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Systemic Equivalences between Ebola, Alien Invasion and Dissidence

Strategic implications of seemingly disparate forms of terrorism

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Introduction

Current preoccupation with the strategic measures required in the response to the threat of **ebola** bear a strange similarity to the manner in which the response to terrorism is framed -- especially as exemplified in the case of **ISIS**. As with other diseases, the focus is on its "eradication" -- well-illustrated by the case of polio, malaria, AIDS, and the like. The language of eradication has also been notably applied to ISIS -- suggesting a more general understanding of current strategic options, as separately discussed (*Eradication as the Strategic Final Solution of the 21st Century?* 2014).

There is therefore a case for exploring the equivalences in the strategic responses to ebola as a form of terrorism -- if only through the terror it evokes, especially in societies prone to psychosis. Ebola psychosis is said to be paralysing (*Ebola virus: 'Biological war' in Liberia*, *BBC News*, 11 September 2014; James Creedon, *"Ebola psychosis": is the media partly to blame?* *MediaWatch*, 16 October 2014; Eric Boehler, *The Media's Ebola Coverage: the more you watch, the less you know?*, *AlterNet*, 16 October 2014). The US has recently been explicit in relating ebola to issues of homeland security (*How worried is the Pentagon about Ebola?* *CNN*, 16 October 2014; *Homeland Security Representative releases a statement about Ebola*, *WREG.com*, 12 October 2014; *Ebola in the Homeland*, Committee on Homeland Security, 10 October 2014).

The exploration can however be usefully extended to include hypothetical invasion by **extraterrestrials** -- a theme extensively explored in imaginative fiction and blockbuster movies, clearly nourishing the popular imagination and helping to reinforce a **politics of fear** (*Promoting a Singular Global Threat -- Terrorism: Strategy of choice for world governance*, 2002). The ebola virus -- despite its miniature size -- can be readily understood as an "alien" threat to global society, and a welcome simplification of political discourse. A related concern, triggering a pattern of similar responses, is that of **invasive species** from other ecosystems -- notably across national and state borders.

Potentially more intriguing is how the argument could be extended to include dissidence as a deadly threat to cultures and societies -- especially given the manner in which it can transform into terrorism or evoke wrath against "unbelievers" or "**infidels**". Unbelief is an explicit concern to various religions -- most notably to Islam -- and to Christianity in less currently evident forms. However unbelief is also perceived as a threat by those seeking dominance of the world by democratic capitalism or any other political ideology. Hence the problematic engagement with any form of "alternative" -- variously framed as intolerable.

Whilst ebola is indeed carried by a microscopic vehicle, any dissident belief is effectively invisible -- if not to be recognized as using a very particular form of "**stealth technology**". A comparison could be made between the virus in genetic terms and unbelief as more fruitfully described in **memetic terms** -- a memetic threat rather than a genetic threat. Dissidence is readily defined by a dominant worldview as a disease -- although such labelling may be typically made by one political ideology in reference to that of any opponent.

The purpose here is to derive insights from the pattern of protective measures considered appropriate to ebola -- as they might be

extended to other threats to human civilization. The question raised is whether other "threats" currently evoke a similar pattern of response, when the real danger may reside in the failure to question the mindset through which such standard responses are framed.

Do such examples highlight the old strategic adage: *if all you have is a hammer, then every problem looks like a nail*? The more contemporary version might be: *if all you have is a missile, then every problem elsewhere looks like a target*. From what pool of options are strategic options drawn? Does that pool reflect the diversity considered appropriate in terms of the cybernetic [Law of Requisite Variety](#)?

Protective measures against perceived threats to human health

What is to be learned from the language of the following statements regarding ebola? Why, for example, is the threat capitalised -- in contrast with polio and malaria? Comments are added in italics.

From the [World Health Organization Global Alert and Response](#) to ebola:

- *What you need to know* The risk of Ebola transmission is low. Becoming infected requires direct, physical contact with the bodily fluids (vomit, faeces, urine, blood, semen, etc.) of people who have been infected with or died from Ebola virus disease (EVD).

How might the "risk of transmission" then be understood in the case alien invasion, or of any encounter with dissidents? The question is usefully highlighted by current invasion by anthropologists into the domains of remote Amazon tribes. It has previously been highlighted by the deliberate or inadvertent infection of indigenous peoples by colonialists.

The case of extraterrestrials is especially intriguing given the adequacy or inadequacy of protection of astronauts landing on extraterrestrial planets, or the Moon. Will those bodies be contaminated in some as yet unforeseen way? Will extraterrestrial life be inadvertently imported on the of astronauts to Earth? The threat has been usefully explored in fictional form in the recent movie [The Last Days on Mars](#) (2013)

Even more intriguing is the nature of "transmission" in the case of dissidence. What are the dangers of dialogue with "infidels" -- as currently exemplified by the Taliban? What of the encounter between the orthodox of any religion and those they are required to perceive as a danger? What of the dangers of proximity of castes in cultures such as those of India?

To protect yourself, your family, and your community from EVD transmission, immediately report to the nearest health facility if you develop symptoms indicative of EVD, including high fever, body aches, joint pain, vomiting, diarrhoea, or haemorrhaging. Isolation and professional clinical treatment increase a person's chance of survival.

Given the subtlety of the dangers of other forms of transmission to what "health facility" should people report? Following potentially infectious contact with dissidence, should report be made to an appropriate religious authority (through confession), to the police, or to a relevant hotline?

The issue would be the nature of the "symptoms" to be reported if they were disruptive of one's conventional mental or emotional state? Contact with new memes would prove especially challenging if they are a troubling source of inspiration or "new thinking"? Should conferences provide counselling facilities for participants disturbed by what they hear, observe or feel?

To whom should one report any contact with extraterrestrials -- however hypothetical in principle? Given the many anecdotal accounts (abductions, etc) how should "symptoms" be described?

- *To protect yourself, your family, and your community from Ebola virus disease, here are some things to keep in mind.*
 - Ebola causes sudden high fever, extreme tiredness, headache, body pain, loss of appetite. *With what other forms of infection might this be compared -- falling in love?*
 - If you think you may have been exposed to Ebola, minimize close contact with others. *To what extent would this apply to exposure to any new idea or meme -- as advocated by some in creative mode?*
 - Ebola enters your body through your mouth, nose and eyes, or a break in the skin. *How do new ideas and memes enter one's psyche? What of spiritual inspiration?*
 - Wash your hands with soap and water after every contact with sick people. *Should "sick" be understood in relative terms? Are all those who do not share one's condition of health to be considered "sick" -- as could well be the case with any "unbelievers"?*
 - You cannot spread Ebola until you are sick -- sudden high fever, extreme tiredness. *Here the question is how one spreads one's particular form of "sickness" -- whether Christianity, Islam, or democratic capitalism. Clearly one can only spread it when one really believes -- and effectively suffers from that belief.*

