Security Nexus Perspectives

THE NEXUS BETWEEN THE COVID-19 PANDEMIC, INTERNATIONAL RELATIONS, AND INTERNATIONAL SECURITY

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Disease Surveillance and Communication

There are few empirical (as opposed to theoretical) studies of the way in which epidemic transmission, which is in itself an international security issue, can be linked to international relations and diplomacy. In the contemporary context, some have observed a rise in transparency -- and speculate on consequent improved relations between nation-states leading to better communication, collaboration, supranational governance, and the timely sharing of critical public health information -- while others are less optimistic.

The same debates relate to pan-national structures, such as whether as the European Union, the Association of South-East Asian Nations, or the African Union have enabled greater cooperation or increased border-related risk levels between member states in the epidemic context. Yet, from any perspective, in a hypothetical situation in which there is little or no diplomacy or supranational collaborative effort between different countries, the links between infectious disease control and containment strategies are inevitably strained. Much like investors in global markets, nation-states seek information to limit risk exposure and

reduce threats; both domestic and international politics and policies can play significant roles in what sovereign countries are able and willing to share, particularly regarding pandemic and epidemic information.

While only time will tell how the current global public health situation impacts security and international relations, one point does seem clear: it is only through the timely and detailed sharing of disease outbreak and surveillance information between countries that pandemics can be contained or prevented. The earlier and more efficaciously alerts can be transmitted, the better the public health outcomes – and, thus, prospects for regional and international security and cooperation.

Limited Cooperation Scenarios

In an extreme case, in which no communication exists between nations, lack of information sharing will most likely lead to further spread of disease. The only way to mitigate this certainty is if limited collaborations are accompanied by corresponding limits on travel, mobility, and globalization: only if less harmonization can be connected to contained vector movement, in other words, can isolationism or international antagonism be seen as helping contain the spread of infectious diseases. In the same way, many would claim that the climate, air quality and environmental agendas have been paradoxically advanced through pandemic lockdown limits placed on the rapidly accelerating trends of commercial globalization.

Moreover, in an age where rising nationalism may have promoted less cooperation between nations and supranational organizations -- and greater associated tension in some bilateral relations -- information flows may have been weakened; trust amongst states may have declined. For example, in the case of the ongoing pandemic, Chinese officials confronted some global leaders (and vice versa), while other national and supranational organizations have criticized Chinese officials for their initial outbreak response in Wuhan.

Such criticism put China on the diplomatic offensive, with the Chinese government both requesting other states and organizations to temper criticism and rightly presenting their efforts later in the epidemic as ground-breaking. Yet related problems in objective and timely information sharing may have made epidemic surveillance and preparedness difficult for states, particularly for those countries that have more exposure to those international forces that bind them to higher levels of economic and human mobility.

Yet, promoting a form of "international social distancing" may therefore help to contain some of those vectors. However, the success of those measures is contingent upon both the nature of the epidemic, and related known information. In the 2014 West Africa Ebola outbreak, for example, patients presented with symptoms between two and twenty-one days after contact with infected people: information sharing and knowledge transfer at the earliest stages thus became a key function. Yet such ostensibly straightforward cooperative elements are not necessarily easy.

International Mobility Implications

From international relations perspectives, therefore, states have an incentive to cooperate if their goal is to protect and benefit their populations and the planet more broadly. Yet there is a related need to reexamine the risks of global mobility -- at least in terms of the mass movement of populations for economic and political migration -- which can not only place highly demanding housing, shelter and welfare demands on host nations, but also may be linked with a host of public health problems.

In this regard, it remains to be seen if the current pandemic will create a new normal in which future policies implement restrictions -- not on international business, professional development, or diplomatic or trade-related missions; nor necessarily on tourism, leisure or personal travel -- but on mass labor population movements worldwide. If our reactions to past transnational outbreaks are any indication, sustaining such elements of lockdown seems both improbable and unsustainable: as long as the free market is in operation in the realm of low-cost and increasingly deregulated international transportation, only the imposition of stricter visa or screening requirements, for example, can be considered a useful tool from the public health perspective.

If such restrictive policies were to be enacted in the long-term, related disruptions in trade, such as the closing of seaports and airports, may also prevent vital supplies from getting to the places that need assistance. Such apparently clear remedies may thus pose serious economic consequences on a global level, as well as for countries that are (for example) trade dependent, or heavily reliant upon tourism as a source of national income – despite the above-referenced environmental benefits of international travel curtailment.

