THE CONSEQUENCE OF COVID-19: HOW THE UNITED STATES MOVED FROM SECURITY PROVIDER TO SECURITY CONSUMER

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A little more than two months after the COVID-19 pandemic first entered the consciousness of most Americans, former US Ambassador to the UN Samantha Power boldly declared on the editorial pages of the New York Times that ‘the United States leads no matter what it does’.1 Whatever actions it takes, she claimed, others follow. The implication was clear: if the United States did not lead well, then it and large swathes of the globe would be devastated—in terms of both public health and economic prosperity. Other commentators chimed in, expressing doubts that an administration committed to an ‘America First’ grand strategy could muster the resources to lead the global fight while simultaneously defending the American people and economy.2 One of the nation’s most distinguished diplomats, William J. Burns, speculated that:

To regain our footing after the pandemic and avoid fumbling what’s left of our primacy, American leaders will have to avoid the snares and delusions of the post-pandemic world. Most dangerous among them is the Trumpian hubris of ‘America first,’ the reckless conviction that American power is best served unilaterally, unencumbered by allies who only take advantage of us or the enlightened self-interest that has animated US statecraft at its best.3

President Trump was predictably oblivious to any contradictions. First, after minimizing the threat posed by COVID-19, he resorted to a traditional American position when faced with an international crisis: he claimed the mantle of a wartime president,4 later encouraging Americans to think of themselves as ‘warriors’. On Twitter he pledged that:

With the courage of our doctors and nurses, with the skill of our scientists and innovators, with the determination of the American People, and with the grace of God, WE

* The authors wish to thank Andrew Dorman, Rebecca Lissner, Frank Smith III and three anonymous reviewers for their comments. We also thank Rachael Shaffer for her excellent research assistance.

1 Samantha Power, ‘This won’t end for anyone until it ends for everyone: and even with Trump in office, other countries will take their cues from America’, New York Times, 7 April 2020, https://www.nytimes.com/2020/04/07/opinion/coronavirus-united-states-leadership.html. (Unless otherwise noted at point of citation, all URLs cited in this article were accessible on 22 July 2020.)

2 Philip H. Gordon, “‘America First’ is a dangerous fantasy in a pandemic’, Foreign Affairs, 4 April 2020, https://www.foreignaffairs.com/articles/2020-04-04/america-first-dangerous-fantasy-pandemic.

3 William J. Burns, ‘A make-or-break test for American diplomacy’, The Atlantic, 6 April 2020, https://www.theatlantic.com/ideas/archive/2020/04/a-make-or-break-test-for-american-diplomacy/609514/.

4 Ronald Brownstein, ‘Why Trump wants to be seen as a “wartime” president’, CNN, 24 March 2020, https://www.cnn.com/2020/03/24/politics/fault-lines-trump-coronavirus-wartime-president/index.html.
WILL WIN THIS WAR. When we achieve this victory, we will emerge stronger and more united than ever before.\textsuperscript{5}

Then, within days, he declared that the United States would produce so many ventilators it might be able to export them to the United Kingdom, Germany, Spain and Italy, implicitly reasserting some kind of American global leadership.\textsuperscript{6}

This claim was made in the face of evidence that the increasingly precious national stockpile of personal protection equipment (PPE) had actually dwindled as the administration had ignored warnings and exported face masks to China in the early days of the crisis.\textsuperscript{7} By late June the president was paying a political price as his Democratic opponent in the forthcoming election was charging that ‘Our wartime president has surrendered.’\textsuperscript{8}

Was the criticism justified—and, if so, what are the consequences? This article will help explain how the United States arrived at a point where a prominent American politician and presidential candidate could credibly claim the nation was surrendering to a deadly pandemic. More importantly, it will examine the potential implications of the nation’s failed COVID-19 response for American grand strategy and America’s global role in the post-COVID-19 world.\textsuperscript{9} The first section will briefly describe the impact of the pandemic on the United States. The second, looking beyond the evident failings of the Trump administration, will identify three long-term contributory factors to American ill-preparedness, including how the American national security establishment has thought about (or omitted to think about) the challenges posed by large-scale outbreaks of infectious disease transmitted across national borders. We will then review the responses of American presidential administrations from Ronald Reagan to Donald Trump. Finally, we will address the implications of the lack of preparedness and crisis mismanagement for the long term. We argue that one major consequence is that the United States now finds itself in an unaccustomed position. Instead of being a provider, a guarantor, of security for others, it is now a consumer of security, dependent on the support of other states, at least in the realm of naturogenic threats like pandemics. As we explain, this dependency is unlikely to change in the short to medium term.

\textsuperscript{5} Cited in Harry Stevens and Shelly Tan, ‘From “It’s going to disappear” to “WE WILL WIN THIS W AR”: how the president’s response to the coronavirus has changed since January’, Washington Post, 31 March 2020, https://www.washingtonpost.com/graphics/2020/politics/trump-coronavirus-statements/.

\textsuperscript{6} David Shepardson and Ben Klayman, ‘Trump tells GM: stop “wasting time”, build ventilators to address coronavirus’, Reuters, 27 March 2020, https://www.reuters.com/article/us-health-coronavirus-trump-general-motor/trump-tells-gm-stop-wasting-time-build-ventilators-to-address-coronavirus-idUSKBN21E1J6.

\textsuperscript{7} Juliet Eilperin, Jeff Stein, Desmond Butler and Tom Hamburger, ‘US sent millions of face masks to China early this year, ignoring pandemic warning signs’, Washington Post, 18 April 2020, https://www.washingtonpost.com/health/us-sent-millions-of-face-masks-to-china-early-this-year-ignoring-pandemic-warning-signs/2020/04/18/55f4a-775f3-11ea-8011-1b6a0e42ab87_story.html?utm_campaign=wp_post_most&utm_medium=email&utm_source=newletter&wpisrc=sl_most.

\textsuperscript{8} Eric Bradner, ‘Biden slams Trump on coronavirus: “Our wartime president has surrendered”’, CNN, 30 June 2020, https://www.cnn.com/2020/06/30/politics/joe-biden-speech-today/index.html.

\textsuperscript{9} Daniel W. Drezner, ‘Immature leadership: Donald Trump and the American presidency’, International Affairs 96: 2, March 2020, pp. 383–400; Joseph S. Nye, Jr, ‘The rise and fall of American hegemony from Wilson to Trump’, International Affairs 95: 1, Jan. 2019, pp. 63–80; Doug Stokes, ‘Trump, American hegemony and the future of the liberal international order’, International Affairs 94: 1, Jan. 2018, pp. 133–50.
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COVID-19 in the United States

Trump repeatedly boasted that the US government was taking suitable steps, the pandemic was under control and COVID-19 would soon disappear. But that rhetoric clearly didn’t reflect either the administration’s behaviour or America’s situation. If the United States was waging a war, it was clearly in retreat. By the end of the first ten days of April, 1.76 million people across the world had contracted the virus and over 107,000 of them had died. At that point, the US had 521,714 confirmed cases and over 20,000 deaths. Its population, amounting to 4.2 per cent of the world total, in April accounted for nearly 30 per cent of the world’s COVID-19 cases. There were more confirmed cases in New York state in early April than in any other country in the world. Even at that point, epidemiological models predicted the pandemic would not peak in the United States for at least another six to eight weeks. Indeed, by early July the COVID-19 situation in the United States had deteriorated further; and the US, in terms of absolute numbers, was handling the pandemic far worse than any other country. With nearly 2.7 million cases and over 127,000 deaths by that point, the United States had suffered nearly twice as many cases and more than twice as many deaths as Brazil, the next most badly affected country.

The nightly updates in March routinely confounded Trump's repeated speculation that the country would be 'open for business' again by Easter. The American economy was shuttered. By late May unemployment claims had reached a historic peak, passing 40 million. There were widespread reports that agricultural producers were pouring milk down the drain and grinding crops back into the soil because of the loss of commercial demand, short-term inflexibility in refocusing on retail markets, and strains on delivery systems. Meanwhile, tens of thousands of Americans queued to receive free food, and those able to afford to buy it often found supermarket shelves empty as shortages developed. Systemically, global commerce also ground to a halt, disrupting supply chains for even essential goods such as medical equipment and pharmaceuticals. Americans scrambled to find

10 See e.g. Stephen Collinson, ‘Trump claims coronavirus is under control—contradicting reality and his own top expert’, CNN, 16 March 2020, https://www.cnn.com/2020/03/16/politics/coronavirus-us-president-donald-trump-fauci-politics/index.html; Anne Gearan, Brittany Shammas and Lateshia Beachum, ‘Trump administration says the epidemic is under control despite surges in the South and West’, Washington Post, 20 June 2020, https://www.washingtonpost.com/politics/trump-administration-says-the-epidemic-is-under-control-despite-surges-in-the-south-and-west/2020/06/29/bf6076be-b0bf-11ea-8cf3-9c1b0f8f4c6_story.html.

11 ‘Coronavirus: New York has more cases than any country’, BBC News, 10 April 2020, https://www.bbc.com/news/world/us-canada-52239261.

12 ‘United States’, Worldometer, 11 April 2020, https://www.worldometers.info/coronavirus/country/us/, accessed 11 April 2020.

13 Soo Kim, ‘U.S. has nearly a third of the world’s coronavirus cases’, Newsweek, 15 April 2020, https://www.newsweek.com/coronavirus-latest-us-cases-third-global-covid-19-infections-1497963.