- Provide a sick person with plenty of drinks - water, soup, tea. No alcohol. *The advice would be variously accepted. Plying with alcohol those infected with a new insight is a common ploy in order to bring them to their senses. Tea is indeed a common substitute*
- You cannot get (infected with) Ebola by talking to people, walking in the street, or shopping in the market. *This advice is especially challenging in the case of any encounter with those advocating some alternative religious belief. Talking to the Taliban, or anyone of jihadist inspiration, is clearly a major concern to government security services. Corresponding concerns would be expressed by the orthodox authorities of any religion.*
- Ebola patients need to drink water and litres of Oral Rehydration Solution every day. If you do not have Oral Rehydration Salt at home, you can make your own. In 1 litre of clean water, add 6 teaspoons of sugar and 1/2 teaspoon of salt. *What corresponds to "water" with respect to those infected by memes of any kind?*
- Do NOT give aspirin or ibuprofen to Ebola patients because they can make bleeding worse. *What conventional remedy should NOT be given to sufferers? What form of "bleeding" might it encourage?*
- Recovered from Ebola? You can help your community take care of others who are sick with Ebola. With protection. *Understanding of "recovery" is usefully recognized in terms of alcoholism, drugs, and other forms of addiction and substance abuse. Organization of community support is a well-recognized pattern. How might this apply to democratic capitalism, or to other deprecated political ideologies -- or to apostasy?*
- A person who has died of Ebola is still highly infectious and should not be touched. *Understanding of "touch" can be fruitfully extended to include its metaphorical forms -- as with "death"? By whom is one "touched" and who does one "touch" -- and how? Why should one be "touched" by the condition of those suffering from ebola or their grieving relatives? Who should be considered "dead" as a result of the infection of "unbelief"?*
- The body of a person who has died from Ebola should only be handled by trained staff. *The sense of "death" is readily extended through estrangement (the person is "dead to me") or shunning (as long advocated by some religions). More problematic is the current association of ebola with belief in zombies. Who has been trained to "handle" those whom groups have framed as "dead"?*
- Ebola is very infectious, even after death. Pay respect from at least 1 metre away, without touching. *How indeed to "pay respect" to those who have variously died -- without being "touched" by their condition? This is especially challenging when the deaths are a consequence of action deemed unjust.*
- Abstain from sex if you start feeling ill. *In the extended interpretation explored here, how indeed might more intimate forms of intercourse be understood?*
- Men should wear condoms during sexual contact for at least 3 months after recovery from Ebola. *How is this to be accepted by religions prohibiting use of condoms? Is there a case for recognizing the need for conceptual contraceptives when engaged in more fundamental sal forms of intercourse?*

From the US [Centers for Disease Control and Prevention](#) (CDC):

- **Prevention:** If you travel to or are in an area affected by an Ebola outbreak, make sure to do the following:
 - Practice careful hygiene. For example, wash your hands with soap and water or an alcohol-based hand sanitizer and avoid contact with blood and body fluids.
 - Do not handle items that may have come in contact with an infected person's blood or body fluids (such as clothes, bedding, needles, and medical equipment).
 - Avoid funeral or burial rituals that require handling the body of someone who has died from Ebola.
 - Avoid contact with bats and nonhuman primates or blood, fluids, and raw meat prepared from these animals.
 - Avoid hospitals in West Africa where Ebola patients are being treated. The U.S. embassy or consulate is often able to provide advice on facilities.
 - After you return, monitor your health for 21 days and seek medical care immediately if you develop [symptoms of Ebola](#).
- Healthcare workers who may be exposed to people with Ebola should follow these steps:
 - Wear protective clothing, including masks, gloves, gowns, and eye protection.
 - Practice proper infection control and sterilization measures. For more information, see "[Infection Control for Viral Hemorrhagic Fevers in the African Health Care Setting](#)".
 - Isolate patients with Ebola from other patients.
 - Avoid direct contact with the bodies of people who have died from Ebola.
 - Notify health officials if you have had direct contact with the blood or body fluids, such as but not limited to, feces, saliva, urine, vomit, and semen of a person who is sick with Ebola. The virus can enter the body through broken skin or unprotected mucous membranes in, for example, the eyes, nose, or mouth
- **Ebola Outbreak: airport, border, and port of entry resources for use by international partners**

- CDC has developed (the following) materials related to the Ebola outbreak response for use at airports, borders, and with port of entry partners. These items are currently being used by the CDC and other US government agencies to communicate with travelers entering and exiting at airports and other ports of entry and assist workers involved in screening passengers.

Of particular interest is how these relate to (and are consistent with) procedures regarding entry of those esteemed to be a security risk -- as understood more generally. What might be the concerns raised by the presence of a security risk on an aircraft, especially any communication with people in neighbouring seats or airline crew?

Curiously relevant is the concern of some passengers of orthodox religious persuasion in finding themselves seated next to someone understood to be a threatening adherent of some alternative belief system -- and offering arguments and documents in support of it. More particularly this may relate to the seating of males next to females.

The issue may take another form in the case of a sexual predator, or a pedophile seated in proximity to a child.

- Governments and agencies outside the US are welcome to use these materials as templates to assist in developing border health measures for the Ebola outbreak. It may be necessary to adapt the materials to better fit a specific country's needs. We have removed CDC logos and contact information to facilitate use outside the US.

Clearly there is a need for complementarity to ensure that travellers are not exposed to threatening memes in the course of their journey. It is interesting to note the extent to which movies in planes are carefully selected to avoid controversy -- irrespective of the content of the advertising on display.

Psychosis engendered by threat and media reframing

Psychosocial health: The framing here of a threat to physical health could, in the light of the broader mandate of WHO, be extended to consideration of mental and psychological health. Ebola clearly offers examples of the effects on those infected, exposed to possible infection, or in a wider environment where a degree of panic is comprehensible. Death of relatives necessarily also gives rise to psychological trauma.

Ironically, with the despatch of US troops to West Africa in response to ebola, the connotation of "health worker" is subtly extended to include the military (*Obama Authorizes Deployment of Reserve Troops to West Africa, Mashable*, 16 October 2014). Given increasing framing of military action as "humanitarian intervention", the sense of psychosocial health is itself considerably broadened. It may fruitfully include social diseases and *lifestyle diseases* (also termed diseases of civilization) -- which could well be understood as taking epidemic proportions, as may be variously argued (*Cognitive Implications of Lifestyle Diseases of Rich and Poor*, 2010).

The concerns of Islam regarding *hedonism* suggest that it be recognized as a form of disease from that perspective. Obesity raises other issues -- suggesting that disease may be, to a significant degree, in the eyes of the beholder (*South African man told he's too fat to live in New Zealand, Times Live*, 27 July 2013). Or is obesity to be construed as an emerging form of dissidence?

Advertising as as source of dis-ease: More provocatively it might be asked whether the dissemination of memes by advertising, most notably through the media, could be challenged as the propagation of a form of "dis-ease". This is especially the case if *consumerism* is so considered (*Shop 'til You Drop*) -- as being the promotion of the desire for more at any cost to society. *Violence in the media* offers a case meriting careful consideration in those terms.

