Global Covid-19 Responses Through a Critical Security Studies Perspective

On the 19th of March 2020, Australian Prime Minister Scott Morrison announced the closure of Australia's borders to all non-residents and non-citizens in response to the COVID-19 pandemic (Murphy & Karp 2020). The Prime Minister's decision was in-line with the actions of other leaders, as states attempted to control the spread of infection through travel restrictions (Pillinger 2020). However, a core tenet of the World Health Organization's (WHO) 2005 revision of the International Health Regulations was to find ways to combat the international spread of disease which "avoids unnecessary interference with international traffic and trade" (World Health Organization 2005, p.1). Subsequently, the WHO has continually advised against state-based travel restrictions during the COVID-19 pandemic (Ferhani & Rushton 2020, p.3). While the geopolitics of recommended measures is complex, the varying responses between the WHO and states illustrates a divide in COVID-19 responses.

This essay will argue that the current COVID-19 response is dominated by traditional security notions of state-centrality, which despite some possible short-term benefits, fundamentally fail to understand the broad implications of the pandemic. By viewing the current global response in the lens of Critical Security Studies (CSS), it is clear that only a shift toward human security will allow for a full COVID-19 recovery, wherein all people are free of wants. This essay will not attempt to provide specific policy solutions to all the various COVID-19 challenges. Instead, by demonstrating the prevalence and problems of a state-based approach in border restrictions, medical stockpiling, national security framing and domestic policy, it will be made clear that the only cure of the interconnected ramifications of COVID-19 is emancipating all individuals using a transnational framework.

Critical Security Studies and Human Security

Critical security studies (CSS) developed as a broader, non-traditional form of security in response to the realist, state-centric notions of security which dominated international relations thought throughout the Cold War (Ferhani & Rushton 2020, p.5). CSS is a broad school, united in critique and analysis of the traditional realist state prioritisation (Williams 2005, p.136). However, it can also be recognised as a distinct theoretical articulation, derived from Ken Booth's Welsh School of emancipatory realism. In this sense, CSS is defined by a commitment to the project of emancipation, which Booth describes as the "contested heart" of CSS (Booth 2005, p.181). Booth defines this emancipation as being "the freeing of the people (as individuals and groups) from those physical and human constraints which stop them carrying out what they freely choose to do" (Booth 1991, p.319). Furthermore, Booth's analysis of traditional theory lead to him defining security as "the absence of threats" (Booth 1991, p.319). Specifically, Booth argues that despite realist claims of security being found in the Cold War era prioritisation of military power and order, the disregard for the plight of the individual led to a level of instability, demonstrated by the fall of the Soviet Union. Importantly, these two concepts of security and emancipation are regarded as the same. As Booth articulates, "emancipation, theoretically, is security" (Booth 1991, p.319). Ultimately, this broadens the notion of security to include concepts which constrain individuals from doing as they choose, as well as changing the referent object of security. Therefore, issues such as disease and poverty are understood as security issues, not because they limit state military ability, but because they impede individuals. This Welsh School understanding of CSS theory leads to the notion of human security which should be prioritised in the COVID-19 recovery.

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The concept of human security shares many similar ideas of security with Booth's CSS, yet it is not the same. The United Nations Development Programme's (UNDP) 1994 Development Report is seen as the first clear articulation of human security (Acharya 2017, p.481). The report defines human security as encompassing economic, food, health, environmental, personal, community and political concerns (United Nations Development Programme 1994, p.24-25). This is then similar to the broadening of security undertaken by Booth's CSS scholarship. Furthermore, the report also shares similarities with Booth in defining human security as being "people-centred" rather than focused on states (United Nations Development Programme 1994, p.23). However, while being grounded in the core principles of individualistic emancipation of CSS, human security differs in being distinctly policy orientated (Newman 2010, p.77). The mantle of human security has largely been taken up by states, as Booth criticised it for simply allowing governments "to tick the 'good international citizen' box of foreign policy" (Booth 2007, p.323). Human security is a divided concept, with differing views on its scope. On one hand, Canada and some Western governments adhered to human security defined by a 'freedom from fear' (Acharya 2017, p.484). Freedom from fear is defined by security approaches which minimise the human toll of violent conflicts, such as landmine treaties (Acharya 2017, p.484). Comparatively, Japan and the UNDP report are concerned with a 'freedom from want' (Acharya 2017, p.484). This is broader than the concept of freedom from fear, addressing non-violent threats to the individual such as poverty, based on an interconnected understanding of human development (Acharya 2017, p.484). Overall, human security is defined by a commitment to policy solutions to a broad range of issues affecting the individual, regardless of state borders. By understanding the intricacies within CSS and human security approaches, the global response to the COVID-19 pandemic can be fully understood.

