

The COVID Crucible: Health and National Security in Failed States

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Pathogens are writing history. As our planet feels the siege-effects of an elusive pandemic, we are wise to reflect on the relationship between national health and national security. It is easy to see this relationship as ever-positive. Emerson put it succinctly: the first wealth is health. Decrepitude is bad for all parties—it weakens populations and imposes costs on states. But do situations arise where national security comes at the expense of public health and wellness, as in failed states? Might massive health failures be a failed-state signature?

Ideally, a sustained health crisis would evoke unprecedented public-regardingness by states. Yet some states conspicuously shirk this responsibility. For example, the United States has used the pandemic to pursue pre-pandemic national security agendas, like blaming foreign and domestic adversaries for instigating crises and providing cover for barriers to entry or deportation of ‘others’ lacking U.S. citizenship. It has used the pandemic to consolidate executive power, marshal the Defense Production Act for protectionist ends, and smite the World Health Organization. It has made lucrative offers to foreign firms for privileged access to universally needed coronavirus vaccine research. And along the way, it has generously funded and granted tax

¹ A version of this essay appears in *Human Security* (Torino World Affairs Institute), issue 13, July 2020.

breaks to pharmaceutical giants patronizing select politicians while turning a blind eye to truly exorbitant medicine prices.

The callous politicization of national health in the U.S. and elsewhere is a tragedy of the commons in a time of crisis. Unlike doctors, states are under no obligation to ‘first do no harm.’ When such state behaviors prevail, what are citizens (and yet more vulnerable non-citizens) to do? An example from the ‘out-back’ of the United States—“Indian Country” in the arid southwest where population densities are low and COVID-19 should be incidental--provides useful insights.

Indian nations within the US retain sovereignty thanks to treaties, ‘the supreme law of the land’ under Article 6 of the US Constitution. Their ‘national security’ relies on the fidelity of the federal government in upholding these treaty obligations. Sadly, government infractions are many and show no sign of relenting during the current health crisis. The Navajo and Hopi Tribes have become COVID-19 hotspots, disadvantaged by lack of water, food, and medicines. In recent months, however, both tribes have found relief from an unusual source—the residents of Ireland. Using an aggressive GoFundMe campaign for food, clothing, and medical relief targeting the Navajo and Hopi Nations, thousands of Irish citizens have contributed to what the U.S. Government by law should have undertaken. Many of the participating Irish donors descended from survivors of the 1848 potato famine. They survived, in part, because of the donations from Choctaw Indians who experienced a brutal removal from their own homelands in the 1830s. Whether or not “the Irish saved the World,” Irish Samaritans are helping to save American Indians today.

Does this story harmonize with what we know from other accounts of moral turpitude by states? Among the prominent lessons of the COVID-19 crisis is that states are not even-handed in their crisis-response efforts. Some ruling elites cynically view health catastrophes as opportunities

to favor their political bases and mute opposition. Or to clean house and eliminate problems. The U.S. Government famously gave smallpox-infected blankets to Indian nations, it decimated their food supplies (destroying farmlands and extinguishing millions of buffalo), and, even today, discriminates against Indian farmers seeking farm loans and crop insurance. Despite well-known Navajo and Hopi contributions to national security—essential code-making and code-breaking in WWI or WWII—Native American health (and other) services are chronically under-funded. What if Irish largess languished and the Native Hawaiians sending water supplies to their Native American cousins looked away?

In his insightful book, *The Art of Not Being Governed* (2009), James Scott chronicles problematic state behaviors that challenge ever-benevolent notions of national security. States are often security havens for a few, not for the many. Bringing Scott's insight to the present, minority groups are often subject to legalized state neglect and persecution with lasting health implications—e.g., the Uyghurs in China, the Rohingya in Myanmar, the Ladinos and Gypsies in Europe, the Palestinians in Israel, the Jews on every continent, and aboriginal people across the globe. The back hand of state hegemony assumes many forms. These include crushing taxation, conscription, forced labor, land dispossession, compulsory assimilation and an endless array of *in-situ* displacements. These include minimal access to clean water, public health, emergency care, and human rights that certainly undergird wellness.

Such breaches of the social contract are at the core of state failure. Notably, they can be present in states vaunting their leadership in economic productivity, military strength, and material standards of living. It is precisely when states disown their full populations and, as in the case of slavery and more nuanced exploitation, predicate their wealth on intentional or *de facto* inequality that they “fail.” State malpractice means, among other things, that the health of its population, and

particularly its minority populations, is jeopardized by poor nutrition, lack of access to potable water and clean air, safe shelter, and a long list of health and welfare indicators. Again, the United States offers a well-documented example.

Surprisingly, United States citizens live shorter lives with worse health than do citizens in other affluent nations, and beginning at birth. This reality affects all age groups up to age seventy-five and applies to multiple diseases, biological and behavioral risk factors, and injuries. Tragically, these health disadvantages are more pronounced among socioeconomically indigent Americans. Once again, failed states are not synonymous with weak states. According to the United Nations Human Development Index, the United States ranks among the ‘very high’ (or 15th) out of 189 U.N. countries and territories. Its life expectancy, a component of this index, has recently grown. However, when the U.N. corrects this ranking for inequality, known to be severe in the U.S., its HDI average falls by 13.4 percent; this is greater than the average decrease of other ‘very high’ HDI countries when corrections for inequality are made. Little wonder that, among disenfranchised members of modern states, security often means reliance on subaltern and non-state organizations, social movements, international networks, and good neighbors abroad rather than the state.

Scott is well-known for emphasizing defensive actions by those mistrustful of the state, including in times of famine and epidemic. As if commenting on COVID-19 scourge of today, he notes that most epidemics are zoonotic, i.e., diseases transferred from domesticated animals and the “obligate” pests that accompany them such as rats, ticks, mosquitoes, fleas, mites, and so on. If zoonotic disease is expanded to include wild animals and their obligates, Scott’s grasp of pandemic is highly contemporary. The same could be said for his historical argument that states encourage not only domestication of animals but also their crowding, concentration, and

intermingling with vulnerable human communities. Markets are integral to national security for most states, failed or not. Should states that deregulate the dangers and downsides of markets be viewed as neo-liberal successes or as failures? In the U.S. case, where we complacently trade “deaths for DOW,” pathology has become an attitude as well as a disease.

How might the morbidity, mortality, and inhumanity of the current pandemic expand critical thinking about national security? Numerous state responses to COVID-19 have laid bare the malaise of egregious treatment of the most vulnerable. This includes those states wearing masks of development and rarely conceived of as failing. To be affluent economically and impoverished in terms of health raises basic concerns about what national prosperity means and at what cost it is achieved.

Suggested reading:

Kirwan, Padraig and Howe, LeAnne, eds. 2020. *Famine Pots: The Choctaw Irish Gift Exchange 1847-Present*. East Lansing, Michigan: Michigan State University Press. (In Press)

Scott, James C. 2009. *The Art of Not Being Governed: An Anarchist History of Upland Southeast Asia*. New Haven: Yale University Press.

Woolf S.H. and Aron L. (eds.) 2013. *U.S. Health in International Perspective: Shorter Lives, Poorer Health*. Washington (DC): National Academies Press.



“Kindred Spirits” is a large stainless steel sculpture in Midleton, County Cork, Ireland, created by Alex Pentek at the Sculpture Factory in Cork, with Crawford College of Art and Design students.