As noted above, ebola psychosis is said to be paralyzing (*Ebola virus: 'Biological war' in Liberia, BBC News*, 11 September 2014; James Creedon, *"Ebola psychosis": is the media partly to blame? MediaWatch*, 16 October 2014; Eric Boehler, *The Media's Ebola Coverage: the more you watch, the less you know?*, *AlterNet*, 16 October 2014). Efforts to place any threat in appropriate context are typically confused with denial (as discussed below).

Risk assessment: Most Americans, for example, as argued by Larry Schwartz, are just not at that much risk (*Ebola Is Scary, But These 6 Things Are a Lot Scarier, AlterNet*, 15 October 2014). As he argues:

However, most Americans are just not at that much risk of catching Ebola, though you wouldn't know it from the media. America has not seen fear mongering on this scale since the early days of the AIDS crisis in the 1980s. Then, as now, a little-understood disease made people afraid of even being in the same vicinity as an unfortunate victim. As with AIDS, rumors and paranoia have begun to circulate.

Schwartz stresses that Americans tend to worry a great deal about illnesses they should not worry about, while at the same time not worrying about very real threats to their health, of which he then lists the following:

1. Nearly 48% of deaths in the U.S. are caused by cancer and heart disease. The leading cause of cancer is, by a country mile, smoking, yet 25% of American still smoke. Over 3.5 million cases of skin cancer are diagnosed every year and 10,000 people die yet we still pursue the tan and skimp on the sunblock.
2. The best way to prevent heart disease is exercise and sensible eating, yet America is besieged by an obesity epidemic, with over 78 million people considered obese, including 1 in 5 children under 19 years of age. Instead of fruits and vegetables, we still chow

down on burgers and fries.

3. The fifth leading cause of death in the U.S. is by car accident. Many if not most of those deaths are preventable simply by wearing your seatbelt, yet countless Americans complain about seatbelt comfort and forego wearing them.
4. Influenza is the seventh leading cause of death in the U.S. and almost completely preventable by simply getting a yearly flu vaccine. Instead we are facing a growing anti-vaccine movement that propagates the complete falsehood that vaccines cause autism.
5. Over 88,000 deaths each year are related to drinking alcohol, and half of those are due to binge drinking. According to the CDC 38 million adults binge drink at least four times a month (averaging eight drinks at a time), and most are not alcoholics. By choice these people over-imbibe and proceed to kill thousands of innocent bystanders.
6. Gun violence is a national plague in which thousands of people lose their lives in order for the NRA to "defend" our second amendment right to own guns and kill thousands of people

Collective forgetting: In a subsequent article Schwartz focused on the seeming incapacity to learn from disasters of the past which can be readily compared to ebola (*8 Mistakes We're Making About Ebola That We Also Made When AIDS Appeared*, *AlterNet*, 17 October 2014). Under the following headings, he comments on the failure to learn from the response to AIDS:

1. The victims are stigmatized.
2. Misguided calls for travel bans
3. Overblown fear of proximity to the infected
4. Leadership (and lack thereof) from the top.
5. Crazy rumors and myths flying
6. Misguided, overly optimistic predictions
7. Misunderstood transmission of disease to healthcare workers
8. Need for international response

In this context, as with the unquestioned promotion of consumerism, it could be usefully asked whether **stupidity** merits consideration as a disease in its own right -- one which constitutes a profound danger to the health of a global civilization. Does it constitute -- if only potentially -- a danger greater than terrorism, especially when manifest at the level of national and global policy-making?

Psychosocial unrest and memetic threats to global civilization

The threats to humanity from the ebola virus can -- through the parallels drawn between gene and meme -- be seen as a template for other threats of a purely memetic nature ([Richard Dawkins](#), *The Selfish Gene*, 1976). The case has been made more generally using the pattern of diseases (*Memetic and Information Diseases in a Knowledge Society: speculations towards the development of cures and preventive measures*, 2008).

Unquestioned possibility of consensus: Strategic assumptions may be made that global civilization should be characterized by a form of unity -- a strategic unification, with an implied consensus, that merits clarification in memetic terms (*Emerging Memetic Singularity in the Global Knowledge Society*, 2009; *The Consensus Delusion: mysterious attractor undermining global civilization as currently imagined*, 2011). Traces of this are evident with respect to arguments for a **technological singularity** -- perhaps based on a **unified science** -- or for a **global brain**.

Also evident are the long-standing commitments of the most influential religions to a global community reflecting their particular inspiration. The efforts towards establishing **Christendom** worldwide, through missionary initiatives and church planting, offer one illustration. The current aspirations of ISIS, to establish an **Islamic Caliphate**, provide another. The prophesied construction by Jews of a third **Temple of Jerusalem** is held to be of much wider "global" implication, evoking a range of controversies. Such efforts may be backed by appropriately justified military action, dating from the **crusades** and extending into modern interpretations of **jihad**.

Forced consensus: In the Christian case a "military" framing is offered through the **Church Militant** and its prophesied eventual "triumph" -- most notably celebrated in the popular hymn *Onward Christian Soldiers, Marching as to War* (Paul Scalia, *The Church Militant or the Church Belligerent?*, *Catholic Answers*). Other instances are offered by the Christian **Military Orders**, the **Salvation Army**, the **Jesus Army**, and the **Warriors of Christ the King** -- together with incitement to be a **Soldier of Christ** or **True Soldiers of Jesus Christ** (*II Timothy: 2:3-4*). As in the case of development, it could be asked whether use of military metaphors by Christianity and Islam is as appropriate at this time as it is so righteously claimed to be (*Enhancing Sustainable Development Strategies through Avoidance of Military Metaphors*, 1998).

Whilst the **Sunni-Shia conflict** may be deplored, what is to be said of the headline in *Le Monde Diplomatique: Les évangélistes à la conquête du Brésil* (October 2014)? Whether crusade or jihad, it becomes difficult to disentangle the arguments for **just war** in the name of a God bearing different names. Whilst jihad in the name of Allah is questionable to Christians, the justification for the death ensured in recent decades by military action in the name of God (or with the blessing of God) is especially problematic in societies claiming to be Christian,

Franklin Graham (son of the Rev. Billy Graham, advisor to a succession of presidents) and one of the USA's most outspoken critics of Islam, indicated that he had relief workers "poised and ready" to roll into Iraq to provide for the population's post-war physical and spiritual needs (*Crusaders sending in missionaries after the Blitzkrieg*, 2003; *Christianizing the Enemy*, 2003). This is seen as part of the process of bringing about the Kingdom of Christ on Earth -- overriding any opposition and ignoring the possibility that any such Kingdom is necessarily of the spirit. One preferred evangelical model is to "invade" the world of unbelievers.

The major failure in post-invasion Iraq to win over "hearts and minds" is clearly a challenge for the future of this mindset and the assumptions on which it is based. Three years after the invasion of Iraq (2003), it is believed that half the Christians in the country have

fled, driven out by bomb attacks, assassinations and death threats (Mark Lattimer, *In 20 years, there will be no more Christians in Iraq*, *The Guardian*, 6 October 2006)

Rule of law: Other understandings are evident in assumptions and expectations regarding the global **rule of law** as developed through a pattern of international treaties. Global business, especially as developed through a network of multinational corporations, also frames a desirable form of global unity.