14 Indeed, by late June the United States had over 127,000 confirmed deaths and the number of cases was still rising, even as some of its traditional allies saw steep declines: ‘United States’, Worldometer, 27 June 2020, https://www.worldometers.info/coronavirus/country/us/, accessed 27 June 2020. Projections then had the number of deaths reaching just below 180,000 by 1 Oct. 2020: ‘COVID-19 projections’ (Seattle: Institute for Health Metrics and Evaluation, 27 June 2020), https://covid19.healthdata.org/united-states-of-america.

15 ‘WHO coronavirus disease (COVID-19) dashboard’, data updated 3 July 2020, 6.36 p.m. CEST, https://covid19.who.int/?gclid=CjwKCAjwRVryy3BRAJEiwAwhOdzMqLJSclkZAowanwK7aKhdBnt2ZKAuvxAqm -RqOEStgAjUD_A_S_qiBoQzGqQvD_BwE, accessed 3 July 2020.
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face masks, sanitizer and disposable gloves, as hospitals faced acute shortages not only of these products but also, most crucially, of the ventilators required for life support.

Trump’s refusal to acknowledge the threat posed by COVID–19, despite warnings from China and the World Health Organization (WHO), exacerbated his inability to defend the country. One example of the depth of the problem was the Trump administration’s slow, and subsequently merely nominal, decision to invoke the Defense Production Act (DPA) of 1950. The DPA was essential in ensuring the production of medical equipment and medicine that were in short supply as the novel coronavirus both increased demand and disrupted supply chains. Eventually, the administration ordered General Motors to manufacture ventilators. But shortfalls of other necessary supplies, including items of PPE such as masks and swabs, persisted. Critics therefore suggested his eventual, albeit limited, use of the Act was both wrong and ineffectual. State governors, often criticized by the White House, assumed leadership positions as they pleaded with the Trump administration for assistance and complained of a system that resulted in them bidding against one another for PPE. The vacuum in presidential leadership was evident, the crisis exposing underlying fissures in the US system in terms of governance, capacity and preparedness.

This turmoil in America’s domestic affairs was matched in its global political and diplomatic leadership. Growing geo-economic competition with China, already at crisis point by the end of 2019, worsened. For electoral reasons, Trump and other Republicans recurrently invoked the theme of blaming China as a way of forestalling criticism of the administration’s flawed strategy. Trump initially banned travel from China, then (rather ineffectively) from parts of Europe. He insisted on referring to COVID–19 as ‘the Chinese virus’ (and later by the racially charged term ‘Kung Flu’), much to the chagrin of Chinese government officials, who responded by blaming the virus on the American military.

Trump also targeted the WHO, accusing it of failing to react appropriately to the emerging crisis, and even of ‘pushing China’s misinformation’.

16 Presidential memorandum, ‘Memorandum on order under the Defense Production Act regarding General Motors Company’, 27 March 2020, https://www.whitehouse.gov/presidential-actions/memorandum-order-defense-production-act-regarding-general-motors-company/.
17 Caleb Watney and Alex Stapp, ‘Trump is using the Defense Production Act all wrong’, Politico, 9 April 2020, https://www.politico.com/news/agenda/2020/04/09/trump-defense-production-act-175920.
18 See e.g. Jonathan Martin, ‘Trump to governors on ventilators: “Try getting it yourselves”’, New York Times, 16 March 2020, https://www.nytimes.com/2020/03/16/us/politics/trump-coronavirus-respirators.html; Alison Durkee, ‘The state-led scramble for coronavirus supplies is not going well’, Vanity Fair, 1 April 2020, https://www.vanityfair.com/news/2020/03/coronavirus-medical-supplies-shortage-state-scramble-federal-response.
19 Abraham Newman and Henry Farrell, ‘US and China are weaponising global trade networks: businesses and supply chains have become pawns in a strategic “quiet war”’, Financial Times, 1 Sept. 2019, https://www.ft.com/content/83ab8cd2-c99e-11e9-a446-b09f8b1e6000; Xiangfeng Yang, ‘The great Chinese surprise: the rupture with the United States is real and is happening’, International Affairs 96: 2, March 2020, pp. 419–38; Christopher Layne, ‘The US–Chinese power shift and the end of Pax Americana’, International Affairs 94: 1, Jan. 2018, pp. 89–112; Andrew B. Kennedy and Darren J. Lim, ‘The innovation imperative: technology and US–China rivalry in the twenty-first century’, International Affairs 94: 3, May 2018, pp. 553–72.
20 Katie Rogers, Lara Jakes and Ana Swanson, ‘Trump defends using “Chinese virus” label, ignoring growing criticism’, New York Times, 18 March 2020, https://www.nytimes.com/2020/03/18/us/politics/china-virus.html;
21 Rogers et al., ‘Trump defends using “Chinese virus” label’.

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Irony of his criticism was not lost on observers. Established in 1948 as a specialized agency of the UN system, the WHO had been a cornerstone of America’s own post-Second World War institution-building and was sustained by American financial contributions as the largest source of funding. Tedros Adhanom Ghebreyesus, the WHO’s director-general, responded to Trump’s comments with first a provocation—‘Please don’t politicize this virus … if you want to have many more body bags, then you do it’—and then a more diplomatic tone: ‘If we care about our people, if we care about our citizens, please work across party lines, across ideology, across beliefs’; and ‘That’s how we can defeat that virus … The worst is yet to come if we don’t rush to ensure the unity.’ Even these more conciliatory comments could not stop Trump from taking the unprecedented step of suspending US funding for the WHO, claiming that it was responsible for ‘severely mismanaging and covering up’ the spread of the virus.

America’s neighbours and key European allies also experienced the indignity of having their own shipments of PPE seized, with little explanation and on uncertain authority under either US domestic or international law. Early American foreign aid contributions to combat COVID-19 internationally—amounting to $225 million—compared poorly to Chinese and Russian government assistance, as each mounted a diplomatic offensive (although both those countries subsequently themselves ran into public relations problems). Further undermining a coordinated response was the fierce interstate competition for the resources necessary to combat COVID-19—a competition in which the US government and business community were well positioned. By late June, for example, reports were circulating that the United States had purchased the entire global stock and production of remdesivir, a possible ameliorative drug, for the next three months. Whatever little diplomatic goodwill towards the United States that had survived three years of the Trump administration diminished further. Despite a history of being at the forefront on issues of global health, American global leadership was clearly no longer an option, at least under the Trump administration.

22 Amanda Watts and Veronica Stracqualursi, ‘WHO defends coronavirus response after Trump criticism’, CNN, 8 April 2020, https://www.cnn.com/2020/04/08/politics/who-responds-trump-claims-coronavirus/index.html.
23 Nick Visser, ‘WHO chief says politicizing coronavirus will only lead to “more body bags”’, Huffpost, 9 April 2020, https://www.huffpost.com/entry/world-health-organization-coronavirus-trump_p_5e88cfd5b6b7812bbda.
24 Michael D. Shear and Donald G. McNeil, Jr, ‘Criticized for pandemic response, Trump tries shifting blame to the WHO’, New York Times, 14 April 2020, https://www.nytimes.com/2020/04/14/us/politics/coronavirus-trump-who-funding.html.
25 Ted Hessen, ‘US to seize exports of masks and gloves amid coronavirus crisis’, Reuters, 8 April 2020, https://www.reuters.com/article/us-health-coronavirus-usa-supplies/us-to-seize-exports-of-masks-and-gloves-amid-coronavirus-crisis-idUSKCN21Q30Q; Nahal Toosi, “Lord of the Flies: PPE edition”: US cast as culprit in global scrum over coronavirus supplies’, Politico, 3 April 2020, https://www.politico.com/news/2020/04/03/ppe-world-supplies-coronavirus-169565.
26 Sarah Boseley, ‘US secures world stock of key Covid-19 drug remdesivir’, Guardian, 30 June 2020, https://amp.theguardian.com/us-news/2020/jun/30/us-buys-up-world-stock-of-key-covid-19-drug?__twitter_impression=true.

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The final tipping point, and the consequence

The question of who is to blame for America’s disastrous response to the coronavirus outbreak will be adjudicated by the American public in the November 2020 presidential election. At first glance it appears obvious to apportion the blame for the United States’ inept preparation for, and response to, the pandemic solely to the lacklustre—critics suggest reckless—behaviour of the Trump administration. That clearly contributed, exacerbating the problem in a major, if not the decisive, way. But this—we contend—was only the tipping point.

The genesis of the inadequate American response dates back to three factors that we discuss in the next section of this article. The first is the assumptions and theories of American academics who dominate the debates on US grand strategy and thus help shape how the American people are prepared for, and have responded to, threats. Their definition of national security and prescriptions encouraged (and still encourages) policy-makers to ignore anthropogenic and naturogenic threats in favour of what they deem higher-priority kinetic ones, and, whether inadvertently or not, marginalized scholars working on the issue of the securitization of pandemics. It might seem reasonable to dismiss this as a marginal debate, unrelated to the realities of Washington policy-making. But many prominent scholars reinforce the prioritization of military, hard-core security threats, by both shaping and confirming the preferences of national security officials. Furthermore, several of these individuals became senior national security policy-makers, carrying their preconceptions into government.

The second factor, related to—indeed, implied by—the first, has been the policy choice of senior national security officials across successive presidencies, despite a series of warnings issued within their own administrations, not to emphasize the threat of pandemics in their national security strategies, budgets and organizational priorities. It is with no small degree of irony that a National Intelligence Council 2004 report, reflecting on the prospects for 2020 itself, noted that:

Some experts believe it is only a matter of time before a new pandemic appears, such as the 1918–1919 influenza virus that killed an estimated 20 million worldwide. Such a pandemic in megacities of the developing world with poor health-care systems—in Sub-Saharan Africa, China, India, Bangladesh or Pakistan—would be devastating and could spread rapidly throughout the world.