Many such nation-states may also face significant epidemic-related challenges that relate to their economic and population security. Declines in demand and production can displace workers and decrease or reverse economic growth, as in West Africa during the Ebola epidemic: if such threats make their way to more rural and agricultural areas, food supplies are also compromised, as workers fall ill. In the same way, the current pandemic has exposed the danger of dependence on international supply chains for critical products; as nation-states compete more for medical equipment and supplies, international demand and prices increase for both the products, and the materials needed to make them.

Beyond even the political and the economic, human mobility in the form of refugees and internally displaced people (IDP) also poses specific quandaries in the contemporary context. The nature of refugee and IDP camps are inherent flashpoints for viral transmission; limited access to health care, crowded living conditions, and the destruction of health infrastructures in war leave refugees and IDPs highly vulnerable to many kinds of infection. Should epidemiology take primacy, states have less incentive to cooperate with other countries and global institutions in absorbing displaced populations – a development that is to be feared, both on strategic and humanitarian grounds.

However, curtailing optional forms of international human mobility may yet be the most benign and effective action from a public health emergency perspective. Thus, with the exception of refugees escaping persecution and war, there is a need to reexamine the risks associated with both political and economic migration. The former has been a facet of many war-torn areas such as Syria, Afghanistan, Myanmar, and South Sudan; much of the latter has been a keystone facet of both malign and benign global economic expansion, with international labor movements occurring more rapidly -- and across greater distances -- than during any other historical period.

Epidemics and Security

Security considerations, as well, pay into this debate. Does neo-isolationism increase or threaten global security; in the three-way nexus between epidemics, national and international security, and international relations, what are the implications for each in adjusting to the other? Good international relations improve security through greater identification with our fellow humanity, exchanges of ideas, and economic, trade, political and social collaboration – in economics terms, the laws of absolute and comparative advantage. But, what happens when public health issues strain both international relations and security at the same time:

what are the thresholds and trade-off points at which the latter is no longer served by the former, but instead becomes a threat? In such situations, does tighter border security also improve international security?

Once nations have ensured internal stability, for example, will they begin to look outward to assist their allies? Would allies with uncontrolled outbreaks receive the same treatment as enemies; to what extent do geo-strategic elements come in to play? And, given these considerations, what are the implications for non-permissive international intervention epidemic control efforts? More broadly, in an epidemic environment that includes an economic crisis, would humanitarian assistance be delivered as normal -- or would any such assistance be impersonal, remotely-delivered, and tokenistic?

Whatever the scenario, there appears to be little possibility that the current pandemic will have a benign effect on domestic or regional security apparatuses. Internally, socially stigma towards those who test positive for the virus or those from highly-affected areas has been documented; in the United States, both Asians and Asian Americans have been subjected to prejudice. These unnecessary and even paranoid views feeds a virulent xenophobia between and within nations that may continue to grow, with large or small-scale social groups (from communities or countries) viewing visitors or strangers with an increasing degree of fear and suspicion. Thus, while transnational outbreaks logically constitute a threat to international relations and regional security, they also provide an opportunistic excuse to take unjustified and unfair action.

Smart Power and Epidemic Control

To return to territorial considerations: should a hostile nation with an epidemic outbreak necessarily face infringements on national integrity or sovereignty from other nations intent on preventing an international transboundary pandemic; the doctrine of non-permissive international defensive (or pre-emptive) humanitarian intervention? If so, to what extent should soft and hard power be deployed in this context; what are the associated regional and global stability risks? Would such globally-protective, but sovereignty-threatening, steps -- even if United Nations sanctioned -- be considered acts of war, or would the *vox populi* in afflicted nations understand and support the intervention?

One of the factors contributing to the successful containment of the 2014 West African Ebola outbreak was cohesive international relations and diplomacy, combined with military assistance. It is unlikely that this approach, in the current international climate, would have prevented COVID-19 from leaving China to (at

least temporarily) destabilize the world. Clearly, the military has a logistical role – but often soft-power and international relations are just as effective as hard power when it comes to addressing health security, or when combined military and diplomatic humanitarian engagements take the form of 'smart power'.

Such joint efforts parlayed into military operations other than war (MOOTW), have a proven and effective track record in the public health, emergency response, and epidemic control realms. Such efforts also override demands to transfer defense funding into aid that are highly unlikely to be fulfilled; instead, resources of the former are channeled directly into joint security and global health efforts. With the military as a well-established (though occasionally reluctant) "911 Force" for humanitarian crises and disaster response, it is money well spent: no one can get to epicenters or construct *cordon sanitaires* faster -- along with providing associated communications, surveillance, air support, and logistics. Thus, while pandemics may contain regional expansionism, generate new military roles, or force countries to turn inward, they also have dramatic impacts on other aspects of international relations and security (Table 1).

