get Americans to support the Iraq War, even though its core premise was not supported by evidence.

³⁶ William J. Broad and David Johnston, “U.S. Inquiry Tried, but Failed, To Link Iraq to Anthrax Attack,” *New York Times*, Dec 22, 2001.

³⁷ Altheide and Grimes, “War Programming,” 618.

This emphasis on Weapons of Mass Destruction also ties back into the ways that the Bush Administration attempted to blame Iraq for Anthrax. According to David C. Gompert, Hans Binnendijk, and Bonny Lin in their chapter, “The U.S. Invasion of Iraq, 2003,” the Bush administration conflated weapons of mass destruction with bioterrorism, therefore justifying the war in Iraq.³⁸ The ways that the Bush administration desperately tried to justify the Iraq War is concerning, they were trying to create a sense of mass paranoia that Americans would be victims of terrorists, so Bush could do whatever he wanted in the Middle East.

Even when American support for the Iraq War faltered by 2006, Bush still tried to utilize this kind of rhetoric. As reported by Anne E. Kornblut and Sheryl Gay Stolberg in the *New York Times*, Bush rejected any request to end the Iraq war rhetorically using Iraq’s supposed public health threat to Americans. They reported “President Bush said Thursday that withdrawing now from Iraq would leave Americans at risk of terrorist attacks ‘in the streets of our own cities.’”³⁹ Bush’s argument at this moment was flawed. Considering the fact that he said this in 2006, five years after the attacks on the World Trade Center, when there were no attacks from Iraq, demonstrates a significant desire to justify the War on Terror and the problematic elements that emerge from this justification, once again, through physical health.

This leads into a central part of the Iraq War; that there were motivations unrelated to 9/11. According to Paul L. Atwood, in his chapter “War on Terror,” he argues that the Bush administration was desperate to invade Iraq because America was losing its power as a main supplier of oil to China. As oil began to run out, the US became more desperate to destroy the

³⁸ David C. Gompert, Hans Binnendijk, and Bonny Lin, “The U.S. Invasion of Iraq, 2003,” in *Blunders, Blunders, and Wars, What America and China Can Learn* (RAND Corporation, 2014), 163, <https://www.jstor.org/stable/10.7249/j.ctt1287m9t.21>.

³⁹ Anne Kornblut and Sheryl Stolberg, “In Latest Push, Bush Cites Risk In Quitting Iraq: bid To Shift Public View: He Links War on Terror to Former Battles Against Nazis and Soviets,” *New York Times*, 2006.

other countries that China was buying oil from, such as Iraq.⁴⁰ With this in mind, the United States was not actually trying to protect its citizens from being victims of terrorist attacks, it just wanted to not be behind on oil. There was no evidence of weapons of mass destruction and Saddam Hussein was not behind any of the bioterrorism the US faced. In other words, Iraq was not a threat to the United States in any way. In order to protect Americans from death and destruction, America destroyed another country and its public health through causing significant physical health damage to its innocent citizens and to damage to Iraq's public health infrastructure.

The Crisis on the Ground: The Erosion of Iraq's Public Health

Iraq's public health was decimated by the war. The clearest element of the damage that war causes to public health is its lethality. According to Harding and Libal, in their chapter "War and the Public Disaster in Iraq," estimates of civilian deaths range from 151,000 all the way to over one million. The disparity comes from the fact that there was an intentional effort to hide the statistics.⁴¹ No matter what the actual numbers are, the fact that there was a large amount of civilian deaths demonstrate a public health crisis directly related to military action. The public health effects of the war also go beyond civilian deaths as Harding and Libal argue: "Violent conflict, by disrupting public health and other basic infrastructure, can create long-term conditions of famine and disease, often killing more people indirectly than who die from direct

⁴⁰ Paul L. Atwood, "War on Terror," in *War and Empire, The American Way of Life* (Pluto Press, 2010), 224–25, <https://doi.org/10.2307/j.ctt183h0mk.15>.

⁴¹ Scott Harding and Kathryn Libal, "War and the Public Health Disaster in Iraq," in *War and Health: The Medical Consequences of the Wars in Iraq and Afghanistan*, ed. Catherine Lutz and Andrea Mazzarino, *Anthropologies of American Medicine: Culture, Power, and Practice* (New York: New York University Press, 2019), 116-117.

fighting.”⁴² The US, in the nature of conflict, also decimated certain important public health institutions in Iraq.

