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Global Health Security

Weaponising COVID-19: New Trend in Pandemic Era?

By Kenneth Yeo Yaoren and Iftekhharul Bashar

SYNOPSIS

Extremist and terrorist networks of various denominations are trying to exploit the ongoing COVID-19 outbreak to pursue their objectives. Responding to security threats in an era of global pandemics will require better understanding of evolving trends.

COMMENTARY

THE COVID-19 pandemic has brought an unprecedented threat to the health, livelihood and well-being of entire populations. While countries across the world continue to grapple with arguably the worst global health crisis in generations, terrorist networks of various denominations are looking to capitalise on ongoing uncertainties and insecurities to consolidate their operations and spread panic and hate.

They blast online propaganda messages to followers and potential recruits by framing calamity as divine retribution. In what appears to be a new trend, White supremacists have even begun to talk about weaponising COVID-19 while sections of the Christian rightwing in the United States tried to defy quarantine orders.

Weaponising COVID-19

Some have gone further, by inciting followers to launch attacks, particularly against soft targets such as hospitals and government installations. There have been reports of White supremacists planning to use the virus to achieve their deadly objectives.

US federal authorities have been cited as disclosing that among the tactics talked about included using saliva on door handles and elevator buttons at government offices, and intermingling in public places “with the enemies” to transmit the virus.

Indeed, there is growing concern among US federal authorities of White supremacist terror. Capitalising on developments such as the COVID-19 pandemic comes straight out of the terrorist playbook by framing any natural disaster as God’s will.

The potential security implications warrant renewed vigilance on a global scale. This is even as governments face unprecedented health and economic challenges as the number of COVID-19 related cases and deaths skyrocket, and resources, including those of law enforcement and intelligence agencies, get stretched or diverted.

Disturbing Methods

White supremacist groups are touting accelerationist, siege and conspiracy theories linked to the COVID-19 pandemic to spread disinformation, sow panic and discontent and incite individuals to violence.

Their messaging includes an array of conspiracy theories that play up anti-Semitic and xenophobic sentiments against, for example, China, its government and minority communities. More worryingly, US law enforcement agencies say, is the resort by some networks to use secure messaging apps such as Telegram to call for new attacks.

Plans to use the coronavirus as a bioweapon against their enemies, including the FBI and non-white communities, have also been discussed. According to [reports](#), White supremacists are encouraging one another to deliberately spread the COVID-19 virus, if contracted, through bodily fluids and personal interactions.

This includes through the use of aerosol spray bottles to disperse infected bodily fluids on police officers on the street as well as points of congregation such as markets, political offices, and places of worship.

The methods of applying such biological attacks through the use of COVID-19 would appear far-fetched but are nonetheless disturbing. According to a SITE Intelligence report, a White supremacist in Missouri recently attempted to bomb a hospital, partly on the belief “the pandemic was engineered by Jews” -- the attacker had in the leadup also posted conspiracy theories about COVID-19 and reposted others’ call to infect doctors; this indicated that some individuals may be willing to act on such directives.

Cultivating Forces

Beyond mere narratives of retribution and divine punishment against their opponents, Islamist militant networks, on their part, have suggested practical ideas to their followers for dealing with the pandemic. These can often serve a dual purpose. For example, IS’ call to followers to uphold hygiene standards and defer travels to Europe are also aimed at preserving their forces for attacks.

Moreover, with finite government resources also redirected from military operations to address grave healthcare and economic challenges resulting from the COVID-19 pandemic, force projection at terrorist sanctuaries have been significantly reduced, including in terror hotspots such as Syria and Afghanistan.

Capitalising on this, IS has attempted to grow its support base and resources, including through conducting recent jailbreaks in [Afghanistan](#) and [Syria](#), where many jihadists remain in detention, to regain their forces. Overall, the reduced capacity of military campaigns, has provided IS networks with the time and space to retreat, recover, and recruit.

Critical Infrastructure

Terrorist groups have also notably raised their appeals for lone wolf attacks on state targets as well as critical infrastructure such as hospitals, particularly in Western cities ravaged by the COVID-19 pandemic.

The FBI also recently [foiled the attempted detonating of a car bomb](#) by a White supremacist outside Kansas City, while hospitals treating infected patients have also been identified as valuable targets. A conventional small-arms attack on critical facilities such as hospitals, particularly during times of national emergency, can completely overwhelm an already stressed medical system.

The psychological impact of such an attack would also go beyond the immediate victims and foster widespread panic in the general public. Law enforcement agencies will need to be vigilant against such opportunistic attacks.

On the other hand, the unprecedented measures rolled out across many countries, including nationwide lockdowns designed to slow the spread of the COVID-19 virus, may have had the unintentional consequence of reducing the likelihood of a large-scale domestic terrorist attack.

Physical distancing measures, which have also been widely implemented, have also significantly restricted the number of people in places of congregation, hence offering less opportunities for terrorists to launch mass-casualty attacks. The overwhelming number of law enforcement officers being mobilised to patrol public spaces has also made suspicious activity more easily detectable.

Authorities could seek to harden critical installations like hospitals. For example, infectious disease treatment centres could be fortified further with additional layers of security.

States can also consider decentralising their infectious disease treatment facilities to minimise the impact on their critical healthcare infrastructure, in the event of a successful attack. These security practices could also be replicated for other essential facilities, if required.

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