Table 1: Pandemic issues as they relate to international relations and security

International Relations	**International Security**
- Secure essential resources and supply chains (e.g. pandemic supplies) - Border closures - Travel restrictions to and from affected countries - Citizen evacuation and airlift - Expulsion of foreign workers - Cancellation of migration programs - Suspension of visas - Banning international travel from certain countries	- Telework and exposure to cyber vulnerabilities - Tighter border management - Managing travel quarantine - Monitoring foreign travel - International contact-tracing - National hoarding and price hiking - Lack of transparency and denial - Geopolitical maneuvering through opportunity exploitation - Blame gaming - Disinformation in an uncertain environment - Disease migration

• Banning international sport and events • Humanitarian assistance and disaster relief	• Determining causal, crisis-origin circumstances • Humanitarian assistance and disaster relief • Reductions in transnational crime and trafficking

A Need for National and Supranational Epidemic Governance Evolution?

Logically, epidemic and pandemic control efforts necessitate the existence and funding of competent international or supranational bodies or initiatives that are completely detached from political bias, favoritism, and corruption. The World Health Organization (WHO) may yet require a significant overhaul to rid itself of accusations of biased approaches and limited leadership capacity, and to warrant continued support from all nations – though many would claim it has been placed, in a no-win situation through a combination of current and prior circumstances. Yet -- other than via proportionate funding -- how can such supranational bodies regain credibility, and make certain of their roles as impartial arbiters of health?

The extent to which other related global relationships, national entities, and supranational organizations have performed in the current case will only be clear in retrospect: it will quite possibly emerge that a combination of right- and left-wing polices – cherry-picking elements of travel and visa restrictions, greater health security and diplomacy investments, and other defensive and protective policy aspects from the two highly divergent sets of agendas -- will be the guiding paradigm for the decades to come. Despite the mutual antipathy between contemporary political perspectives in the United States, there are elements of each agendas -- what has been called bipartisanism, or post-partisanship -- that will be crucial to the future of humanity. Taking this forward in a proactive, positive, and productive manner requires that neither side be vilified.

Yet are public health arguments enough, in themselves, to justify neo-isolationist policies and associated connotations or accusations of quasi-Luddite regressiveness; in reality, can either pandemics or globalization be controlled by human efforts? How do we balance risks associated with vector mobility versus global equality and freedom of movement -- or are the two issues only spuriously connected, anyway? In the same way, if greater political authoritarianism results in better epidemic control -- witness the governments of Hungary, Poland and many other countries to less extensive or implicit extents -- can this be considered

acceptable if such steps create international tension? Once again, we must ask: what is the price we are willing to pay for public health, in the security and diplomatic contexts?

Political Implications

Politically, international tensions naturally heighten if states blame each other for pandemic spread. Similarly, political leaders who become infected can disrupt political decision making while also increasing uncertainty about the leaders' capabilities within the country; Iran's leadership has recently been severely compromised in this manner. In the same way, infected military personnel can compromise troop readiness and combat effectiveness: the appearance of the epidemic on board the aircraft carrier USS Theodore Roosevelt crippled its operational capacity, with 840 of 5,000 crewmembers testing positive for the virus.

Similarly, in the political-epidemic context the risk of xenophobia amongst states may all the while continue to grow. As nation-states blame each other, political entrepreneurs seeking power advantages within their own states can use epidemics to gain support within their national political arenas; thus, while Iran's leadership has come under stress without revolution, other regimes may choose to manipulate circumstances to crack down on dissent, or engender nationalist sentiment.

At the domestic level, the inability of nation-states to curtail an epidemic or pandemic effectively can also lead to perceptions amongst the public that the ruling regime may be ineffective or unable to confront the challenges they pose. Such problems are not unfounded in recent crises: throughout the Ebola outbreak in West Africa, the limited capacity of all three governments -- Guinea, Sierra Leone, and Liberia -- to contain the epidemic effectively led to violence and protests, eventually requiring a large-scale external intervention to help contain spiraling instability in all three countries.

In the case of Guinea, the country's perceived *laissez-faire* response caused European and American governments to lose confidence in local ability to control the worsening situation. All of these reactions called into question many governments' abilities (and even their legitimacy) to manage the problems that public health emergencies present. In contrast, the so-called "temporary authoritarian measures" instituted by Taiwan, South Korea, and Singapore quickly controlled down the spread of the contagion in the current context. Yet is neo-authoritarianism and associated human security issues any more benign, in the long term?

Whatever the answers, most likely there will have been, looking back, opportunities for different approaches that might have contained the current epidemic more effectively. Ironically, it is only through international relations, communications and transparency that both health and security can be advanced, even if this diplomacy requires the unpleasant discussion of measures that further isolate countries from each other in the interests of public health and – sometimes, but not always -- international security and stability.

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