For example, after the US invasion of Iraq began, the US government formed the Coalition Provisional Authority which gave them the ability to enact certain policies. One of these was a policy to remove Hussein supporters from the public sector, and enact a more privatized healthcare industry by firing tens of thousands of employees. This further weakened Iraq’s already struggling healthcare system.⁴³ Through the US government’s invasion of Iraq, they not only took the lives of an incredibly large number of civilians, but they were also able to enact damaging healthcare policies. This affected people’s ability to get the health care that they needed, which is especially important in a country that is dealing with war. This connection is indicative of the amount of power the US had, that they were able to cause so much damage to public health, even if their stated intent was to protect the physical health of Americans.

The consequences of war go beyond politics; the damages they cause decimate societies and take at least decades to rebuild. With this in mind then, even though the War on Terror was often conflated with promoting physical health, the U.S is damaging the physical health of the innocent civilians of another country. This is where the deeper problems of this institutionalized linkage between the War on Terror and America’s physical health emerge; that good health is only for Americans to the detriment of another country and its citizens.

This destructive essence of the promotion of the public health of America in Iraq was literally spelled out in American newspapers. Conservative television personality Bill O’Reilly, in his 2003 op-ed in the Star Gazette, argues against Walter Cronkite’s criticism of Bush and the Iraq War in a speech at Drew University, by praising Bush’s America centered policies: “But the

⁴² Harding and Libal, “War and the Public Health Disaster in Iraq,” 112.

⁴³ Harding and Libal, “War and the Public Health Disaster in Iraq,” 126.

real problem with Cronkite's analysis is that he looks at the situation from an international point of view, while the president and some other journalists, including your humble correspondent look at the Iraq conflict from an American perspective."⁴⁴ What O'Reilly is arguing is that there is a dichotomy between the point of view between America and the global sphere. It is clear to O'Reilly that any rhetoric critical of the way the US has justified the Iraq war is international, and therefore, not supportive of America. This demonstrates that those in support of the Iraq war do not care about what is happening on an international level. Even more telling of America's problematic Middle East policies in his rhetoric is his argument that "As a journalist I want to be fair, but I also want President Bush to put the protection of Americans above the economic and political concerns of other countries."⁴⁵ This statement writes out word for word what is going on with the Iraq War and America's public health. To promote the public health of US citizens, the US must destroy the infrastructure of these countries, destroy their institutions and devastate the lives of so many innocent people. The lack of empathy demonstrated by O'Reilly speaks to the problematic nature of the link between the War on Terror and public health.

While one could argue that America should be only concerned with the health of its citizens, the fact that it was inextricably linked, through the conflation between the War on Terror and public health, to the destruction of other countries was incredibly problematic. One reason for this is because of the power differentials between America, as an incredibly advanced and rich country, and a developing country such as Iraq. America seemingly did not care at all about the destruction they were causing, because they did not need to, they had all the power and influence that Iraq did not have. This is not even including the fact that Iraq War itself was

⁴⁴ Bill O'Reilly, "Cronkite Has a Shaded View of Conflict," *Star-Gazete*, March 23, 2003.

<https://www.proquest.com/docview/2349482325/3D6EE0671EA84FDPCPQ/20?accountid=40980>

⁴⁵ O'Reilly, "Cronkite has a Shaded View."

falsely conflated with the War on Terror, including the physical health element of the supposed public health crisis. When it comes to the situation in Afghanistan, however, the picture painted was more complicated.

The Nationalist Justifications for Afghanistan and the Nuanced Effects of the War

While the War in Iraq revolved around the supposed potential for damage, the war in Afghanistan was more complicated, as it was also tied to American Exceptionalism, along with national security and physical health. In Bush's 2002 State of the Union Address, he also emphasized that the war in Afghanistan was about American democracy and freedom: "so long as nations harbor terrorists, freedom is at risk, and America and our allies must not, and will not, allow it."⁴⁶ This goes deeper than the potential for another terrorist attack and for a national security violation, Afghanistan is about American freedom. 9/11 was not just tragic because of the high death toll, it was also a demonstration that America was not an invulnerable powerful nation. According to Joanna Santa Barbara, the reason that 9/11 had such a massive reaction compared to other deadlier world problems "lies not in the nature of the event, but in the nature of its victim, the United States of America." She goes on to argue "The US is absolutely powerful...if anyone doubts or contests our power, they should be beaten."⁴⁷ This idea that the US is an invincible world power, made an attack like 9/11 seem inconceivable. Of course, 9/11 was a horrific tragedy, but it is clear that the violation of this nationalistic assumption about America could be utilized to justify warfare.

⁴⁶ "The State of The Union: The Address: President Bush's State of the Union Address to Congress and the Nation The War on Terror," *New York Times*, Jan 30, 2002.