27 The issue of climate change is occasionally mentioned by academics in policy reports. See e.g. Michèle A. Flournoy and Shawn Brimley, eds, Finding our way: debating American grand strategy (Washington DC: Center for a New American Security, 2008), in which Robert J. Art lists climate change and pandemics as possible national security challenges (p. 32). Yet Frederick W. Kagan notes in the same report that while climate change should not be excluded from consideration, it should not be prioritized either (p. 70). More broadly reflective in rejecting the importance of climate change is an early piece on the issue by Daniel Deudney, ‘The case against linking environmental degradation and national security’, Millennium 19: 3, 1990, pp. 461–76. But, as Sara E. Davies notes, while both ‘statist’ and ‘globalist’ versions of International Relations have discussed the issue of public health, this line of enquiry has been associated more with the human security literature, critical theorists and non-US scholarship than with the core of realist and liberal grand strategy scholars who exercise greater voice and influence in Washington. Major voices outside this realm include Clare Wenham: see e.g. ‘The oversecuritization of global health: changing the terms of debate’, International Affairs 95: 5, Sept. 2019, pp. 1093–120.

28 National Intelligence Council, Mapping the global future (Washington DC, Dec. 2004), p. 60, https://www.dni.gov/files/documents/Global%20Trends_Mapping%20the%20Global%20Future%202020%20Project.pdf.
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This sustained compartmentalization of threats only served to exacerbate the institutional fragmentation on pandemics and biosecurity at the heart of the US government.29

The third major factor has been the rational behaviour of corporate executives in pursuing global profits. America’s promotion of globalization was built on an edifice of global production and outsourcing, highly integrated markets, and just-in-time delivery systems designed to promote efficiency and thus profitability. This emphasis on global supply chains extended across industries that have become critical in combating the pandemic, creating shortages when they were severely disrupted. Meanwhile, the United States has spent decades orchestrating the growth of a globalized economy dependent on the relatively free movement of people and goods. It is now reliant on a set of increasingly interconnected global supply chains, including those for pharmaceuticals and medical equipment not manufactured domestically.

What has been the consequence of this series of choices? The debate spurred by conjecture over the pandemic’s long-term effects on the global balance of power has included speculation about a shift in the very definition of national security and prescriptions about where its priorities should focus.30 That discussion will no doubt continue. But we argue that one consequence of this confluence of factors is already evident. The United States has spent the last 70 years portraying itself, and believing itself to be, a security provider in all key domains—and this, for many, is an intrinsic component of its status as a global leader. Both American academics studying national security, and senior civilian defence officials and military officers—having largely ignored the catastrophic threat to American ‘life, liberty and the pursuit of happiness’ posed by naturogenic threats like pandemics—have principally debated for whom the United States will provide military security: the globe (as policeman), the West (as benign leader) or simply Americans, secure beyond vast oceans and hidden behind great walls. Despite a recent history of thinking about pandemics, and an extensive institutional public health architecture, national security officials have distanced themselves from prioritizing such concerns.

It has been suggested that the United States’ behaviour in this most recent crisis has further undermined its claim to a position of global leadership.31 Yet that,

29 Elizabeth D. Sherwood-Randall and John MacWilliams, The urgent need for a national biosecurity initiative (Cambridge, MA: Belfer Center, Harvard University, 18 June 2020), https://www.belfercenter.org/publication/urgent-need-national-biosecurity-initiative?utm_source=SilverpopMailing&utm_medium=email&utm_campaign=BIN_2020-06-18%20(1)&utm_content=8spMailingID=234171117&spUserID=M011201&spJobID=1760147598&spReportID=MTC8MTA0NzQ10Q5.
30 Oona A. Hathaway, ‘After COVID-19, we need to redefine “national security”’, Slate, 7 April 2020, https://slate.com/news-and-politics/2020/04/coronavirus-national-security-terrorism.html; Samantha Power, ‘How the COVID-19 era will change national security forever’, Time, 14 April 2020, repr. Belfer Center, Harvard University, 14 April 2020, https://www.belfercenter.org/publication/how-covid-19-era-will-change-national-security-forever?utm_source=SilverpopMailing&utm_medium=email&utm_campaign=BIN_2020-04-16%20(1)&utm_content=8spMailingID=23146308&spUserID=M011201&spJobID=1720779930&spReportID=MTC8MDc3OTkzOQ5.
31 For a perennial advocate of this view who applies this claim to the context of COVID-19, see Kishore Mahbubani, ‘How China could win over the post-coronavirus world and leave the US behind’, Market Watch, 14 April 2020, https://www.marketwatch.com/story/how-china-could-win-over-the-post-coronavirus-world-leaving-us-behind.
although possibly true, would portray only one element of the story. The more profound insight exposed by COVID-19 is of a new reality: in a world where both naturogenic and anthropogenic threats pose immense national security challenges, mistaken assumptions and errant policy choices have created a new environment—one in which the United States has been redefined as a security consumer, at least in the realm of naturogenic threats. In this domain, not only is the United States heavily dependent on the cooperation of other states for its own national security, that security is now contingent on the goodwill of others, because it has lacked (and currently lacks) the planning awareness, economic infrastructure and integrated institutional apparatus needed to autonomously respond effectively. These facts extend beyond the Trump administration’s mismanagement and will take time to address.

As a result, America’s hitherto unchallenged assertion of security leadership is now being called into question both at home and abroad, a situation unrecognizable to (and still arguably unrecognized by) American policy-makers. At most, acknowledgment of that leadership is now confined to kinetic elements, among a broad panoply of threats; and, as the current crisis has made clear, military conflicts are not the greatest immediate threat to national security (even when defined narrowly in terms of casualties and deaths). Paradoxically, a president intent on unilateral assertions of power under a ‘Make America Great Again’ banner has in fact made the US vulnerable and dependent in a critical strategic area. And, as we discuss further below, for possibly the first time since 1945 multilateral leadership in a critical area is not a viable option for American policy-makers without radical reform.

In the remainder of the article we examine three contributing factors in greater detail, before reviewing how these processes unfolded over time, culminating in a series of consolidating mistakes by the Trump administration. Finally, we consider the implications of this novel position for the United States in the context of global politics.

Three mutually reinforcing divisions

America’s ill-preparedness for the COVID-19 pandemic can be linked to three major divisions. The first has been within America’s academic International Relations community. It is between those academics who study grand strategy and those who work on broader definitions of security, often (although certainly not exclusively) from a critical theory perspective. The second divide has been within the American policy community. It is between officials looking at their work through the lens of public health and those senior officials sitting atop the traditional national security establishment. The relationship between the American academic and national security establishments is complex: often interactive, yet fraught with tension. Still, occasionally, their interests and views coincide—as they did in their respective definitions of national security and the prioritization of threats that it engendered. The third divide has been between the national and the global economy, often framed as between Main Street and Wall Street,
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in which a focus on global supply chains and reduced American manufacturing has weakened America’s capacity to respond to a crisis that could, in the end, kill several hundred thousand Americans.

The American version of grand strategy

Mainstream American academics working on US grand strategy have long confirmed an inherent bias at the highest levels of the national security establishment. They have vigorously debated its definition and purpose. They have also debated whose interests should be secured and how, reaching a range of conclusions from an expansive notion that American interests are intrinsically related to global stability to varied forms of retrenchment that answer the question of whom the US is capable of defending far more narrowly.

One of the areas in which they have largely concurred, however, is in their definition of threats (and the appropriate ways in which to deter and/or respond to different types of threats). Threats can broadly be broken down into four types: kinetic, anthropological, naturogenic and economic. Military threats, those known in today’s jargon as ‘kinetic’ threats, ‘involving projectile weapons or explosives’, are those intentionally posed by other actors (whether states or non-state actors such as terrorist groups or transnational criminal organizations).

Anthropogenic threats consist of menacing phenomena that are the unintended product of human behaviour, such as climate change. Naturogenic threats have no human origin or intent, originating in nature, and can be just as lethal as other forms of threats. Finally, scholars have securitized the notion of economic threats, a basket that includes job security, poverty, and even technology and intellectual property rights. COVID-19 is both a naturogenic and an economic threat. It has already killed more Americans than died in the Korean, Vietnam or First World Wars; it has also decimated the US economy, with severe long-term effects.

Yet, hitherto, grand strategy scholars have consciously omitted consideration of naturogenic threats from their analyses. As realist Barry Posen notes: ‘Grand strategy focuses on military threats, because these are the most dangerous, and military remedies because these are the most costly … A grand strategy enumerates and prioritizes threats, and potential political and military remedies to threats.’ This narrow definition eschews analysis of anthropogenic and naturogenic threats. The entrepreneur and philanthropist Bill Gates famously said that