There is however the issue of the aspirations of religions for the rule of religious law, as with Islamic aspirations regarding *sharia*. Others may consider themselves governed by lore rather than law, as separately discussed (*Law and Order vs. Lore and Orders? Imagining otherwise the forceful engagement of singularity with plurality*, 2013).

It is within this context, as variously understood, that any disruption is perceived as problematic and meriting the most severe response. It is ironic to note the conflation of the implications of missives and missions -- presumably having a memetic emphasis -- with missiles (*Missiles, Missives, Missions and Memetic Warfare: navigation of strategic interfaces in multidimensional knowledge space*, 2001).

Default military mindset: One consequence is the ease with which the strategic challenges of a non-military nature are then reframed in military terms. Hence the variety of virtual wars (*Review of the Range of Virtual Wars: a strategic comparison with the global war against terrorism*, 2005). Most recent is that with respect to ebola (*The war on Ebola*, *The Economist*, 18 October 2014; *NYC at the center of CDC's Ebola war*, *New York Post*, 17 October 2014; *U.S. declares war on Ebola epidemic*, *Science AAAS*, 16 September 2014). The pattern is evident on the individual level, through a form of criminalisation of disease (Lauren Gambino, *Ebola nurse 'made to feel like criminal' on return to US*, *The Guardian*, 25 October 2014).

This military-cum-security framing can be seen in the foreign policy of various countries through which alternative patterns of governance are explored -- alternatives perceived as a threat to the credibility of any form with aspirations to dominance. This has been most evident through the destabilizing actions of the Permanent Members of the UN Security Council with respect to domains over which they claimed special influence.

Intolerance of alternatives: Alternatives to a preferred worldview are framed as simply not to be tolerated. They are readily to be framed as a "dis-ease" -- like ebola. This is most evident within the global political system, the pattern of religions, and between competing commercial product. It is also evident amongst the sciences, most notably with respect to their deprecation of alternative modes of knowing, and with respect to lifestyles, diet and clothing preferences (*Knowledge Processes Neglected by Science: insights from the crisis of science and belief*, 2012; *Facism as Superficial Intercultural Extremism: burkha, toplessness, sunglasses, beards, and flu masks*, 2009; *Burkha as Metaphorical Mirror for Imperious Culture?* 2009).

Simplistic global geometry: In the emerging global civilization, people are expected to "toe the line", to "sing from the same hymn sheet", to "stay on program", or to "stick to the plan". The difficulty is the multiplicity of "lines" through which "plans" are defined. Little attention is given to the geometry of "unification" and the possibility that it might be multidimensional -- implying particular challenges of comprehension (*Comprehension of Numbers Challenging Global Civilization*, 2014; *Living with Incomprehension and Uncertainty: recognizing the varieties of non-comprehension and misunderstanding*, 2012).

Challenging strategic mirror: threats as otherwise perceived

Being the infectious disease of another: Perceived strategic threats merit consideration in the eyes of the opponent -- following the adage: *know thy enemy -- as thyself*. As promoted, should Christianity, Islam, science, or capitalism be perceived as epidemics or pandemics? In the eyes of those from a Christian culture, the spread of Islam could be readily compared to an epidemic. It is less easy to recognize that for Islamic cultures, the spread of Christian influence could be similarly perceived. To whom is any strategic initiative a disease?

No biologist would fail to deny that the ebola virus has a very successful strategy -- so far. As the invasion of a dominant species -- humanity -- it is proving remarkably successful. Humanity is proud of its own success in other contexts, most notably with respect to "wildlife". This is enshrined in the biblical doctrine of the Abrahamic religions: *Then God said, "Let us make mankind in our image, in our likeness, so that they may rule over the fish in the sea and the birds in the sky, over the livestock and all the wild animals, and over all the creatures that move along the ground"* (*Genesis 1:26*). Humanity as a whole is unashamed of its capacity to endanger other species and drive them to extinction.

Dissemination of disease: Colonial history is strewn with dubious examples of disease being negligently, or righteously, imparted to indigenous populations to ensure their progressive and early decline. After first contact with Europeans and Africans, some argue that the death of 90-95% of the native population of the New World was caused by Old World disease (*Epidemics in the Americas*). Use of **smallpox-infected blankets** is often cited.

Of some relevance is the legalisation of the opium trade forced by the imperial forces of Britain and France on China in the course of their successive invasions (**First Opium War**, 1839-42; **Second Opium War**, 1856-60). As with the complicity of present day governments in the drug trade, this can be understood as a curious combination of promoting a form of disease and imposing an unhealthy remedy. The pattern can be detected in the marketing logic of pharmaceutical companies in recognizing, or engendering, a new disease for which remedies can be designed.

Engaging with otherness: Given this history, the relevance of the strictures with regard to the transmission of infection in the case of ebola could be usefully explored with regard to current contact with isolated tribes -- most notably by anthropologists, and those who follow them (*Missionary contacts highly vulnerable uncontacted Amazon tribe*, *Survival International*, 9 September 2014; *Uncontacted tribes: the threats*, *Survival International*). The perceived irrelevance of such strictures calls into question the procedures with which humanity will engage with "alien invasion" and any colonisation of alien worlds by humanity.

Curiously when a dominant culture frames otherness as a threat, any remedial action is justified. It is framed as a matter of survival, legitimated by the highest values of that culture -- purportedly under threat. Initiatives from the other perspective are necessarily wrong and illegitimate, and unquestionably worthy of the most ultimate sanction -- [You're either with us or against us \(*Us and Them: Relating to Challenging Others*, 2009\)](#)

Mutual infection? With respect to expeditions to alien worlds, the possibility of the much-vaunted "discovery of life", and the establishment of colonial bases there, the question of the dangers to humanity of local lifeforms ("viruses") merits careful consideration. As noted above, the point has been remarkably argued in fictional form in the recent movie *The Last Days on Mars* (2013).

To what extent will such alien worlds be righteously contaminated by humanity, following the colonial example? More intriguing is the possibility that returning astronauts will prove to be carriers of unknown forms of disease -- possibly memetic. Are precautions taken -- equivalent to those currently so evident, and vigorously justified, in the case of ebola?

The issue of averting planetary contamination through "[planetary protection](#)" is claimed to be fundamental to the design of interplanetary missions. Two types of [interplanetary contamination](#) are distinguished, as noted by *Wikipedia*:

- Forward contamination: namely the transfer of viable organisms from Earth to another celestial body. A major goal of planetary protection is to preserve the planetary record of natural processes by preventing introduction of Earth-originated life.
- Back contamination: namely the transfer of extraterrestrial organisms (if such exist), back to the Earth's biosphere.

Even more intriguing is the possibility that aliens arriving on Earth may introduce diseases -- whether negligently or deliberately -- following the pattern justified by human dominion of Earth.

These "diseases" may of course take memetic form. The aliens may have belief systems and worldviews which they seek to introduce as enthusiastically and unquestioningly as the various Earth religions endeavour to do. Their justification for doing so may well be inspired by sensitive respect for the patterns developed by humanity ([Writing Guidelines for Future Occupation of Earth by Extraterrestrials: be done by as you did?](#) 2010).

