



*(U) HITRAC Private Sector Notes address topical information and analysis on current Homeland security issues of interest to private sector and State and local security officials. This Private Sector Note provides the Department of Homeland Security's perspective on the potential for mass psychogenic illness occurring as a result of anxiety over terrorism.*

*(U) Attention: Federal Departments and Agencies, State Homeland Security Advisors, State Emergency Managers, State and Local Law Enforcement, and Tribal Governments.*

## **(U//FOUO) Fear of Terrorist Attack Could Trigger Mass Psychogenic Illness**

*(U//FOUO) A case of mass psychogenic illness in Chechnya in 2005 and a similar incident in California in 2003 highlight an additional factor to consider in the response to terrorist attacks, particularly those involving chemical, biological, or radiological (CBR) weapons. The number of those suffering psychogenic illness could far exceed the number of actual casualties in a CBR event.*

### **(U) Mass Psychogenic Illness**

(U) A phenomenon in which social trauma or anxiety combines with a suspicious event to produce psychosomatic symptoms, such as nausea, difficulty breathing, and paralysis. If many individuals come to believe that the psychosomatic outbreak is connected to the cause of the trauma or anxiety, these symptoms can spread rapidly throughout a population.

(U//FOUO) In December 2005 a mysterious illness marked by headache, fever, faintness, and numbness in extremities occurred in 13 school children in the Shelkov region of Chechnya. Many believed the illness was caused by a Russian chemical weapons attack, which precipitated the rapid spread of similar symptoms throughout the region. Medical officials determined the episode was a case of psychosomatic contagion—mass psychogenic illness—brought on by anxiety over Russian military activities in the area. There is no evidence the illnesses were caused by chemical weapons.<sup>1,2,3,4,5,6</sup>

— (U//FOUO) Although final reports vary, 87 individuals—mainly children—were hospitalized. While the outbreaks subsided by January, less than ten percent of

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students returned to school due to residual fears of contamination. In May 2006, a similar incident occurred in another region of Chechnya when seven boys fainted, although a connection to the cases in the Shelkovsk region is not certain.

***(U//LES) A similar incident with a connection to terrorism occurred in California in 2003.*** In October 2003, a man entered a bank and sprayed an aerosol can into the air before departing. Bank customers and employees soon became ill—with symptoms similar to those experienced in the Chechen case, although subsequent investigation determined that no chemical or biological agents were present. Investigators reported the “observed symptoms might have been psychosomatic.”<sup>7</sup>

***(U) The Aum Shinrikyo’s release of sarin in the Tokyo subway in 1995 caused only 12 fatalities; however, more than 5,000 people presented themselves to hospitals claiming exposure.*** Those suffering from psychogenic illness flooded more than 260 medical facilities in the Tokyo area seeking treatment for potential chemical agent exposure, even though the sarin attack was relatively confined.

## **(U) Implications for the Homeland**

***(U//FOUO) An outbreak of mass psychogenic illness in the Homeland related to terrorism or the threat of terrorism is possible, and should be taken into account when planning and executing incident response.***

- (U//FOUO) The observed symptoms of many mass psychogenic illness events are similar to several non-specific symptoms of possible chemical and biological weapons—including chemical agents, inhalational anthrax, and avian influenza.
- (U//FOUO) Recent cases of mass psychogenic illness display a transferal of the symptoms onto contemporary anxieties.
  - (U//FOUO) The civil war with Russia likely led to those affected believing a Russian chemical attack caused the outbreak in the Chechen case.
  - (U//FOUO) The California incident may be a case of mass psychogenic illness connected to fears of terrorism.

## **(U) Recommendations**

***(U//FOUO) Plans to handle psychogenic illness should be incorporated into incident response plans. Recommendations from the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) for alleviating the effects of a mass psychogenic illness outbreak include:***

- (U//FOUO) Communicating safety and security measures taken by the government and industry to defend against attacks.

- (U//FOUO) Educating the public on the nature of biological and chemical attacks so they can accurately identify symptoms.
- (U//FOUO) Ensuring a quick response to real or psychosomatic outbreaks to isolate affected individuals and reassure the public.

(U) The CDC has developed several resources that could assist officials and first responders in dealing with mass psychogenic illness:

- (U) *Managing Anxiety in Times of Crisis*, <http://www.mentalhealth.samhsa.gov/cmhs/managinganxiety/tips.asp>.
- (U) *Disaster Mental Health Resources*, <http://www.bt.cdc.gov/mentalhealth>.
- (U) *Radiological Terrorism: Emergency Management Pocket Guide for Clinicians*, <http://www.bt.cdc.gov/radiation/pdf/clinicianpocketguide.pdf>.

(U) The WHO also has guidelines for responding to such situations:

- (U) *Mental Health of Populations Exposed to Biological and Chemical Weapons*, [http://www.who.int/mental\\_health/prevention/mnh\\_and\\_cbw\\_prepub\\_version.pdf](http://www.who.int/mental_health/prevention/mnh_and_cbw_prepub_version.pdf).

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<sup>1</sup> (U) OSC CEP20060523950118.

<sup>2</sup> (U) CEP20060128339002.

<sup>3</sup> (U) CEP20060105339005.

<sup>4</sup> (U) CEP20051229339004.

<sup>5</sup> (U) CEP20051221027082.

<sup>6</sup> (U) CEP 2005122095003.

<sup>7</sup> (U//FOUO) FBI Information Bulletin 94, 12 November 2003.