32 For a fuller discussion of this distinction and the relevant literatures, see Thierry Balzacq, Peter Dombrowski and Simon Reich, ‘Is grand strategy a research program? A review essay’, Security Studies 28: 1, 2019, pp. 58–86, https://www.tandfonline.com/doi/full/10.1080/09636412.2018.1508631.
33 For a summary of these positions, see Simon Reich and Peter Dombrowski, The end of grand strategy: US maritime operations in the twenty-first century (Ithaca, NY: Cornell University Press, 2018), pp. 28–46.
34 Frank Smith III, ‘A casualty of kinetic warfare: military research, development, and acquisition for biodefense’, Security Studies 20: 4, Nov. 2011, pp. 663–96.
35 Barry R. Posen, Restraint: a new foundation for grand strategy (Ithaca, NY: Cornell University Press, 2014), p. 1.
36 For an extended discussion of this point, see Balzacq et al., ‘Is grand strategy a research program?’. For a notable exception that attempts to reconcile a narrow definition of national security with the issue of climate change as an anthropogenic threat, see Joshua W. Busby, ‘Who cares about the weather? Climate change and US national security’, Security Studies 17: 3, 2008, pp. 468–504.
'the world needs to prepare for pandemics in the same serious way it prepares for war'. Yet most scholars of grand strategy have disagreed. Liberal grand strategists often employ a broader conception of national security, extending to the importance of international institutions. They also differ about who can be protected, often linking American security interests to humanitarian interventions to safeguard vulnerable populations who ought to be protected, if only in the name of global stability. Occasionally, they have even mentioned the significance of climate change and pandemics in policy reports, notably in those published by the Center for a New American Security. Yet, as G. John Ikenberry notes in one such report, although both global warming and pandemics could have devastating consequences, ‘none of these threats is, in itself, so singularly preeminent that it deserves to be the centerpiece of American grand strategy in the way that anti-fascism and anti-communism did in an earlier era’. Liberal institutional order building, he suggests, should instead be the priority. Proponents of both realist and liberal views of grand strategy do, however, share two critical features. First, they assume that the role of the US grand strategy is to shape or control global politics. They have therefore not contemplated a world in which US grand strategy is primarily adaptive, and have not considered planning for any kind of American dependency. Second, beyond the narrow confines of biosecurity linked to attacks by other states or terrorist groups, the American literature that knits together national security and anthropogenic or naturogenic threats has been pointedly treated as marginal to the field of grand strategy, despite its evidently increasing relevance since the early 1980s. The explanation for these...
mystifying choices is complex. As we discuss below, the warning signs posted by HIV/AIDS, H1N1, SARS, MERS and Ebola were plentiful. Part of the explanation lies in the fact that successive presidential administrations, even in the post-Cold War era when the existential military threat posed by the Soviet Union had faded, have continued to focus on the militarized aspects of grand strategy. In an interactive way, grand strategy scholars have focused on the aspects of security that senior defence officials have most emphasized, at least nominally reinforcing the latter’s bias.

**The internal policy divide**

Running parallel to this first divide is the second, which lies between public health and national security specialists. The public health community has developed an institutional architecture focused on pandemics, including senior administration officials who have repeatedly articulated their concerns. Yet successive senior officials at the heart of the national security establishment have refused to integrate such concerns into their strategic planning. As Sara E. Davies noted, albeit over a decade ago, the United States has been ‘a keen participant in disease surveillance and response since the mid-1990s’. Furthermore, government departments have periodically produced dire assessments of the effects of pandemics on US national security. The Department of Defense (DoD), for example, even established the Global Emerging Infectious Surveillance and Response System (DoD-Geis) in 1997, with infectious disease laboratories in over 20 overseas countries, as it became increasingly cognizant of the need to securitize infectious diseases.

Yet successive senior DoD officials made relatively little effort to prioritize a pandemic threat, despite clear concerns expressed by presidents and the most senior officials in successive administrations (as we discuss in the next section), a burgeoning security budget and an available institutional structure. At most, since 9/11, DoD officials and the intelligence community have prepared for the related but conceptually distinct problem of potential bio-terrorism or the use of dangerous biological agents by other nation-states. Even then, the sums available for supporting civilian ‘all hazards’ programmes, including pandemics, were relatively modest in the context of the DoD budget: under $2.4 billion from fiscal year (FY) 2001 to FY 2005 and slightly over $3 billion from FY 2006 to FY 2012. Although the specific dollar figures are not strictly comparable because of new initiatives and programmatic changes, the DoD’s contribution to federal civilian biosecurity was $573 million in FY 2010, $692 million in FY 2011, $886 million in FY 2012, $825 million in FY 2013, $1,035 million in FY 2014, $741 million in

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44 Karl W. Eikenberry, ‘The militarization of US foreign policy’, *American Foreign Policy Interests* 35: 1, 2013, pp. 1–8, https://www.ncafp.org/2016/wp-content/uploads/2013/02/amb-eikenberry-mil-usfp.pdf. See also Gordon Adams and Shoon Murray, eds, *Mission creep: the militarization of US foreign policy?* (Washington DC: Georgetown University Press, 2014).

45 Sara E. Davies, ‘Securitizing infectious disease’, *International Affairs* 84: 2, March 2008, pp. 295–313, esp. p. 299.

46 Tara Kirk Sell and Matthew Watson, ‘Federal agency biodefense funding, FY2013–FY2014’, *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science* 11: 3, Sept. 2013, pp. 196–216.
FY 2016 and roughly $700 million in FY 2018. These expenditures were distributed among the Defense Threat Reduction Agency, the Chemical and Biological Defense Program and the Defense Health Program. The large increase in FY 2014, before subsequent decreases, may be attributable to efforts made to combat Ebola that prompted Congress to increase funding for infectious disease programmes across the government. While these might seem like large sums, they represent merely token allocations relative to other DoD programmes. Furthermore, even when the DoD did work on preparing for influenza or similar pandemics, its ‘top priority’ remained ‘the protection of DoD forces, comprised of the military, DoD civilians and contractors performing critical roles, as well as the associated resources necessary to maintain readiness’. Widespread civilian protection was therefore not a consideration. In recent years, even the lessons drawn from a notable table-top exercise (one of hundreds over the past two decades) were reflected in neither national security priorities nor the defence budget. While the overall DoD budget ballooned, spending on other aspects of environmental or naturogenic security, as we discuss in the next section, waxed and waned.

These first two divides are in fact related; mirror-images of one another. American academics may not be as influential in the Washington security community as they believe they are or would like to be. But many notable scholars in the grand strategy community have served in high-level national security positions under successive presidents or as consultants to government entities. Their preferences have mattered in buttressing the traditional conception of national security. They have reinforced other priorities, with a focus on controlling or shaping the global system rather than adapting to its changing threats. And, like these grand strategists (as opposed to the broader securitization community), senior national security policy-makers have chosen to focus on the identifiable enemy in front of them (Iraq, Iran, terrorists, ‘rogue states’ or revisionist powers) rather than one with no visible actors.

National security versus the global economy

These first two divides were greatly exacerbated by a third one: that between the need for a national medical-industrial complex to fight pandemics and secular developments within the global economy that had made the United States increasingly vulnerable to them. Academics and policy-makers alike have been longstanding advocates of the virtues of globalization. Now, the American...
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national security consequences of globalization have rebounded, to ill effect.\textsuperscript{51} Specifically, the integration of global markets and the tight coupling of sectors, firms, vendors and consumers exposed America’s inability to respond quickly and effectively to global crises. If key global suppliers are undermined by anthropogenic or naturogenic events, neither the US government nor American corporations are sufficiently flexible to respond effectively. The hollowing-out of the US manufacturing base created an economy too limited in its manufacturing scope.

Just-in-time supply-chain management was the mantra of business gurus in the 1990s. But, as Henry Farrell and Abraham Newman succinctly explain, ‘global economic networks have security consequences, because they increase interdependence between states that were previously relatively autonomous’.\textsuperscript{52} In effect, Farrell and Newman have turned the liberal accounts of globalization on their head by emphasizing how increasingly vulnerable and sensitive states rely on networks to serve their security and foreign policy interests.\textsuperscript{53} Here, the key element of their argument is its application to supply chains, that is, ‘the material and informational interchanges in the logistical process, stretching from acquisition of raw materials to delivery of finished products to the end user’.\textsuperscript{54} The importance of supply chains for the global economy and the implications of intensifying supply chains for the American health-care system were apparent long before COVID-19 appeared. As Mildred Solomon, Matthew Wynia and Lawrence Gostin suggest:

Focused on efficiency in a competitive market, health systems had few incentives to maintain stockpiles of essential medical equipment, including personal protective equipment and ventilators. Just-in-time economic models resulted in storage of only those supplies needed then. At the same time, global purchasing in search of lower prices reduced the number of US suppliers, with hospitals dependent on foreign companies.\textsuperscript{55}

Any economic sector reliant on global supply chains is inevitably subject to disruption, because ‘most supply chains are incapable of coping with emergencies’.\textsuperscript{56} The links in the chain are too tightly coupled, with little or no redundancy in the system when one or more of those links is/are damaged or removed. By definition, pandemics affect multiple links synchronously, as the largely unknowable vagaries of infections travel across national borders. The firms that build and allegedly master supply chains may possibly be physically collocated with a pandemic hotspot, are by definition subject to a diverse set of fluid legal authori-

\textsuperscript{51} For the relationship between globalization and national security, see Stephen J. Flanagan, Ellen L. Frost and Richard L. Kugler, Challenges of the global century: report of the Project on Globalization and National Security (Washington DC: Institute of International Strategic Studies, National Defense University, 2001).

\textsuperscript{52} Henry Farrell and Abraham L. Newman, ‘Weaponized interdependence: how global economic networks shape state coercion’, International Security 44: 1, Summer 2019, p. 43.

\textsuperscript{53} For a discussion of vulnerability and sensitivity, see Robert O. Keohane and Joseph S. Nye, Jr, Power and interdependence, 4th edn (New York: Longman, 2012).

\textsuperscript{54} ‘Glossary of supply chain terms’, Inbound Logistics, 2020, https://www.inboundlogistics.com/cms/logistics-glossary/.

\textsuperscript{55} Mildred Z. Solomon, Matthew Wynia and Lawrence O. Gostin, ‘Scarcity in the Covid-19 pandemic’, Hastings Center Report 50: 2, April 2020, https://doi.org/10.1002/hast.1093.

\textsuperscript{56} Hau L. Lee, ‘The triple-A supply chain’, Harvard Business Review, Oct. 2011, p. 53.
ties and rules in a crisis (such as the simple closing of borders), and vary in their access to sufficient capital to allow for necessary investments at critical junctures when national economies are collapsing.