Given the framing of the territorial claims by Australian aborigines, will extraterrestrials assert a galactic "rule of law" and declare human territorial claims and intellectual copyright to be overruled in the light of some variant of *terra nullius*? In quest of some higher purpose, will such aliens see it as their right to eradicate human resistance -- mirroring the strategic mindset explored so clearly in the movie *Avatar* (2009)?

Such arguments raise the strategic question of how insights are to be obtained from a "mirror perspective", as may be variously argued ([Stepping into, or through, the Mirror: embodying alternative scenario patterns](#), 2008; [Radical Cognitive Mirroring of Globalization: dynamically iming the unquestioningly outed](#), 2014)

Proactive framing of threat -- and its denial

Dissidence: As implied above, dissidence is readily framed as a threat to the well-being and dominance of a global worldview. It is then effectively a form of "dis-ease" -- potentially subject to legislative measures. Whether explicitly or implicitly, it must be constrained and repressed. Concerns have been expressed that the legislative response to terrorism has been too readily conflated with the response to dissidence and democratic protest.

Strategically such repression may be framed in terms of "eradication" ([Eradication as the Strategic Final Solution of the 21st Century?](#), 2014). The latter study noted the extraordinary level of concern with the eradication of zombies ([Preponderance of references to the eradication of zombies](#), 2014). The credibility in popular imagination is further illustrated by the recent declaration of the governor of Kansas in naming October the state's [Zombie Preparedness Month](#) ([Kansas Will Be Prepared for the Zombie Apocalypse](#), *Time*, 24 September 2014).

Were the situation otherwise -- as may be the perspective of an enlightened future -- the respective pronouncements against each other's worldview of the [World Economic Forum](#) and the [World Social Forum](#) would merit reframing ([All Blacks of Davos vs All Greens of Porto Alegre: reframing global strategic discord through polyphony?](#) 2007).

Framing threats as a distraction: More problematic is the tendency to use the more evident threats -- lending themselves to conventional media treatment and bias -- as camouflage and distractants to avoid exposure to underlying problems ([Vital Collective Learning from Biased Media Coverage](#), 2014). These may well contribute significantly to the engendering of the more salient problems, as argued separately ([Vigorous Application of Derivative Thinking to Derivative Problems: transcending bewailing, hand-wringing and emotional blackmail](#), 2013; [Destructive Weapons of Mass Distraction vs Distractive Weapons of Mass Destruction](#), 2003). Is the "ebola" of 2014 the "WMD" of 2002?

Having abused their credibility, institutional authorities (whether governmental, religious or scientific) -- with the power to manipulate the media -- have no capacity to provide concrete evidence of the veracity of any pronouncements they make ([10 Demands for Concrete Proof by We the Peoples of the World](#), 2012; [Abuse of Faith in Governance: mystery of the unasked question](#), 2009). As might be expected, what credibility is to be associated with the following implications or their denial (Timothy Alexander Guzman, [U.S. is Responsible for the Ebola Outbreak in West Africa](#), *Global Research*, 17 October 2014; Cyril Broderick, [Ebola Manufactured By US DoD?: Scientists Allege](#); *Information Clearing House*, 19 October 2014; Aggeliki Dimopoulou, [US Bio-warfare Laboratories In Africa Are The Origin Of The Ebola Epidemic](#), *Information Clearing House*).

Neglected underlying challenges? The question is then **how to frame the strategic questions to detect underlying strategic challenges** -- and to avoid the manner in which "superficial" issues serve as strategic decoys ([Strategic Implications of 12 Unasked](#)

Questions in Response to Disaster, 2013). Framed otherwise, the issue is how to expect the unexpected and recognize the cognitive negligence from which it tends to emerge. The point has been extensively argued by Nassim Nicholas Taleb (*The Black Swan: the impact of the highly improbable*, 2007; *Antifragile: Things That Gain from Disorder*, 2012).

Some responses to the ebola crisis may be used to offer insight into the nature of the response to issues which could be considered "underlying". Adam Nossiter (*Ebola crisis exacerbated by denial International New York Times*, 15 October 2014) notes, for example:

At first the chief said nobody was sick in his community. Then he said that if anybody was sick, it was because of witchcraft. Then he acknowledged that health workers were removing several villagers every day, suspected Ebola patients. In fact, 15 corpses had been taken in less than a week from the John-Thorpe community, but the chief didn't admit that.

That persistent denial of reality has been damaging in the fight against the virus. It stretches from the village to the statehouse, and it reaches into the circles of some international agencies in Sierra Leone and the other Ebola-affected nations

Systematic denial: This pattern of denial has been acknowledged as existing within the World Health Organization itself, necessarily reinforcing that in Sierra Leone and other countries. For the UN health agency:

"Nearly everyone involved in the outbreak response failed to see some fairly plain writing on the wall," WHO said in a draft internal document obtained by the Associated Press, noting that experts should have realised that traditional containment methods wouldn't work in a region with porous borders and broken health systems. The UN health agency acknowledged that, at times, even its own bureaucracy was a problem. (*World Health Organisation admits botching response to Ebola outbreak' The Guardian*, 17 October 2014)

Further evidence of the pattern of denial continues to emerge (*Ebola: Liberia deaths far higher than reported' as officials downplay epidemic, The Guardian*, 19 October 2014)

Rather than focusing on the case of ebola, however, **the question to be asked is what does this suggest with respect to systematic denial of other awkward issues by international institute.** How many such issues might there be? Where is their existence acknowledged?

"Doublespeak": Does the international community have two sets of books for "accounting purposes" -- as is deplored with respect to the black economy? This can be explored with respect to the "unsaid" (*Global Strategic Implications of the "Unsaid"*, 2003; *Varieties of the "Unsaid" -- in sustaining psycho-social community*, 2003). This can also be explored in terms of doublespeak (*Enabling Suffering through Doublespeak and Doublethink: indifference to poverty and retributive justice as case studies*, 2013).

Of particular interest is the case of overpopulation, so assiduously denied by those complicit with the currently much-challenged Catholic Church, as well as by the other Abrahamic faiths (*Institutionalized Shunning of Overpopulation Challenge: incommunicability of fundamentally inconvenient truth*, 2008). As variously suggested, what resource-related global problem would **not** be significantly reduced by reduction in the increase in population?

Expressed otherwise, what global problems would not be seriously aggravated by more rapid increase in population growth? Would it be appropriate to encourage the increase in **average household size** -- doubling current European averages from 2.4 to 5, say? Such questions have suggested (jokingly?) that humanity itself can be considered a threatening disease -- for other species and the global environment (*Is Humanity a Pernicious Disease?*, 15 April 2013; *Human beings are a disease, a cancer of this planet, YouTube*, 2 August 2009).

