

The International Burden of Terrorism: An Introduction

Jeffrey L. Arnold, MD

Office of Emergency Preparedness, Yale New Haven Center for Emergency and Terrorism Preparedness, New Haven, Connecticut USA

Correspondence:

Jeffrey L. Arnold, MD
Yale New Haven Center for Emergency and Terrorism Preparedness
1 Church Street, 5th floor
New Haven, CT 06510 USA
E-mail: jeffrey.arnold@yale.edu

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There should be no doubt by now that the challenge of terrorism has left an indelible mark on the world as we know it. From the 11 September 2001 assaults on the New York City World Trade Center and the US Pentagon to the daily carnage in Iraq, as the traditional Turkish expression goes, we are truly "living the history". No group is as intimately connected to the need to respond to the unique demands of terrorism in the world today as is the readership of this journal. One of the first steps in addressing a challenge of this magnitude and complexity is to delineate the extent to which terrorism impacts human communities. To this end, *Prehospital and Disaster Medicine* began over a year ago, to lay out the foundation for two special theme issues on the topic of "Terrorism".

The first of these two theme issues on terrorism is published here. In bringing together reports on the burden of terrorism in 17 countries on six continents, this theme issue offers the remarkable opportunity to consider the challenge of terrorism from an international perspective. With several reports coming from countries rarely represented in the English-language medical literature, this theme issue facilitates an unusual understanding of the international burden of terrorism.

This collection of international reports also offers the opportunity to discover many of the lessons learned from a wealth of experience in planning, preparing, and responding to terrorist acts across the world. One particularly important lesson learned is that when it comes to dealing with terrorism, no country is an island. The challenge of terrorism spans all inhabited continents, crosses all cultures, and penetrates all jurisdictions. A related corollary is that terrorism is not just an affliction of the developed world. As several articles attest, terrorism has placed an enormous burden on a number of developing countries, such as Colombia, Indonesia, Peru, and Turkey. For example, some Americans still reeling from the events of 2001, may be surprised to learn that in Turkey since 1985 more than 30,000 persons have died from terrorism-related causes.¹ The impact of terrorism in the developing world is of paramount importance to trans-national or national organizations responsible for distributing resources aimed at managing this problem. This issue also provides striking evidence that the burden of so-called conventional terrorism on communities (i.e., bombings, shootings, hostage-takings, and hijackings) far outweighs any burden of unconventional terrorism (i.e., chemical, biological, radiological, and nuclear releases). In the country reports included here, only Japan lists any examples of terrorism-related chemical releases, and no article reveals any instances of biological, radiological, or nuclear release (other than benign "white powder" events stemming from the 2001 US anthrax letter attacks). This pattern has huge implications for the priorities of emergency management in communities at risk. It suggests that the first step in emergency preparedness for terrorism must be to ensure that communities have the requisite capacities, capabilities, and competencies to adequately respond to everyday bombings and shootings that generate large numbers of casualties before proceeding to contingencies related to the use of weapons of mass destruction.

These reports also underscore the critical point that terrorism-related events typically are emergencies for communities, but almost never disasters.² Accordingly, all terrorism-related events require local systems of emergency medical response, based on local emergency medical services (EMS) systems, hospital, and public health resources.

These articles also tell us that the perpetrators of terrorist acts frequently remain anonymous, making it impossible to accurately determine their underlying motives or ideologies. In the first article in this special issue, we offer a proposed medical and public health definition of terrorism that focuses on the impact of terrorism on communities as the only consistently knowable aspect of terrorism, and ultimately, the only feature of practical importance to emergency management.³ In arriving at this proposed definition of terrorism, the authors incorporated a range of opinion from around the world with the intention of asymptotically approaching an internationally harmonized definition. Nevertheless, the Journal also recognizes that such an endeavor is unlikely to avoid controversy. It is hoped that any ensuing debate over what exactly is or isn't terrorism will be framed in the form of correspondence with the Editor-in-Chief of *Prehospital and Disaster Medicine*.

This collection of reports also points out a number of gaps in our understanding of terrorism in the world today. As the authors of these reports learned, one critical gap is the paucity of published information about the burden of terrorism in many countries. To date, the primary sources of information about terrorist events in other countries are reports from the media, governments, academic institutions, or special interest groups, with all of these sources suffering from limitations that range from publication bias to, in some cases, frank political manipulation.

Another important source for information about the burden of terrorism is the peer-reviewed medical literature. Although such articles—usually case reports or epidemiological studies—almost always are limited by their retrospective nature, they come closest to providing the type of information needed by emergency managers, such as the number of immediately surviving injured, the number of injured that access emergency medical care, the number and types of injuries, the time course of emergency needs, and any resulting resource utilization. At the present time, the entire world medical literature in this area has been

restricted to several hundred articles, usually from developed countries and almost always has been published in English. This scarcity of information has two important implications. First, it suggests that an enormous portion of the world experience with terrorism is going unreported, with those events occurring in developing countries being especially under-represented. Second, it suggests that we have been collectively spending billions of dollars on emergency planning and preparedness for terrorism around the world, based almost entirely on empiric evidence about how we should proceed. One of the contributions that *Prehospital and Disaster Medicine* can make toward elucidating the burden of terrorism in the world today is to provide a home for literature that documents notable terrorism-related events as they occur and advances in their emergency management. Accordingly, the Journal has created a new section dedicated to the topic of Terrorism. It is hoped that prospective contributors not only will provide the disaster medicine community with lessons learned from their experiences with terrorism-related events, but also with the reliable epidemiological data that we all need to order our priorities for emergency management.

Finally, many readers will note that the contributors to this theme issue include many of the leaders of emergency medicine, disaster medicine, and emergency management in the world today. Some have been in the trenches dealing with terrorism-related events both personally and professionally for decades. In harnessing their insight and experience, this first theme issue on the international burden of terrorism represents a solid point of departure from which we all can embark on our collective journey toward understanding the scope and extent of this problem.

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References

1. Rodoplu U, Arnold JL, Ersoy G: The burden of terrorism in Turkey: Implications for emergency management. *Prehosp Disaster Med* 2003; 18(2):152-160.
2. Sundnes KO, Birnbaum ML: Health disaster management guidelines for evaluation and research in the Utstein style. *Prehosp Disast Med* 2002; 17(Suppl 3):1-177.
3. Arnold JL, Ortenwall P, Birnbaum ML, et al: A proposed universal medical definition of terrorism. *Prehosp Disast Med* 2003;18(2):47-52.