The warnings issued were transparent, drawing conclusions that seem prescient: C. A. Brebbia cautioned that ‘a devastating disease would clearly have profound implications for international relations and the global economy’.\(^\text{57}\) Even occasional well-placed articles in prominent international affairs journals did little to influence the national security establishment. As Laurie Garrett wrote, ‘national policy-makers would be wise to plan now for worst case scenarios involving quarantines, weakened armed services, and dwindling hospital space and vaccine supplies’.\(^\text{58}\) But while pandemics were occasionally mentioned in national strategy documents, major policy initiatives did not connect the issue to that of the supply chain. The defence establishment’s concern in that area was largely confined to the securing of parts for military equipment.

These three divides deepened over time, often into veritable chasms, culminating in the mismanagement of the Trump administration. In the next section we demonstrate how that process unfolded over several decades.

### Pandemics and American national security from Reagan to Obama

The United States has faced a potential series of modern plagues in the past four decades.\(^\text{59}\) Starting from the onset of HIV in the 1980s, subsequent threatening global pandemics included Severe Acute Respiratory Syndrome (SARS) (2001–2004), ‘Swine Flu’ or H1N1/09 (2009), the Zika virus (2015) and the Ebola outbreak (between 2014 and 2016). But although HIV and H1N1 became widespread and lethal in the United States (there were 12,469 deaths in the US alone from H1N1),\(^\text{60}\) the others resulted in few infections. None approached the casualty levels of the Spanish flu at the end of the First World War, which is estimated to have killed up to 50 million people globally, including 675,000 Americans.\(^\text{61}\) Nonetheless, health policy professionals drew lessons from that momentous case about ‘health education, isolation, sanitation and surveillance’, believing that the more recent pandemics, with their relatively modest impacts, were a precursor to something much larger.\(^\text{62}\)

\(^{57}\) C. A. Brebbia, ‘The development of a model of pandemic preparedness planning utilizing critical success factors from the United States and European Union’, in C. A. Brebbia, M. Eglite, I. Knets, R. Miftahof and V. Popov, eds, *Environmental health and biomedicine* (Southampton: Wessex Institute of Technology Press, 2011), p. 93.

\(^{58}\) Garrett, ‘The next pandemic?’, p. 22.

\(^{59}\) According to Damir Huremović, ‘the word plague is a polyseme, used interchangeably to describe a particular, virulent contagious febrile disease caused by *Yersinia pestis*, as a general term for any epidemic disease causing a high rate of mortality, or more widely, as a metaphor for any sudden outbreak of a disastrous evil or affliction’: ‘Brief history of pandemics (pandemics throughout history)’, *Psychiatry of Pandemics*, 16 May 2019, pp. 7–35, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7123574/.

\(^{60}\) Mark Terry, ‘Compare: 2009 H1N1 pandemic versus the 2020 coronavirus pandemic’, *Biospace*, 19 March 2020, https://www.biospace.com/article/2009-h1n1-pandemic-versus-the-2020-coronavirus-pandemic/.

\(^{61}\) Garrett, ‘The next pandemic?’, p. 3; Nadège Mougé, *World War I casualties* (Florence: Robert Schuman Center, 2011), http://www.centre-robert-schuman.org/user/files/files/REPERES%20-%20module%201-1-1%20-%20explanatory%20notes%20-%20World%20War%20%20%20%20casualties%20-%20%20%20EN.pdf.

\(^{62}\) Mariano Martini, Valentina Gazzaniga, Nicola Bragazzi and I. Barberis, ‘The Spanish influenza pandemic:
Successive postwar American administrations only slowly, stutteringly, became aware of naturogenic threats. Their response, according to Ken Dilanian, Dan De Luce and Andrew W. Lehren, could best be described as ‘a boom and bust cycle of pandemic preparedness’. As they note: ‘Each new White House deprioritized the issue, only to elevate it later after some defining event led to a presidential revelation. They then belatedly scrambled to respond with ambitious plans and initiatives, which faded after a few years.’

Dilanian, De Luce and Lehren focus on the period from the Clinton presidency onwards. But the story begins a decade earlier. Although HIV/AIDS was recognized as a serious public health problem in 1981, it received little attention from the Reagan administration for two years, and even then a ‘strategy of limiting the federal role, reducing expenditures for public health programs, and decentralizing public health policy decisions [made] it difficult, if not impossible, for federal agencies to meet the challenges of the AIDS epidemic’. By the time George H. W. Bush succeeded President Reagan, HIV/AIDS was clearly a global epidemic and the Bush administration launched a foreign policy initiative to support efforts to combat it. Critics, however, charged that the financial resources being expended were too limited, and one account summarized Bush’s approach as ‘strategy relying heavily on the unilateral exercise of US power’.

Recognition of the threat posed by infectious diseases did accelerate under President Clinton. In 1996 he issued Presidential Decision Directive NSTC-7 (PDD, 2019 NSTC-7), which established ‘national policy and implementing actions to address the threat of emerging infectious diseases by improving surveillance, prevention, and response measures’. The range of directed measures included clear evidence that the Clinton administration was committing the United States to an international leadership role, using the full range of government agencies and departments. Specific sections of the directive required the US to:

6. Encourage other nations and international organizations to assign higher priority to emerging infectious diseases …

7. Support the World Health Organization and other bodies in playing a stronger role in the surveillance, prevention, and response to emerging infectious diseases …

8. Expand United States agency missions and mandates in order to ensure that responsible agencies are provided with the authority, emergency procurement powers, and resources to respond to worldwide disease outbreaks that have the potential to adversely affect the United States.  

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63 Ken Dilanian, Dan De Luce and Andrew W. Lehren, ‘From Clinton to Trump, 20 years of boom and mostly bust in prepping for pandemics’, NBC News, 13 April 2020, https://www.nbcnews.com/politics/national-security/clinton-trump-20-years-boom-mostly-bust-prepping-pandemics-n1182291.
64 Philip R. Lee and Peter S. Arno, ‘The federal response to the AIDS epidemic’, Health Policy 6: 3, 1996, p. 265.
65 David P. Fidler, ‘Fighting the axis of illness: HIV/AIDS, human rights, and US foreign policy’, Harvard Human Rights Journal, vol. 17, 2004, p. 101.
66 White House, Presidential Decision Directive NSTC-7, ‘Emerging infectious diseases’ (1996), unnumbered, https://fas.org/irp/offdocs/pdd/pdd-nstc-7.pdf.
67 White House, ‘Emerging infectious diseases’.
Significantly, PDD NSTC-7 expanded the mission of the DoD ‘to include support of global surveillance, training, research and response to emerging infectious disease threats’, 68 although the DoD played a relatively small bureaucratic role in the initiative. Furthermore, Vice-President Al Gore announced an initiative committing the United States to developing ‘a global surveillance and response system, increased funding requests to Congress, and tightening US quarantine regulations at US ports of entry’. 69

Further erratic steps were taken under the ensuing presidency of George W. Bush. He used the occasion of his 2003 State of the Union address to single out the threat to international security posed by AIDS in Africa and the Caribbean, 70 and his administration subsequently established the President’s Emergency Plan for AIDS Relief (PEPFAR) to fund treatment and prevention in African countries. 71 But these efforts appeared to ignore the domestic component of the threat. On arriving in office, the administration abandoned the position of the ‘biodefense czar’. As Kenneth Bernard, who had served in that post in the Clinton administration, recalled: ‘They just threw the [administration’s] transition memo away, and said, “This is not a national security issue. This is one of those Clinton things.”’ 72

Both of the Bush administration’s National Security Strategy documents, in 2002 and 2006, did mention related elements, such as strengthening the medical system to deal with mass casualties caused by infectious diseases, enhancing the nation’s ability to respond to public threats and encouraging the private sector to develop vaccines. 73 But in neither was the threat posed by infectious disease prioritized, and there is little evidence that the administration acted on even these recommendations, preferring to focus on battling AIDS abroad. 74

In contrast, President Obama’s engagement with pandemic responses predated his election as president. In 2005, he co-authored a New York Times article with Republican Senator Richard Lugar on the emerging avian flu (H5N1) pandemic. They called for the incumbent second Bush ‘administration to work with Congress, public health officials, the pharmaceutical industry, foreign governments and international organizations to create a permanent framework for curtailing the spread of future infectious diseases’. 75 Moreover, Obama and Lugar called for measures that have now become familiar in the current crisis: inter-

68 White House, ‘Emerging infectious diseases’.
69 David P. Fidler, ‘Return of the fourth horseman: emerging infectious diseases and international law’, Minnesota Law Review 81: 4, April 1997, p. 784.
70 George W. Bush, ‘State of the Union Address’, Washington Post, 28 Jan. 2003, https://www.washingtonpost.com/wp-srv/onpolitics/transcripts/bushtext_012803.html.
71 Harold Varmus, ‘Making PEPFAR: a triumph of medical diplomacy’, Science and Diplomacy 2: 4, Dec. 2013, http://www.sciencediplomacy.org/article/2013/making-pepfar.
72 Dilanian et al., ‘From Clinton to Trump’.
73 See National Security Strategy 2002 (Washington DC, Sept. 2002), pp. 6–7, https://2009-2017.state.gov/documents/organization/65562.pdf; National Security Strategy 2006 (Washington DC, March 2006), p. 22, https://www.comw.org/qdr/fulltext/nss2006.pdf.
74 John Donnelly, ‘The president’s emergency plan for AIDS relief: how George W. Bush and aides came to “think big” on battling HIV’, Health Affairs 31: 7, July 2012, https://www.healthaffairs.org doi/10.1377/hlthaff.2012.0408.
75 Barack Obama and Richard Lugar, ‘Grounding a pandemic’, New York Times, 6 June 2005, https://www.nytimes.com/2005/06/06/opinion/grounding-a-pandemic.html.
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national surveillance, creating stockpiles, establishing national and state plans, developing vaccines and anti-viral medicines, and creating incentives for prompt reporting by affected nations.