Inconvenient truths: Irrespective of arguments that there is potential plenitude of resources, would it not be prudent to reduce the rate of increase of population in the light of the demonstrable incapacity to distribute such resources appropriately under present systems of governance? Is avoidance of discussion of such issues effectively a form of blackmail by various parties, as separately argued (*Enabling Suffering through Doublespeak and Doublethink: indifference to poverty and retributive justice as case studies*, 2013).

Rather than evidence for the phenomenon itself, another example is offered by the debate on climate change and consideration of its causes and the remedial measures that might be appropriate. Whilst climate change has been documented as *An Inconvenient Truth* (2006), the more challenging question is **how many other inconvenient truths are carefully reframed so that appropriate consideration of them can be avoided by politicians, think tanks and the voting public?** The question invites systematic study (*Question Avoidance, Evasion, Aversion and Phobia: why we are unable to escape from traps*, 2006). Is the issue rather the nature of the inconvenience of any such process engendering threat, as separately discussed (*An Inconvenient Truth -- about any inconvenient truth*, 2008)?

Threat entanglement, wicked problems and bioterrorism

So far a distinction has been carefully made between the life-threatening diseases (like ebola), which may take epidemic form, and the threat of terrorism as conventionally understood. Despite the use of biochemical agents in various zones of conflict -- and in response to social unrest -- little is said regarding the opportunity that infectious diseases represent for jihadists.

Rather than suicide bombing, how might the opportunity of spreading disease be creatively exploited? This would be curiously reminiscent of dissemination of smallpox through distribution of blankets by Europeans in the early colonial period (as mentioned above) -- aggravated as a threat by the personal engagement of the infected individual expecting to die as the distributing agent. Will drones replace blankets as the distributive devices of the 21st century?

The potential entanglement of infectious disease and terrorism can be understood as one characteristic of so-called [wicked problems](#), namely those that are difficult or impossible to solve because of incomplete, contradictory, and changing requirements that are often difficult to recognize. The term "wicked" is used to denote resistance to resolution, rather than evil. Such problems are further characterized by their inter-sectoral complexity.

Of particular relevance is the impact on behaviour in society, most notably its constraining effects on intercourse in its most general sense -- safe distance, gloves, exchange of bodily fluids -- as explored separately (*Social Consequences of Biochemical Terrorism*, 1998). Aspects of the pattern have been evident with respect to AIDS -- especially as a consequence of instances of deliberate infection of innocent partners. Surgical masks -- as widely used in some Asian countries -- may become the rule rather than the exception.

Of further interest is the manner in which genetically modified organisms may offer an opportunity for terrorist actions. The imposition of GMO use, in countries where there are strong arguments for resistance to them, can be framed as a form of "terrorism" by farmers subject to the introduction of such modified species. More ironically, this may be consistent with objections to the introduction of species threatening local crops -- long after "native" species have been declared to be dangerous "weeds" calling for eradication. Those seeking to disrupt agriculture in a country may well see the dissemination of GMO varieties as an opportunity.

Vulnerability to exposure to infectious dis-ease and psychosocial unrest

The precautionary protective measures detailed above in relation to ebola, and in process of implementation worldwide, are indicative of the challenge of exposure to disease of any kind. Clearly the concern relates primarily to those most vulnerable to infection -- however this may be understood, whether genetically or memetically.

The broader understanding of "disease" (as explored here) helps to frame the concern with the nature of infection resulting from exposure. The matter is of course clearest in the case of diseases of the body.

Alien infection? It is far less clear in the case of memetic diseases and challenging contact with "aliens", whether humans, non-human species, or extraterrestrials -- as noted above. According to the law of US, an [alien](#) is "any person not a citizen or national of the United States". Consequently it is not uncommon to find government agencies concerned in some way with "alien affairs", readily confused with controversies regarding immigration.

Invasive species may also be variously defined as "aliens" with respect to protection of agriculture and the environment. It has been alleged that the term is under use with respect to extraterrestrials (Michael Salla, *US to create Exopolitics Department to run alien affairs according to insiders*, *Exopolitics.org*, 22 July 2013).

Infection? Of particular interest is the risk of some form of "infection". There is of course a difficulty in that the term is also used in a positive sense, most obviously in relation to laughter or charismatic inspiration. There is thus the implication that people are vulnerable to a spectrum of "infections". This is clear in the case of advertising which could be said to be deliberately designed to be "infectious" -- and to aspire to be so to the highest degree. Advertising could then be understood as the propagation of "dis-ease" -- namely cultivation of dissatisfaction with some aspect of the status quo and cultivation of the desire for something else.

This is most evident with the recently developed techniques of [viral marketing](#), namely ensuring a message "goes viral". As noted by *Wikipedia*, these use pre-existing social networking services and other technologies to try to produce increases in brand awareness or to achieve other marketing objectives (such as product sales) through self-replicating viral processes, analogous to the spread of viruses or computer viruses. The process is also understood in terms of [internet memes](#). Reservations have of course been expressed regarding the dissemination of some meme -- deemed "unhealthy", given the possible danger to those so exposed. This is most obvious in the case of those viral messages which may undermine a person's belief system in some way, and therefore be perceived as a threat -- typically by parents.

Clearly political parties and social change agents would be only too happy to ensure that their own messages had that affect on those subscribing to the deprecated worldview of their opponents. Campaigning, and vulnerability to the propaganda of other worldviews, can be explored in this light. Missionaries might, for example, proudly claim to be "agents of infection" -- as with any change agent. At what point is the propagation of messages encouraging psychosocial "dis-ease" to be considered through the framework of "[incitement](#)" -- as severely deprecated with respect to jihadism, and treated as an offence in some regimes? Is the activity of a Christian missionary to be appropriately framed as incitement in cultures of other faiths?

Infection by exposure to unrest: With respect to this argument, it is curious to note that those protesting vigorously against "invasion" by "aliens" (immigrants) are themselves readily framed as hooligans, delinquents or thugs -- and therefore the manifestation of a social disease whether [hooliganism](#), [disorderly conduct](#) or [disturbing the peace](#) ("*Hooligans against Salafists*": *violence erupts at huge far-right rally in Cologne, RT*, 26 October 2014; *Michael Fallon's "swamped by migrants" remark leaves Tories in disarray*, *The Guardian*, 27 October 2014).

The challenge of infection can be framed in a quite different way when presented as exposure to psychosocial unrest -- namely to the dis-ease of others. To what degree is one "infected" by images of suffering around the world. These images may be especially crafted for maximum effect -- as with selection of those suffering in the most horrendous manner, whether from illness, handicap, poverty or malnourishment. In this sense some would readily claim that it is highly desirable that the world should be "infected" by their implications -- as a trigger for global response.

On the other hand, efforts may be made to protect people from exposure to suffering and other information likely to cause psychosocial unrest -- as in the case of the security measures in place to prevent exposure to the extent of invasive surveillance and to other matters beyond ordinary ken. Concern may be expressed regarding dissemination of information on potential disaster which may give rise to panic -- a term curiously reminiscent of pandemic. The point is strongly made by the well-known tale of the Buddha's first exposure to

poverty and misery -- from which he had been carefully protected by his father. To what extent are many currently protected from exposure to real misery -- for fear of the psychosocial unrest to which this might then give rise?