⁴⁷ Joanna Santa Barbara, "'War on Terrorism' and Deep Culture," *Medicine, Conflict and Survival* 19, no. 1 (2003): 40.

One justification of the war involved the public health of Afghan women under the Taliban, which was tied to American exceptionalism. In a November of 2001 radio address, delivered by first lady Laura Bush, she connects American ideas of Thanksgiving to the treatment of women under the Taliban:

“In America, next week brings Thanksgiving...we will be especially thankful for all of the blessings of American life. I hope Americans will join our family in working to ensure that dignity and opportunity will be secured for all the women and children of Afghanistan.”⁴⁸

In this radio address, Laura Bush is justifying the war effort in Afghanistan based on the idea that the women there were oppressed, and at a time when Americans are celebrating American life, they should be wishing that for Afghan women. In other words, the health of Afghan women, in the context of whether or not they were oppressed, revolves around the same ideas that Americans are sharing on the patriotic holiday of Thanksgiving.⁴⁹ Laura Bush has tied American nationalism to the freedom and healthiness of Afghan women.

In one sense, Laura Bush was right. The Taliban did employ extremely oppressive policies towards Afghan women.⁵⁰ In another sense though, the representation and usage of Afghan women in the rhetoric of the Bush administration was more complicated than that. According to Lila Abu-Lughod in her essay, “Do Muslim Women Really need Saving?,” she argues that America’s representation of Muslim women was a colonial effort. She analyzes Laura Bush’s radio address and its colonial attitudes: “These words [fighting terrorism for

⁴⁸ eMediaMillworks, “Text: Laura Bush on Taliban Oppression of Women,” *Washington Post*, November 17, 2001, https://www.washingtonpost.com/wp-srv/nation/specials/attacked/transcripts/laurabushtext_111701.html.

⁴⁹ Oppression is a public health issue, as it often presents itself as both a threat to people’s direct lives, and damages a community’s general sense of wellbeing. The actions and reactions that result from ideas of public health can also reinforce it.

⁵⁰ Afghan Women’s Network, “Afghanistan: ‘The Biggest Prison for Women in the World,’” *Off Our Backs* 27, no. 3 (1997): 12–13.

women] have haunting resonances for anyone who has studied colonial history...white men saving brown women from brown men.”⁵¹ Abu-Lughod presents Laura Bush’s speech as one with racial undertones. There is a white savior complex to the tropes America is utilizing to justify the war. America did not really care about muslim women, as their savior complex was entrenched in Islamophobia:

It is common popular knowledge that the ultimate sign of the oppression of Afghan women under the Taliban-and-the-terrorists is that they were forced to wear the burqa. Liberals sometimes confess their surprise that even though Afghanistan has been liberated from the Taliban, women do not seem to be throwing off their burqas.⁵²

One of the ways that the US demonstrated the Taliban’s oppression is through the imagery of the burqa.

This argument though was not only flawed, since Afghan women continued to wear the veil even after the Taliban lost their power, it is also othering, as it presented Islam and the Afghan Women’s identities as inherently oppressive. Another example of this was in the news, which contained many op-eds that made the wearing of the veil associated with the Muslim fundamentalist group's deeply discriminatory policies. One opinion piece in the New York Times argued “another edict in Peshawar [from Arab militants during the soviet occupation] forbade Afghan women to ‘walk with pride’ ...and said they must wear the hijab...most women felt they had no choice but to comply.”⁵³ The issue with this article was not the criticism of the repressive rules, its that the hijab, common Muslim garb, was accociated with these rules. This suggested that all Muslim women who are wearing a head covering are oppressed when this was not true. Since Laura Bush justified the war in Afghanistan through equivocating Afghan women’s

⁵¹ Lila Abu-Lughod, “Do Muslim Women Really Need Saving? Anthropological Reflections on Cultural Relativism and Its Others,” *American Anthropologist* 104, no. 3 (2002): 784, <https://doi.org/10.1525/aa.2002.104.3.783>.

⁵² Abu-Lughod, “Do Muslim Women Really Need Saving?,” 785.

⁵³ Jan Goodwin and Jessica Neuwirth, “The Rifle and the Veil,” *New York Times*, 2001.

healthiness, with oppression in mind, with American nationalism, the result was islamophobia and othering in the media. Laura Bush's speech was just one manifestation of this preexisting othering. Also, when it comes to the War itself, Afghan women experienced many public health issues that were caused solely by the war.