Not surprisingly, then, PEPFAR did remain active and fully funded under Barack Obama:

By 2016 around 11.5 million HIV patients are on antiretroviral treatment, nearly 2 million babies are born HIV free which otherwise would have been infected, 1.1 million children are getting the anti-retroviral treatment, around 1 million adolescent girls and women were contacted and proper education and awareness was spread, 220,000 workers were trained with the support of Department of Labor.76

And, significantly in the context of the present article, ‘classifying HIV/AIDS as a NST [national security threat] paved the way for subsequent classifications of other infectious diseases or public health threats as matters of national security’.77

Yet despite Obama’s relatively ambitious public health agenda, his opportunities to implement his plan were limited.78 Assuming the presidency during the worst economic crisis since the Great Depression constrained both his administration’s ambitions and government resources. Nonetheless, both President Obama and his Secretary of State, Hillary Clinton, were instrumental in committing the United States to a global leadership role in preventing, preparing for and combating infectious diseases. At the UN, the president argued that

to stop disease that spreads across borders, we must strengthen our system of public health … And we must come together to prevent, and detect, and fight every kind of biological danger—whether it’s a pandemic like H1N1, or a terrorist threat, or a treatable disease.

For her part, Secretary Clinton ambitiously argued in 2010 that the US needed to invest in global health to protect our nation’s security. To cite one example, the threat posed by the spread of disease in our interconnected world in which thousands of people every day step on a plane in one continent and step off in another. We need a comprehensive, effective global system for tracking health data, monitoring threats, and coordinating responses.79

In the 2015 National Security Strategy, President Obama warned that global interdependence ‘creates shared vulnerabilities, as interconnected systems and sectors are susceptible to the threats of climate change, malicious cyber activity, pandemic diseases, and transnational terrorism and crime’.80 The administration pledged to increase domestic preparedness and flatly asserted that ‘America is

76 Siddharth Jadhav, Girish Pai, Krishnamurthy Bhat and Muddukrishna Badamane Sathyanarayana, ‘President’s emergency plan for AIDS relief’, Systematic Reviews in Pharmacy 9: 1, 2018, p. 8.
77 James G. Hodge, Jr, and Kim Weidenaar, ‘Public health emergencies as threats to national security’, Journal of National Security Law and Policy 9: 1, 2017, p. 86.
78 Nellie Bristow, ‘Obama’s plans for US and global health’, The Lancet, no. 372, 22 Nov. 2008.
79 Hillary Rodham Clinton, ‘The Global Health Initiative: the next phase of American leadership in health around the world’, remarks at the Paul H. Nitze School of Advanced International Studies, Washington DC, 16 Aug. 2010, https://www.c-span.org/video/?2935061-1/global-health-initiative.
80 National Security Strategy 2015 (Washington DC, Feb. 2015), p. 9, https://obamawhitehouse.archives.gov/sites/default/files/docs/2015_national_security_strategy_2.pdf.
the world leader in fighting pandemics, including HIV/AIDS, and in improving global health security.”81 It should be noted that one senior White House official at the time confidentially and sceptically described this rhetoric (to one of us) as part of a long wish list of promises in the report that would go unfulfilled by the administration. Nonetheless, during Obama’s two terms, administration officials outside the narrow national security establishment often matched their rhetoric with action, allocating human, institutional and financial resources to strengthening both American and global preparedness.

Thus, after a slow start, the United States gradually built up its domestic and international capacity to cope with pandemics. It also led existing international organizations, including the UN and specialized agencies such as the WHO, in global capacity-building.

Yet the actual results of these initiatives were mixed. Few public health experts appeared satisfied with governmental measures. As a team from the Scowcroft Institute of International Affairs asked—and answered—in 2018: ‘When scientists, policy-makers, and the lay public alike ask the question: “Are we ready for the next pandemic?” the answer is always a qualified “No”.’82 Furthermore, and decisively, despite the increased attention given to the issue, national security experts inside and outside the government consistently downplayed pandemics as a threat. The national security community—including both practitioners and policy-makers at the highest levels—remained collectively unreconciled to the notion that pandemics belonged on the same level as more immediate threats: terrorism, proliferation, conventional wars in the Balkans, Afghanistan and then Iraq, and nuclear deterrence. Generally, in strategy and planning documents, not to mention budgets, priority appeared to be given to counter-narcotics operations, anti-piracy efforts and cybersecurity over naturogenic threats, including, perhaps especially, the transmission of infectious diseases across national borders. As noted above, the DoD’s contribution to civilian biosecurity during Obama’s administration exceeded $1 billion only once (in FY 2014), and even then largely in response to the specific threat posed by Ebola. National security documents had begun emphasizing in greater detail the challenges posed by infectious disease, a few new programmes were created, and organizational changes such as integrating pandemic expertise into the National Security Council (NSC) fell into place. But the large-scale growth in budgetary commitments lagged behind, even under President Obama, and would face more austerity under his successor.

The Trump administration’s coup de grâce

In the early days of the Trump administration it appeared, at least superficially, that the US capacity to mount a response to global health emergencies would

81 National Security Strategy 2015, p. 14.
82 Christine Crudo Blackburn, Andrew S. Natsios, Gerald W. Jr Parker, Jr., Rebecca Katz, Michael T. Osterholm, Glen A. Laine and Joseph Fair, Global leadership at the crossroads: are we prepared for the next pandemic? (College Station, TX: Scowcroft Institute of International Affairs, The Bush School), p. 49, https://pandemic.tamu.edu/SIDIPv2/media/client-media/Spotlight/2018-White-Paper.pdf.
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survive intact. Trump signed an executive order in 2017 establishing a multi-agency task force on supply-chain resiliency. As Bill Brown noted,

The task force identified five macro forces that create risk to the supply chain and national security preparedness including sequestration and the uncertainty of government spending, the overall decline of US manufacturing capabilities and capacity, harmful government business and procurement practices, industrial policies of competitor nations, and diminishing US STEM and trade skills.\(^{83}\)

At the macro level, the Trump administration codified efforts to ‘combat biothreats and pandemics’ in its own National Security Strategy, made public in late 2017: ‘Biological threats to the US homeland—whether as the result of deliberate attack, accident, or a natural outbreak—are growing and require actions to address them at their source.’\(^{84}\) But, like so many Trump initiatives, these task force recommendations and strategic priorities were neither implemented nor used to guide government action in crises. The president had other domestic and international priorities, predicated on an ‘America First’ agenda—immigration and border control, tax reform, disengagement from the Middle East, and his highly publicized efforts to resolve longstanding issues with Iran and North Korea.

Efforts had been made to alert the incoming Trump team to the prospects of a pandemic. The intelligence community’s annual ‘worldwide threat assessment’ highlighted the threat of pandemics in 2017, 2018 and 2019.\(^{85}\) A war scenario-based training exercise named ‘Crimson Contagion’ was held in 2019 with the Department of Health and Human Services and various multi-agency, state and private-sector participants.\(^{86}\) In September 2019, the Naval War College even hosted a two-day war game named ‘Urban Outbreak 2019’ featuring a whole-of-government group and international players in conjunction with the Uniformed Services University of the Health Sciences—National Center for Disaster Medicine and Public Health, and Johns Hopkins University’s Applied Physics Lab.

By May 2018, however, rather than building on the 2017 task force’s recommendations, senior officials in the administration had turned their attention to making cuts in those departments charged with pandemic responses on the NSC. Why this happened, and who was ultimately responsible, remains a mystery. NSC adviser Ambassador John Bolton asserted that it was simply a case of ‘bureaucratic stream-lining’.\(^{87}\) Other officials claimed that the firing of people such as Rear-Admiral Timothy Ziemer and his team, whose office was ostensibly in charge

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\(^{83}\) Bill Brown, ‘Our nation’s defense supply chain imperative’, Defense News, 18 May 2020, https://www.defense-news.com/opinion/commentary/2020/05/18/our-nations-defense-supply-chain-imperative/.

\(^{84}\) National Security Strategy 2017 (Washington DC, Dec. 2017), https://www.whitehouse.gov/wp-content/uploads/2017/12/NSS-Final-12-18-2017-0905.pdf.

\(^{85}\) Daniel R. Coats, ‘Statement for the record: worldwide threat assessment of the US intelligence community’, Senate Select Committee on Intelligence, 11 May 2017, p. 14, https://www.dni.gov/files/documents/Newsroom/Testimonies/SSC%20Unclassified%20FR/20-020%20Final.pdf.

\(^{86}\) Grace Panetta, ‘The Trump administration ran a simulation for a virus last year that revealed many of the failures now happening with the coronavirus’, Business Insider, 19 March 2020, https://www.businessinsider.com/coronavirus-trump-admin-training-simulation-predicted-current-failures-2020-3.