Procedures for handling the potentially infected: remedial procedures for dis-ease and unrest

Isolation: There is of course obvious justification for the isolation of those potentially infected by disease for purposes of quarantine. Curiously this extends to those who may be suspected of terrorism -- as with use of Guantanamo Bay and Diego Garcia. There is a sense in which the approach readily extends to those holding inappropriate beliefs or thoughts -- dissidents. The approach has long been applied to handling of the "mentally ill" -- with dissidence readily conflated with psychological disorders, especially in some regimes using incarceration in "psychiatric institutions".

Rendition: The manner in which those suspected of infection are removed from one location to another is also reminiscent of controversial media coverage of the [extraordinary rendition](#) of those accused of involvement with terrorism -- notably with the focus on "secure locations", possibly secret.

Protective suits: The media coverage of ebola offers images that are extraordinarily reminiscent of the few offered of the transfer of terrorists to secure installations such as Guantanamo Bay. Other than the colour, is there a difference between the orange-suited terrorists and those suspected of infection and garbed in yellow-suits? The escorts may well be similarly suited -- recognizing that security personnel are vulnerable to being bitten by their prisoners, rendering them vulnerable to AIDS infection, for example.

Such suits are of course also reminiscent of those worn by astronauts, by workers exposed to high levels of radiation, and by those in biochemical laboratories.

Remedial procedures for a physically life-threatening disease are well-recognized. These notably include vaccination -- despite the major reservations of some religions. How the latter may relax their restrictions in the case of ebola remains to be seen. A similar point can be made with respect to recommended use of condoms by those recovering from infection.

"Cleansing": Most controversially, this term can be used in relation to [ethnic cleansing](#), whereby it is assumed that a portion of the population has been problematically infected at a fundamental level, whether framed genetically or memetically, or both. This allows for conflation of conventional understandings of disease and whatever may be framed as dissidence.

"Cleansing" has acquired new emphasis through its application to the marginalised and variously disadvantaged, as discussed by [George Monbiot](#) ("[Cleansing the Stock](#)", *The Guardian* 21 October 2014). Pejorative use of "stock" suggests those deemed variously inadequate and potentially "unfit for purpose". Ironically they could be understood as terrestrial "[extras](#)" (in the language of drama) -- rather than as the "extra terrestrials" that elites might deem themselves to be. Cleansing is then characteristic of dehumanising language through which strategy may well be defined and justified. Monbiot offers instances of such usage:

Those who kill for a living employ similar terms. Israeli military commanders described the massacre of 2,100 Palestinians, most of whom were civilians (including 500 children), in Gaza this summer as "[mowing the lawn](#)". It's not original. Seeking to justify Barack Obama's drone war in Pakistan (which has so far killed 2,300 people, [only 4% of whom have since been named as members of Al Qaeda](#), Obama's counterterrorism adviser Bruce Riedel explained that "[you've got to mow the lawn all the time. The minute you stop mowing, the grass is going to grow back](#)". The director of the CIA, John Brennan, claimed that with "surgical precision", his drones "[eliminate the cancerous tumour called an al-Qaida terrorist while limiting damage to the tissue around it](#)". Those who operate the drones describe their victims as "[bug splats](#)".

With respect to such usage, in reframing a remedial process, Monbiot notes:

Terms like these are designed to replace mental images of death and mutilation with images of something else. Others, such as collateral damage (dead or wounded civilians), kinetic activity (shooting and bombing), compounds (homes) and extraordinary rendition (kidnapping and torture by states), are intended to prevent the formation of any mental pictures at all. If you can't see what is being discussed, you will struggle to grasp the implications. The clearest example is "neutralising", which neutralises the act of killing its describes.

Psychosocial "remedies": In the case of psychosocial disorders, however defined by those who frame theme selves as healthy, remedial procedures are far more problematic. They may include:

- removal from environment where there is risk of exposure to infection
- [re-education](#) (brain washing) / [deprogramming](#) / re- training, variously understood as either processes of infection, or as remedies against inappropriate indoctrination -- then to be understood as a form of infection
- (forced) medication

Especially problematic are the procedures with which religions have most notably been associated. That of [putting "to the question"](#) those suspected of dis-ease has been highlighted historically by the [Catholic Inquisition](#) in seeking to detect and eradicate [heresy](#) -- purportedly inspired by the devil. Curiously the modern response to those suspected of terrorism would be readily recognizable through use of similar techniques of "enhanced interrogation" and torture -- most notably [waterboarding](#). As a remedial psychotherapeutic process, use of the so-called water cure, is now associated with other questionable treatments like electroshock and lobotomy. Use of medical castration as a treatment for the abnormality of homosexual behaviour is exemplified by the case of the genius [Allan Turing](#). Just as Christianity

favoured the burning of heretics as a final solution to their dissidence, Islam (like other religions) may justify the most severest of punishments for [apostasy](#) as the most fundamental form of dissidence.

Psychoactively secure environments: Ironically there is a case for recognizing the need for an equivalent to environments that are "biosecure", namely places in which people can engage in discourse with others who have been infected by a dangerous dis-ease. This is partly recognized in the framing of a "safe place" for dialogue. However the safety standards of such environments are far from adequate for discourse with jihadists, for example. There is one indication of this in the situations created for encounters with violent criminals or those who are severely disturbed mentally. Understood more generally, the issue is one of ensuring a context in which those participating can be adequately protected from one another.

In this sense, more interesting is the question of the spaces for dialogue with those who are severely infected with dangerous memes -- namely fanatics of any calling, or those articulating fundamental challenges to a worldview. A possible response can be considered in term of "guidelines" analogous to those formulated above by WHO or the CDC (*Guidelines for Critical Dialogue between Worldviews: as exemplified by the need for non-antisemitic dialogue with Israelis?* 2006).

However, the use of biosecure protective suits in the case of infectious diseases, suggests the need for some psychological analogue in dealing with psychoactive discourse posing a potentially dangerous threat to the un-infected party. This has been speculatively explored with respect to debate on overpopulation -- as exemplifying a "hot" issue (*Overpopulation Debate as a Psychosocial Hazard: development of safety guidelines from handling other hazardous materials*, 2009).

Source of threat: extraterrestrial life or epiterrestrial life?

Otherness as a threat: There is a case for considering threat as a boundary problem. Threats then become evident as emanating beyond the boundary of the healthy community. They take form in another domain -- beyond the home territory. Disease may be seen to originate in environments defined to essentially unhealthy -- of which developing countries constitute an archetype. Some cultures may be similarly framed as a source of dis-ease. Other religions may be so framed -- as an unhealthy threat to adherents of any belief system.

The focus on the boundaries of healthy community is currently evident in the case of the provisions of US Homeland Security -- offering a sense that dis-ease comes from elsewhere. More challenging is the possibility that any threat to homeland health may be "home grown". Sub-cultures within the US may, for example, represent a source of threat -- whether or not it takes the form of disease. The US is remarkable for incarcerating a larger proportion of its population than any other democratic country.