COVID-19: A Retreat to the State

While the WHO has called for a global COVID-19 response, the pandemic has prompted a traditional state-centric approach, illustrated by border closures, national militaristic framing, stockpiling and state economic stimulus. 194 countries have implemented some form of travel restriction because of COVID-19 (Lee et al. 2020, p.1593). Notably, Australia and New Zealand have implemented strict border measures, which appear to have led to a relative success in containing COVID-19, particularly compared to other states (Ferhani & Rushton 2020, p.3). New Zealand was even able to lift all domestic COVID-19 measures as early as June 2020, while cases still rise globally (Graham-McLay 2020). Australia's travel measures have also earnt praise for minimising new cases to under 20 a day in June, by focusing on the two-thirds of cases which are sourced internationally (Duckett & Stobart 2020). Yet this approach is still somewhat flawed. For one, quickly closing borders resulted in a rush of travellers looking to return to soon to be closed off states (Saunders 2020). In the case of the United States, President Donald Trump's March announcement that he was "suspending all travel from Europe to the United States" led to US citizens rapidly returning beforehand, leading to massively congested bottlenecks of travellers in airports that created ideal conditions for COVID-19 superspreading events (Saunders 2020). In addition, the sudden imposition of US border closures as a first choice option did not allow local authorities to implement quarantine guidelines for travellers, thereby essentially funnelling large numbers of high-risk individuals directly into communities at once, leading to the disproportionate spikes in hospitalisations and deaths such as those which occurred in New York in April (Saunders 2020). Furthermore, studies have shown travel measures alone may only have a "limited effect" in securing pandemic health (Perl & Price 2020, p.560). Given the fact that both Australia and New Zealand implemented other strong lockdown measures, solely crediting border restrictions in containing the immediate COVID-19 risk, is misplaced and short-sighted, leading to damaging militaristic nationalism.

The militaristic response of world leaders further demonstrates a global retreat to traditional, state-centric forms of security. Stefan Elbe (2012) argued that state responses to diseases were representative of a "medicalization of insecurity" (Elbe 2012, p.320). Rather than pursuing global health, states have framed the issue in the lens of national security (Elbe 2012, p.321). The neo-realist approaches of state centrality can be seen in the stockpiling of drugs in order to provide security for the state, rather than for all people across borders (Elbe 2012, p.321). While the WHO emphasises global health cooperation, the medicalization of insecurity has led states to pursue state-first resource stockpiling in the name of national security (Ferhani & Rushton 2020, p.2). Similarly, as COVID-19 grew as a security threat, states scrambled to obtain protective masks, testing kits and ventilators for their own populations, with little regard for individuals outside their borders (Chadwick 2020). Australia is again an illustrative example. Health Minister Greg Hunt proudly told media that Australia had secured 58 million protective face masks, with little

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regard for COVID-19 protective needs internationally (Hunt 2020). The army was also called in to produce medical equipment within Australia, demonstrating a mercantilist and militaristic response (Burgess 2020). In the United States, President Trump demonstrated his state-centred doctrine by limiting the exporting of American medical equipment to other nations in need (Chadwick 2020). Clearly, this decision could have unconscionable effects on the health security of those outside of US borders. Furthermore, the continued spread of COVID-19 outside state borders allows for high outbreak risk in the long term, regardless of domestic containment. This is most clearly demonstrated in the second wave of COVID-19 infections in Australia, which stemmed from returning travellers spreading COVID-19 to quarantine workers in the state of Victoria (Coate 2020, p.9). This is despite initial virus suppression and strict border controls which implemented 14-day periods of mandatory facility-based quarantine for travellers. With COVID-19 being able to breach even these strong state isolation measures, WHO Director-General Tedros Adhanom is correct in arguing "no country will be safe, until we're all safe" (United Nations 2020c). These long-term risks and inhumane disregard for non-citizens demonstrates the flaws of a traditional state-centric approach.

While securitization theory may place more emphasis on speech acts in comparison to Booth's CSS, the perspective adds to the broader CSS critique of state-centrality in the age of COVID-19. The COVID-19 response has become militaristic (Musu 2020). Donald Trump has described himself as "war-time president" and New York Governor Andrew Cuomo described healthcare workers as "the soldiers in this fight" (Musu 2020). These speech acts allude to a retreat toward traditional approaches to COVID-19 insecurity. This militaristic framing has allowed some states to use the guise of national security to attempt authoritarian power grabs (Musu 2020). For example, Hungarian Prime Minister Viktor Orban used COVID-19 to push through legislation which gives him sweeping power for an indefinite period (Tharoor 2020). CSS understands this political oppression leads to long term instability, as seen in the collapse of the Soviet Union (Booth 1991, p.319). Therefore, traditional security approaches cannot lead to long-term security as "true (stable) security can only be achieved by people or groups if they do not deprive others of it" (Booth 1991, p.319).