\(^{87}\) Tal Axelrod, ‘Bolton defends decision to shutter NSC pandemic office’, The Hill, 14 March 2020, https://thehill.com/homenews/administration/487581-bolton-defends-decision-to-shutter-nsc-pandemic-office.
of addressing global health issues including pandemics, was simply ‘a necessary re-organization’. It was alleged that the NSC had succumbed to ‘bloat’ under the Obama administration, because by this point it had 400 staffers working on operational issues, rather than what Bolton claimed was the NSC’s traditional focus on coordination. But cutting the NSC’s Pandemic Response Office was only one of the most visible actions. Funds for PREDICT, USAID’s infectious disease monitoring system, were cut by 75 per cent, because, according to a USAID administrator, ‘We typically do programs in five-year cycles, and it had two [years left in its cycle]’. And by February 2020, the Trump administration had cut the relatively meagre $203 million budget of the Biological Threat Reduction Program (buried deep in the $700 billion DoD budget) by a third. As John Donnelly reported, the programme focused on finding and fighting emerging global diseases as early as possible … Yet Defense Department officials have said the money they want to subtract from the biological threats program is needed instead for what the officials called more pressing defense initiatives. These include upgrading the nuclear arsenal and developing the hypersonic weapons that President Donald Trump calls ‘super-duper missiles’.

Donnelly further noted that:

The biological program and related efforts were comparatively less important, the Pentagon said in a report to Congress made public in early February, because they addressed ‘low-to-near zero probability threats’— even though new coronavirus cases were already occurring at that point and the general threat of pandemics had been the urgent subject of numerous internal and public warnings for years.

Not surprisingly, against this background, no inter-agency process was completed to implement the 65-page pandemic response plan developed by the Obama administration.

In speaking of the dismissal of Ziemer and his team, Beth Cameron subsequently concluded:

It is clear that eliminating the office has contributed to the federal government’s sluggish domestic response. What’s especially concerning about the absence of this office today is that it was originally set up because a previous epidemic made the need for it quite clear.

As Dr Anthony Fauci, the director of the National Institute of Allergy and Infectious Diseases at the National Institutes of Health, and the initial public face of the Trump administration’s task force, later diplomatically lamented: ‘It would

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88 Lena H. Sun, ‘Top White House official in charge of pandemic response exits abruptly’, Washington Post, 10 May 2018, https://www.washingtonpost.com/news/to-your-health/wp/2018/05/10/top-white-house-official-in-charge-of-pandemic-response-exits-abruptly/.
89 Donald G. McNeil, Jr, ‘Scientists were hunting for the next Ebola. Now the US has cut off their funding’, New York Times, 25 Oct. 2019, https://www.nytimes.com/2019/10/25/health/predict-usaid-viruses.html.
90 John M. Donnelly, ‘Hill recoils at proposed cut to Pentagon anti-pandemic effort’, Roll Call, 19 June 2020, https://www.rollcall.com/2020/06/19/hill-recoils-at-proposed-cut-to-pentagon-anti-pandemic-effort/.
91 Beth Cameron, ‘No, the White House didn’t “dissolve” its pandemic response office’, Washington Post, 16 March 2020, https://www.washingtonpost.com/opinions/2020/03/16/no-white-house-didnt-dissolve-its-pandemic-response-office/.
be nice if the office was still there ... I wouldn't necessarily characterize it as a mistake [to eliminate the unit]. I would say we worked very well with that office.”

Oblivious of the federal government’s own institutional incoherence, and convinced of the United States’ insulation from the disease, elements of the national security establishment reputedly responded positively to early reports of the outbreak in Wuhan, assuming it would deflate the status of China’s leadership both domestically and internationally in a zero-sum political game. The Department of State played an unconventional role in the ensuing months. Although Secretary of State Pompeo spoke of expanded US assistance for countries fighting COVID-19, his most public role has been geopolitical. The department, he declared, would provide a total of $274 million in foreign aid to 64 countries. The US, however, subsequently refused to participate in a joint pledge by world leaders to collectively contribute $8 billion to fund the development of a COVID-19 vaccine. Reports indicate that the Secretary, in his capacity as the 2020 acting chair of the G7, advocated that the G7 issue a joint statement referring to the “Wuhan virus”. This became part of a concerted campaign to blame China for the pandemic, complete with NSC talking points circulated to counter China’s purported disinformation campaign and to reveal an alleged cover-up about a possible accidental release of the virus from a Chinese laboratory.

The focus seemed to be more on whom to blame (China), to whom to devolve responsibility (state governors), and to whom to deny assistance (the WHO and allies in terms of funding research for a vaccine), as the administration’s mismanagement became increasingly transparent.

Even these errors might not have condemned the US to devastating consequences had the three underlying factors described above been addressed. When campaigning, for example, Trump had vowed to restore a domestic American manufacturing capacity. But his administration has done little to fulfil that pledge and mitigate the damage caused by the pandemic to both public health and the American economy. The US remains dependent on global supply chains across multiple sectors of the economy affected by COVID-19, ranging from automobile manufacturing and personal electronics to food supply. By March, for example,

92 Deb Riechmann, ‘Trump disbanded NSC pandemic unit that experts had praised’, AP News, 14 March 2020, https://apnews.com/ce0149e4b64098b7203b873e5680e9a.
93 The department’s figure ‘includes $100 million that was announced in early February, $110 million in new international disaster assistance, and $64 million in humanitarian assistance’: Nike Ching, ‘US pledges additional foreign aid to battle COVID-19’, VOA, 26 March 2020, https://www.voanews.com/usa/us-pledges-additional-foreign-aid-battle-covid-19. See also Ishaan Tharoor, ‘The top US diplomat turns pandemic bully’, Washington Post, 5 May 2020, https://www.washingtonpost.com/world/2020/05/05/uss-top-diplomat-turns-pandemic-bully/.
94 Matina Stevis-Gridneff and Lara Jakes, ‘World leaders join to pledge $8 billion for vaccine as US goes it alone’, New York Times, 4 May 2020, https://www.nytimes.com/2020/05/04/world/europe/eu-coronavirus-vaccine.html.
95 Alex Marquardt and Jennifer Hansler, ‘US push to include “Wuhan virus” language in G7 joint statement fractures alliance’, CNN, 26 March 2020, https://www.cnn.com/2020/03/25/politics/g7-coronavirus-statement/index.html.
96 Zachary Cohen, Alex Marquardt and Kylie Atwood, ‘Blame game escalates between US and China over coronavirus disinformation’, CNN, 25 March 2020, http://edition.cnn.com/2020/03/24/politics/us-china-coronavirus-disinformation-campaign/index.html.
business surveys by the International Management Institute suggested that nearly 80 per cent of businesses were affected by supply chain problems. The consequences of these disruptions included delays, reduced hours, massive job losses and plant closures. 97

Among the relevant key supply chains were those relating to medical devices such as respirators, testing kits, PPE and pharmaceuticals, in which the United States has become increasingly reliant on Chinese and European imports. China, for example, manufactures 60 per cent of the world’s protective garments, 59 per cent of its respirators and surgical masks, and 51 per cent of its medical goggles. 98 The shortfalls of American supplies in these key areas were exacerbated by the lack of a domestic manufacturing capacity coupled with Chinese trade restrictions on medical supply shipments and limited evidence of China’s reduced exports of critical equipment as its own domestic crisis unfolded in January. 99 Subsequent unsubstantiated accusations about the provenance of the virus in China and the hoarding of equipment only added a layer of geopolitical complexity to America’s medical equipment and pharmaceutical supply dilemmas.

These problems had been layered on top of Trump’s preference for surrounding himself with former military officials in key positions at the outset of his administration. The appointment of James Mattis (at the DoD), John Kelly (at Homeland Security and then as Chief of Staff), and initially Michael Flynn (as National Security Advisor), later succeeded by H. R. McMaster, all reflected a traditional view of national security that did not include pandemics as a major threat. Grand strategy academics avoided entering the Trump administration, so they can’t be accused of reinforcing that tendency in that context. Nonetheless, the debate about US grand strategy since the pandemic began has focused on America’s propensity to engage in ‘never ending wars’, 100 avoiding a discussion of the centrality of pandemics as a national security threat.

The consequence of ill-preparedness

Numerous observers have commented on the administration’s abject response and lack of leadership in the face of COVID-19. Some of the consequences of the Trump administration’s ill-preparedness for a global pandemic and its immediate implications for the future of American national security and global leadership are, however, already clear. American (often self-proclaimed) global leadership has historically been based on a familiar recipe: its plentiful domestic endowments—
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natural resources, manufacturing capacity, advanced technological–university complex and, ultimately, human capital—coupled with its willingness to deploy these resources in pursuit of American national interests in a way that (at least) it considered consistent with global collective goods.

Conceivably, an American-led multilateral coordinated response could have mitigated the worst effects in the absence of an adequate domestic production capacity. The Trump administration, conversely, chose to define its interests narrowly and exercise them unilaterally. On 4 May 2020, for example, the EU convened an online conference to set about the development of a COVID-19 vaccine. The Trump administration refused to participate. Reporters noted that while American officials were asked why six times, they did not respond to the question, simply reading from a prepared script. The same was true of the lack of participation by America’s Centers for Disease Control and Prevention (CDC), long regarded as a leader in global health. As Laurie Garrett observed,

I’ve heard from every CDC in the world—the European CDC, the African CDC, China CDC—and they say, ‘Normally our first call is to Atlanta, but we ain’t hearing back.’ There’s nothing going on down there. They’ve gutted that place. They’ve gagged that place.102

While an American-led initiative would not have addressed the underlying problems in domestic preparedness outlined above, it might have provided a metaphorical fig-leaf to cover these internal fissures and retained a semblance of American credibility.

The Trump administration, however, failed to assume even a proportionate share of the global burden, further damaging its relations with allies and partners. Its unilateralist, competitive posture has both led to a greater distrust and, paradoxically, reinforced the emergence of its new position as a security consumer in the field of natural threats. The prospects for any short-term reclamation of the position of a security provider in this domain are therefore dim. It is possible that the United States could develop either ameliorative drugs or a vaccine, and thereby reclaim some element of leadership. But that would require a pharmaceutical manufacturing base large enough to address global demand, which it currently lacks. Indeed, at the time of writing, European companies and universities look as well placed as US-based ones to offer a medical breakthrough or provide manufacturing capacity.