Threat from extraterrestrial aliens : A useful challenge to any such argument is the hypothetical existence of extraterrestrial life and the possibility of some form of alien invasion -- as has been so widely imagined. Such aliens may be vehicles for deadly disease of pandemic proportions -- whether or not it takes memetic form of the deepest concern to the worldviews of religions and science.

Endeavouring to frame threat as "from elsewhere" -- by them against us -- is usefully reframed by considering that so-called extraterrestrials may well take epiterrestrial form, effectively embedded and home-grown, as separately argued (*Sensing Epiterrestrial Intelligence (SETI): embedding of "extraterrestrials" in epistemic dynamics?* 2013). The challenge of protection from "aliens" may need to be reframed in terms of "them is us" (Roger Koppl, *Them is Us: More Thoughts on Oslo and Multiculturalism*, ThinkMarkets, 26 July 2011).

More intriguing is the possibility that such aliens may frame the condition of humanity -- with concern -- as being profoundly unhealthy. Remedial measures considered appropriate in terms of "universal standards" might then be righteously imposed -- following the pattern of European colonial missionaries. Appropriate to this argument is the possibility that ebola may itself be of extraterrestrial origin (Kabita Maharana, *Ebola is an alien? British Scientist Claims Deadly Virus Came From Space*, *International Business Times*, 10 August 2014).

Threat from terrestrial aliens: Irrespective of the possibility of extraterrestrial alien invasion, there is considerable irony to the fact that those from foreign countries may be termed "aliens". This conflates "extraterrestrial" with those seeking to enter a country (illegally) from elsewhere -- illegal immigrants and "boat people". This issue of alien immigration is of increasing concern -- most notably with respect to border control and the emerging nationalist policies of a number of European countries.

The concern is conflated with that of terrorism in that a significant proportion of those seeking entrance are of Islamic faith -- a faith as alien as is Christianity in Islamic cultures. The situation could take on other dimensions if Earth were to be faced with extraterrestrial refugees -- "boat people" from outer space.

Equivalences? In this exploration of "systemic equivalences", between seeming disparate processes constituting a threat, it is appropriate to note that a fundamental distinction can be made -- questionably, as separately discussed (*Theories of Correspondences -- and potential equivalences between them in correlative thinking*, 2007). The distinction is between "threats to us" -- necessarily problematic -- and "threats by us". The latter can be readily ignored or dismissed as misguided or irrelevant.

The issue is highlighted by the dissociation of "moral equivalence" from "systemic equivalence" as in the case of the USA, as notably championed by [Jeane Kirkpatrick](#) following her period as the first woman US Ambassador to the United Nations (*The Myth of Moral Equivalence*, *Imprimis*, 15, January 1986, 1). Such views were effectively echoed and affirmed by a subsequent US Ambassador to the United Nations, [Madeleine Albright](#), the first woman to become US Secretary of State. When asked by an interviewer with regards to the effect of sanctions against Iraq: "*We have heard that half a million children have died. I mean, that's more children than died in Hiroshima...is the price worth it?*". Albright replied: "*I think this is a very hard choice, but the price -- we think the price is worth it.*" (*We Think the Price is Worth It*, *Fair*, 2001).

Clearly this attitude plays out with respect to other species on Earth, as suggested above. Humanity is an obvious threat to other species. With respect to endangered species, *Wikipedia* notes that in 2012, 3079 animal species and 2655 plant species are endangered

worldwide, compared with 1998 levels of 1102 and 1197, respectively. Many are threatened with extinction. The process is attributed to the invasive threats of human activity and population growth. Given the supposedly unquestionable biblical mandate, humanity might indeed be assumed to have a moral right to act primarily for its own benefit. This suggests that human groups -- including "terrorists" -- can also claim that right, especially including the [People of the Book](#).

Security lock-downs of the future?

Functional convergence of secure environments: Given the manner in which threats associated with individuals now range to include both the case of infectious diseases, infectious memetic diseases, and physical threats, it is intriguing to note a degree of convergence in the design of secure environments. How similar are the following becoming:

- secure prison
- secure hospital disease unit
- secure mental institution
- secure experimental laboratory
- secure military base

How are the designs and functions to be distinguished from future requirements for secure residential accommodation (hotel, flats, etc) - - faced with the risk of exposure to physical threat, environmental threat, or threats of a memetic nature? The case for [gated communities](#) has long been made evident. That pattern extends to gated office complexes and factories. More remote locations, notably islands, may be understood to offer greater security.

In practice, there is a curious symbolism to use of a key in such circumstances. Does the inhabitant of the space have a right to a key? Is access controlled otherwise? Is being securely "locked in" ensured by the inhabitant or by external security personnel -- or both? Functionally, to what extent do urban accommodation complexes increasingly represent (open) prison environments -- from which it may be difficult to "escape" for socio-economic reasons?

The design of the space inhabited under different constraints can be understood as converging rapidly -- with improvement to prison cell facilities and the willingness of many to adapt to conditions which others would readily qualify as a "prison". With regard to acceptable accommodation, the design of a monastic cells in intentional communities helps to make the point, as does bush accommodation in remote areas valued by tourists, or in refugee camps. Possibilities for secure accommodation in the future may include underground environments, as discussed separately (*From Lateral Thinking to Voluminous Thinking: unexplored options for subterranean habitats in dense urban areas*, 2007).

Cognitive lock-down? More intriguing is the emergence of form of memetic or cognitive "lock-down" as a result of a convergence or conflation in the systemic interpretation of the theme of this argument, as might be highlighted by the following with respect to issues of security across the spectrum from bodily security, through resource security (as with food security), to psychosocial security ("unrest").

Exploration of cognitive lock-down			
	Disease factor	Invasion factor	Unrest factor
	"Ebola"	"Alien invasion"	"Dissidence"
Multiplying factor			
Invading factor			
Unrest factor			

The difficulty with the table is the degree to which the supposedly distinct categories are flow into one another -- with a degree of osmosis across the boundary supposedly maintaining those distinctions. The table goes some way to highlighting the cognitive problem of the terror which might be associated with the cells of the table. Whether or not the row categories can be usefully distinguished from the column categories, there is clearly a multi-faceted systemic challenge with implications for how it is to be comprehended.

With respect to any "lock-down", the challenge is whether crisis is understood primarily from a short-term perspective -- as with the "fire-fighting" response to ebola, invasion of immigrants, or mass protest. Or does system security call for a longer-term perspective responsive to underlying factors which will continue to engender "fires", as argued separately (*Vigorous Application of Derivative Thinking to Derivative Problems: transcending bewailing, hand-wringing and emotional blackmail*, 2013; *From Reactive to Proactive Management: getting out of "firefighting" mode*, *Mind Tools*)? Formulated as Bryce's Law, this can be expressed as the warning: **Beware of your 'firefighters', they are probably your chief arsonists** (Tim Bryce, *Proactive vs. Reactive Management*, *ElectricArticles.com*, 2008).

References

Nassim Nicholas Taleb:

- The Black Swan: the impact of the highly improbable. Random House, 2007
- Antifragile: Things That Gain from Disorder. Random House, 2012



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