A critical analysis of international security also reveals the implications of domestic actions, which traditional theorists often ignore (Baldwin 1995, p.131). By understanding the relevance of domestic measures, the fiscal stimulus provided by various governments demonstrates the increased role of the state in security. In the case of Australia, direct government fiscal stimulus is equivalent to approximately 6.9% of GDP (Australian Government 2020). The IMF and the OECD both recommended states pursue fiscal stimulus, enlarging the state role in propping up the global economy (Khadem 2020; Elliot 2020). While this domestic policy is emblematic of the state-centred views of actors, it also alludes to a recognition that COVID-19 has greater security implications.

Human Security: A Better Understanding of COVID-19

The current state-centric retreat is problematic as it ignores the wide and interlinked repercussions of COVID-19. Security must be understood as only being obtained once all threats to the individual are absent (Booth 1991, p.319). Currently, while states such as Australia may have dealt with infection threats relatively well, broader challenges remain. As alluded to, the economic impact of the virus is widespread and severe. Social distancing measures have led to higher unemployment and a predicted global recession of 3% in 2020, minimising economic development (International Monetary Fund 2020, p.7). Food security has worsened as supply chains become increasingly disrupted by lockdown measures (United Nations 2020a, p.2). The 135 million people categorised as being in a "crisis level" of chronic food insecurity could double by the end of the year thanks to COVID-19 (United Nations 2020a, p.2-3). Also, while there have been some short-term improvements in pollution, environmental security has worsened as international climate change resolutions have been pushed back (Sagris 2020). Personal and community security has also worsened thanks to state-first border closures and militaristic rhetoric, which have led to a rise in discriminatory attacks on minorities (United Nations 2020b, p.6). Ferhani and Rushton also strongly argue discriminatory bordering practices can be seen in the Wuhan evacuations, in which states arranged flights out of the pandemic epicentre to "rescue" strictly citizens, regardless of multinational families (Ferhani & Rushton 2020, p.14). Ferhani and Rushton identify this practice as "prioritization of nationalistic responses over collective ones" (Ferhani & Rushton 2020, p.14). Finally, political security has worsened given the power grabs of authoritarian leaders and discriminatory practices undermine basic human rights to expression and dignity (United Nations 2020b, p.8). In addition to the obviously impacted health security, these areas represent the seven elements of human security

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which targets the individual's emancipatory need for freedom from want (United Nations Development Programme 1994, p.24-25). Importantly, these areas are interlinked and perpetuate each other (Acharya 2017, p.489). For example, poorer political and human rights security will add to the personal insecurity of many minorities in countries like the US, UK, and Australia. The UN identifies political oppression as leading to higher tensions, potentially provoking intrastate violence (United Nations 2020b, p.8). Similarly, human development reductions can perpetuate violent conflict as populations grow dissatisfied, thus increasing overall insecurity (Acharya 2017, p,490). Acharya argues "there is an interactive relationship between armed conflict and non-violent threats to human security such as poverty and disease" (Acharya 2017, p.490). The state-first responses of some fails to recognise this connection to long-term instability.

Therefore, the future COVID-19 recovery needs to be based on a framework which understands these globalised interlinkages. In 2001, the WHO released a report on global epidemic response (World Health Organization 2001, p.1). The report understands that "infectious disease events in one country are potentially a concern for the entire world" (World Health Organization 2001, p.1). It argues no country can close borders as a main defence to disease, given the claimed ineffectiveness of the measure and the severe disconnection from the global economy (Ferhani & Rushton 2020, p.6). Arguably, the cases of New Zealand and Australia have brought the assertion of ineffectiveness into question (Ferhani & Rushton 2020, p.8). However, both nations have already taken a significant economic hit, the long-term sustainability of which is unclear (Ferhani & Rushton 2020, p.8). Furthermore, it is important to recognise that places such as Hong Kong have not implemented strict border closures yet have contained COVID-19 relatively well using monitoring measures (Saunders 2020). Thus, it may be too early to attribute short-term COVID-19 containment to border controls (Ferhani & Rushton 2020, p.9). Additionally, protectionist approaches widen the gap between rich, Western nations and poorer effected nations (Lee et al. 2020, p.1594). Border restrictions can limit shared medical support, hampering response efforts in the developing world and pushing back true global health security (Lee et al. 2020, p.1594). For example, the 2001 WHO report and subsequent 2005 International Health Regulations (IHR) also recognised the economic linkages between border closures and reporting outbreaks. Specifically, it recognised that if border restrictions were used as a first response, states would be incentivised to not report disease outbreaks given the economic ramifications of travel measures (Ferhani & Rushton 2020, p.15). The 2003 SARS outbreak outlined this clearly.