Similar to Iraq, the War in Afghanistan caused some damage to its public health, and especially the public health of Afghanistan's women. One of the damages to public health caused by the war was the mental health of many of Afghanistan's citizens. They had no idea what the status of the war was, even when the threat was mitigated. In the more rural areas of Afghanistan, the villagers had no way of knowing the status of the war, which caused stress and trauma even after the Taliban were removed from power since they were afraid.⁵⁴ In the case of Afghanistan, America damaged its public health in the name of American nationalism. That being said, not every element of the Afghanistan War was this problematic, as removing the Taliban did help Afghanistan significantly, as it ended their repressive government, and gave women the ability to be educated and improve the country's healthcare.⁵⁵ While the US intervention in Afghanistan was framed in the context of public health: through the Taliban's complicity in the attack at the World Trade Center and through American values of healthiness, it did in some ways help the country.

Conclusion

Looking at war in the context of public health helps develop an understanding of the negotiations that society and their governments have with war. With the idea of the pharmacologic

⁵⁴ Kylea Laina Liese, "Childbirth in the Context of Conflict in Afghanistan," in *War and Health: The Medical Consequences of the Wars in Iraq and Afghanistan*, ed. Catherine Lutz and Andrea Massarino (New York: New York University Press, 2019), 48.

⁵⁵ Liese, "Childbirth in the Context of Conflict in Afghanistan," 53.

war, public health demonstrates that war is both enacted to help a group of people, and harm another.⁵⁶ From this, in order for war to be approved and backed, the government utilizes certain systems, such as propaganda, in order to foster support for the war effort. Not only does war itself play into certain notions and metaphors with public health, but it can also utilize other public health issues into the systems the government uses to justify warfare. With the War on Terror, the structures the U.S. government applied— forms of propaganda, like political messaging or nationalist rhetoric, and security polices, took advantage of preexisting and nonexistent public health crises to justify the war.

In order to sanction this leverage, the US government and the media utilized ideas of physical health and national security. They took advantage of 9/11's death toll and damage, and the anthrax attacks, to justify an interventionist military response, in particular Iraq and Afghanistan. Iraq was legitimized with the supposed possibility of weapons of mass destruction, which could have caused damage to American's physical health, and threaten their safety. For Afghanistan the US leveraged the oppression of Afghan women to suggest that they will save them. With oppression being a system that damages a group of people's feelings of healthiness, the oppression of Afghan women is in itself a public health crisis. These leverages damaged the public health infrastructures and civilian populations of Iraq and Afghanistan. The other result was a significant uptick in Islamophobia, which was also institutionalized, through the US' utilization of public health police power. It allowed the government to enact these discriminatory policies. In order to establish these policies, the government and media presented them as treatments for a health issue.

⁵⁶ George, "The Pharmocotic War on Terrorism," 161.

The consequences for these justifications are still being felt in the present. Though Iraq has seen improvements since the war occurred, they still grapple with the hardships the war has had economically and socially on Iraqi civilians. These hardships range from the depletion of resources to the loss of educated individuals.⁵⁷ Even more recently, Afghanistan has seen major political upheavals. The US withdrawal from Afghanistan was a major failure, as the Taliban retook the country partially as a result of the US' failed nation building strategies in the country.⁵⁸ The improvements to Afghanistan, despite the significant damage to many of its population's public health, have now been rendered fruitless. Finally, Islamophobia still pervades the US. For instance, it has become a significant rhetorical device in politics. One example of this was when former President Donald Trump's attacked Congress' Muslim representatives for their religion.⁵⁹

The study of intersectionality reveals a major problem with these leverages, and the ramifications that they continue to have today; it harms marginalized communities and, in this case, also developing countries. Human beings are not viruses, and to present them as such is dehumanizing. These metaphors make it easy to not realize the consequences of war and conflict have on other people. This is why many Americans initially supported Iraq, for example.⁶⁰ It is vital to understand that public health is not just a tool for helping individuals, it can exploit communities and cause significant harm to them. The conflation between the War on Terror and

⁵⁷ Phebe Marr, *The Modern History of Iraq*, vol. Third edition (Boulder, CO: Westview Press, 2012), 377–78.

⁵⁸ Dov S. Zakheim, "Lessons Learned in Afghanistan: A Preliminary Assessment," *Horizons: Journal of International Relations and Sustainable Development*, no. 20 (2022): 161.

⁵⁹ Hatem Bazian, "Islamophobia, Trump's Racism and 2020 Elections!," *Islamophobia Studies Journal*, October 1, 2019, 9, <https://doi.org/10.13169/islastudj.5.1.0008>.

⁶⁰ David L. Altheide and Jennifer N. Grimes, "War Programming: The Propaganda Project and the Iraq War," *The Sociological Quarterly* 46, no. 4 (2005): 627.

Public policy was one such mistreatment that caused crucial damage to many countries and communities.

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