The election of a new administration in November 2020 may mitigate many of the effects of the more extreme measures of the Trump administration, and America’s material resources and medical-industrial complex will remain a powerful force in terms of pharmaceutical development. But the regaining of legitimacy, and cooperation, will take far longer—while the consequences of COVID-19 will

101 Patrick Wintour, ‘World leaders pledge €7.4bn to research Covid-19 vaccine’, Guardian, 4 May 2020, https://www.theguardian.com/world/2020/may/04/world-leaders-pledge-74bn-euros-to-research-covid-19-vaccine.
102 Cited in Frank Bruni, ‘She predicted the coronavirus. What does she foresee next?’, New York Times, 2 May 2020, https://www.nytimes.com/2020/05/02/opinion/sunday/coronavirus-prediction-laurie-garrett.html.
still need to be addressed. The Democratic presidential candidate, former Vice-President Joe Biden, succinctly identified the key components of this task: ‘to salvage our [US] reputation, rebuild confidence in our leadership, and mobilize our country and our allies to rapidly meet new challenges’. 103

All this has to be addressed while reconstituting the dynamics of the global supply chain in the critical field of public health, particularly in the global marketplace for medical devices and pharmaceuticals. Minimum steps include rebuilding government stockpiles, ensuring manufacturing and assembly capabilities for critical components, and perhaps regulating firms’ behaviour to ensure supply chain resilience in the future. The development and management of global supply chains may largely be the province of private firms; however, governments, including that in Washington, can use their regulatory authority and purchasing power to lead the way.

Temporary measures may meanwhile cobble together inadequate, short-term responses. Indeed, the Coronavirus Aid, Relief, and Economic Security (CARES) Act potentially began a planning process. But General Motors will return to car production, while global supply chains in medical devices, PPE and pharmaceuticals ensure that the United States will rely on other economies to provide supplies critical in rebuilding stockpiles and securing access in future crises.

It is true that the United States has demonstrated a capacity to respond effectively to a wide variety of international crises—from Spanish flu to Pearl Harbor, from the dual oil crises of the 1970s to the Great Recession of 2008. Yet its rebuilding process in the aftermath of COVID-19—both at home and abroad—will require international collaboration and goodwill, both of which have been largely squandered since 2017. Those efforts will be complicated by the range of other issues on which a new administration will have to negotiate agreements with much of the rest of the world, including those regarding trade, the environment, nuclear proliferation and data privacy issues.

Yale University law professor and former national security staff member Oona Hathaway has recently and sensibly argued that ‘the fundamental goal of a national security program should be to protect American lives’. 104 By this standard, preventing, containing and mitigating pandemics of the kind that has already killed well over 150,000 Americans should be a priority of any American grand strategy. Indeed, many public health experts believe it should play a prominent role in any foreign and security policy. 105 Yet while the American public health community and associated institutions (at the highest level, the Centers for Disease Control and the Department of Health and Human Services) undertook aggressive preparations, the national security establishment repeatedly demonstr...
strated a reluctance to do so. To the extent that national security is associated with autonomy, they have failed.

The United States has not simply become interdependent, as liberals often suggest. Rather, it has become dependent. At a minimum, it relies, and will continue to rely, on other countries for early warning, border control, access to technical and medical knowledge relevant to treating pandemics, and a wide range of precursor materials, pharmaceuticals and medical equipment. That is America’s foreseeable future. Meanwhile, as a (partial) security consumer, it will have to focus its grand strategy more on being adaptive to, and less on shaping, the global environment.

Scholars or practitioners of grand strategy might potentially address these concerns by contemplating how to balance threats, adaptive capacities and new vulnerabilities—domestically and internationally. As we argued in 2017, ignoring this challenge is problematic: a broader definition of grand strategy and a broader engagement with the longstanding transnational challenges of infectious disease might have better prepared the current administration, and might now potentially help future American presidents to combat anthropogenic and naturogenic threats.106 Military and defence officials could also refocus. But they are already more concerned that the pandemic will cut into defence budgets and force reallocation away from preferred spending patterns: first, more generally, because getting the national debt under control may require reduced defence spending, and second, more specifically, because any reprioritization of national security spending may redistribute funds towards robustly preventing and responding to future pandemics.107 Remarkably, they therefore still prefer to define national security narrowly, despite the current evidence of the grave consequences of doing so.

The geopolitical implications are also significant. While the United States has unexpectedly become a consumer of global health security, other regions—including Europe and Africa—have turned to China for funding, medicine and medical supplies. More troubling for the United States in the long run is that China continues to assert leadership within the WHO. At the early May virtual World Health Assembly, President Xi pledged $2 billion over two years to fight the novel coronavirus, while at the same time the Trump administration’s Health and Human Services Secretary Alex Azar withdrew American funding commitments, before the US announced its impending withdrawal from the WHO.108 By alienating American friends and allies through its pursuit of a unilateral approach, the United States is also, paradoxically, currently ensuring that the global health system will most likely be reorganized to meet the needs of other states. As a practical matter, the surveillance, monitoring and transmission of data

106 Reich and Dombrowski, *The end of grand strategy*, pp. 18–23.
107 John M. Donnelly, ‘US military poised for post-pandemic shift: COVID-19 likely to force reordering of priorities, practices and policies’, *Roll Call*, 4 May 2020, https://www.rollcall.com/2020/05/04/us-military-poised-for-post-pandemic-shift/.
108 Michael Bociurkiw, ‘Is China the new leader on the world health stage?’, CNN, 20 May 2020, https://www.cnn.com/2020/05/20/opinions/world-health-assembly-xi-trump-bociurkiw/index.html.
are, of necessity, a collective enterprise. Withdrawing from multilateral engagement has created a vacuum at least partially filled by China and, perhaps stutteringly, by the EU.

What does the future hold? Asha George recently provided a sombre warning: We’re not talking about 5,000 mutations and 10, 20, 30 years before we’re dealing with a potentially horrible pandemic that kills millions and millions of people … We’re maybe one or two mutations away from something like that. And I think we just need to do a better job taking that sort of risk into consideration.\footnote{Cited in Matt Field, ‘The coronavirus outbreak: 3 ways the United States was (and is) unprepared’, \textit{Bulletin of the Atomic Scientists}, 11 Feb. 2020, https://thebulletin.org/2020/02/the-coronavirus-outbreak-3-ways-the-united-states-was-and-is-unprepared/.
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American national security experts are likely to engage in a long, full-throated debate about the contours of national security. Many commentators have echoed the inevitable mantra that ‘everything has changed for ever’—a recurrent common refrain among American commentators in 1989 (the end of the Cold War), 1991 (globalization), 2001 (9/11) and 2008 (the Great Recession). We commonly hear references to ‘the new normal’. But should the pandemic subside, the early evidence suggests that the focus of the national security establishment will return to traditional kinetic concerns. Meanwhile, American adaptation to being a security consumer, even in one sphere, will be a painful process, requiring it to come to terms with its own dependence in the face of a series of increasingly menacing threats.

Finally, in broader terms, US mismanagement of COVID-19 will consolidate the view that the era of American primacy is ending, despite the country’s outsized military capability. Global favourability ratings of the United States have generally declined under Trump. New forms of conflict, such as cyber and misinformation campaigns, have dented a sense of American impregnability. As Michèle Flournoy—former Under-Secretary of Defense for Policy and likely senior national security appointee in a Biden administration—pointed out in an interview, America’s lack of leadership (and, we would add, exposed reliance and vulnerability) generates profound concerns.\footnote{Cited in Jennifer-Leigh Oprihory, ‘US COVID-19 response threatens allies’ confidence in its leadership’, \textit{Air Force Magazine}, 2 June 2020, https://www.airforcemag.com/u-s-covid-19-response-threatens-allies-confidence-in-its-leadership/.
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One spillover effect of this new identity as security consumer has already become evident. With America’s reputation sullied in one domain by its new-found dependency, one predictable compensatory response has been for American forces to become even more proactive and assertive in the traditional military domain, with large-scale unilateral military exercises and other public demonstrations of power. These have, notably, taken place in Europe, in the Arctic and in the South China Sea in the midst of America’s COVID-19 crisis. This is arguably defensible. American activity in the South China Sea, for example, has been designed to address what has been characterized as provocative Chinese military territorial claims in several theatres of potential conflict across the Indo-Pacific.\footnote{Steven Lee Myers, ‘China’s military provokes its neighbors, but the message is for the United States’, \textit{New

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period of heightened bilateral tensions, it increases the possibility of mishap and military conflict.

The consequences of America’s new dependency, then, in both the short to medium term and the long term, are disconcerting. Structural arguments about power transition leading to inevitable conflicts with revisionist powers have historically been shown to have limited validity, however fashionable their underlying assumptions may be in current Washington national security circles. But, beyond any prospective unintended conflict, the combination of evident American pandemic vulnerability, internal discord, governance incapacity and economic distress is a potentially incendiary combination given the possibility that its leadership may feel compelled to demonstrate a show of force. The longer-term question is whether American policy-makers will learn from this painful experience and, in the vocabulary of national security makers, learn to fight the last (pandemic) war.

York Times, 26 June 2020, https://www.nytimes.com/2020/06/26/international-home/china-military-india-taiwan.html; James Pearson, ‘Amid pandemic, SE Asian nations warn of “alarming” South China Sea incidents’, Reuters, 26 June 2020, https://www.reuters.com/article/us-asean-summit/amid-pandemic-se-asian-nations-warn-of-alarming-south-china-sea-incidents-idUSKBN23X1F8.