SARS was similar to COVID-19, although it was not as transmissible, a limitation which potentially saved the globe from a similar catastrophe (Wilder-Smith et al., p.102). However, there are some lessons to be learnt from SARS. Importantly, China was slow in reporting the outbreak, delaying crucial rapid responses (Elbe 2010, p.167). David Fidler (2003) argued the reluctance of China to report to the WHO stemmed from China acting "Westphalian in a post-Westphalian world", meaning they did not account for globalization (Fidler 2003, p.490). The WHO understanding of this delay is visible in the 2005 IHR, which removed the incentive to hide disease by attempting to reduce border restrictions and argues the importance of global health in a globalized world. However, during COVID-19, China has been substantially criticised for again failing to adequately report the outbreak (Riordan & Wong 2020). Given this, it is clear that the WHO regulations need reform. However, the WHO response to SARS appears to be considerably more effective in comparison to the COVID-19 state retreats. While China has a lot to answer for by repeating similar mistakes, the state-based retreat of others ignores the SARS post-Westphalian understanding, perpetuating flawed isolationism in a globalised world. Whilst Donald Trump is critical of the WHO, he fails to recognise that the solution to COVID-19 and future pandemics is found within the post-Westphalian, human-centred order it represents.

In the case of SARS, the WHO issued travel advice regarding a Canadian outbreak, despite Canadian government objections (Elbe 2010, p.169). However, this advice was reasoned, measured and far lighter compared to the unhelpful COVID-19 border closures implemented by various states. Thus, the WHO understands travel measures can be useful and it implemented mechanisms in the 2005 IHR which recommend certain measures and allowed a forum for states to justify border measures which exceed advice (Ferhani & Rushton 2020, p.7). Yet the current state-based COVID-19 response goes far beyond necessary border measures by negatively affecting crucial medical exports (Ferhani & Rushton 2020, p.12). Thus, with 774 SARS deaths, compared to 2.1 million reported COVID-19 fatalities as of mid-January, the recovery should therefore adopt a similarly transnational WHO-oriented approach (Gutiérrez 2020; Elbe 2010, p.168). However, the high transmissibility of COVID-19 is a major difference between

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pandemic impacts, meaning COVID-19 should be responded to with greater emphasis on global mitigation rather than state-based containment (Wilder-Smith 2020, p.102).

However, human security is often flippantly disregarded as being "too broad", encompassing such variety that policymakers cannot produce meaningful initiatives (Acharya 2017, p.493). Even within CSS, human security is commonly regarded as simply providing states with a transnational policy tool, lacking the critical analysis of CSS scholars (Newman 2010, p.77). However, COVID-19 cases continue to climb globally, particularly in developing areas of Latin America (Boadle 2020). With developing nations typically using higher density housing, poor hygiene and weaker health systems, COVID-19 has the potential to induce particularly devastating effects on these poorer people, exacerbating poverty and other forms of human security (Akiwumi & Valensisi 2020). Clearly, individuals will not be emancipated from the various threats of the disease in the long-term, regardless of short-term state-isolation benefits. Therefore, a broad policy response is required, despite the idealistic grandstanding of critical scholars and the misguided isolationism of traditional security adherents.

Conclusion

In conclusion, the current response to COVID-19 has been a traditional state-centric and militaristic approach. Border closures affecting trade and movement, national security framing, and the enlarged role of the state in propping up the global economy is emblematic of this retreat to statism. However, this is problematic. Although certain state-centric measures may arguably combat short-term COVID-19 insecurity, COVID-19 does not just affect the mortality of a state. Rather, it has wide ranging interconnected implications to human development which will continue to promote insecurity across borders for years ahead. Even powerful individual states like the US, UK, and Australia cannot become secure from the pandemic's various implications until all individuals across the globe are emancipated from its affects, given the lingering potential for outbreaks in the future and inherent reliance upon the globalized world. By focusing an international human response more closely toward the WHO's concept of global health, the entire array of insecurities individuals face will be more appropriately addressed. Although such a broad response may seem less achievable, a human security approach would more adequately address the wider insecurities of COVID-19.

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Written at: Swinburne University of Technology
Written for: Christine Agius
Date written: June 2020