Special Section Article

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A pandemic is not a war: COVID-19 urgent anthropological reflections

Metaphors comparing the COVID-19 pandemic to war have become ubiquitous. COVID-19 has been compared to Pearl Harbor,[1] 9/11, and the virus is called an 'invisible enemy'. Meanwhile, the liberal use of quarantine 'curfews' and the consensus around war powers as the only way to combat neoliberal austerity[2] that produced chronic shortages of medical supplies, further entrenches war in our everyday lives.

At first, analogising a pandemic to a war might seem innocuous or even positive. War conveys urgency, unites people against a 'common enemy'[3] and boosts morale. Struggling healthcare workers feel they are on 'the frontlines'.[4] Yet, as anthropologists have argued, relating medicine and militarism does moral and political work. The language of 'unity' can disguise the gross racial disparities[5] in the pandemic's spread, and big pharma, health insurance and private laboratory industries can imbue themselves with moral purity, masking their massive profiteering. Meanwhile, medical metaphors – such as 'surgical strikes' – sanitise violence as necessary, healing and humanitarian. Through language, we become emotionally and psychologically 'attached'[6] to war. By connecting medicine and militarism, we imagine war as necessary, positive and productive.

Fusing health and national security through concepts like 'global health security'[7] also endangers medical neutrality, turning medicine into a war tactic.[8] For example, the CIA's fake polio vaccination campaign to capture Osama bin Laden led to a vaccine backlash[9] and resurgence of polio in Pakistan. In Indian-controlled Kashmir, the most

1 See https://edition.cnn.com/2020/04/05/politics/jerome-adams-coronavirus/index.html (Accessed May 2020).

2 See http://bostonreview.net/class-inequality-science-nature/amy-kapczynski-gregg-gonsalves-alone-against-virus (Accessed May 2020).

3 See https://news.un.org/en/audio/2020/03/1060272 (Accessed May 2020).

4 See https://www.beckershospitalreview.com/workforce/war-zones-healthcare-workers-share-front-line-accounts-of-fighting-covid-19.html (Accessed May 2020).

5 See https://www.npr.org/2020/04/09/831174878/racial-disparities-in-covid-19-impact-emerge-as-data-is-slowly-released?t=1588774223194 (Accessed May 2020).

6 See https://www.dukeupress.edu/attachments-to-war (Accessed May 2020).

7 See https://tidsskriftet.no/en/2018/10/essay/crisis-how-emergency-preparedness-logic-changes-global-health-policy (Accessed May 2020).

8 See http://medanthrotheory.org/read/5217/blurred-lines (Accessed May 2020).

9 See https://www.nationalgeographic.com/news/2015/02/150227-polio-pakistan-vaccination-taliban-osama-bin-laden/#close (Accessed May 2020).

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densely militarised place on earth, attacks on hospitals linger[10] in the minds of patients, leading to poor health outcomes in the long term. Rather than see these aversions as patient 'ignorance', they must be contextualised within specific histories of militarising medicine.

Analogising the pandemic to a war also creates consent for extraordinary security measures, because they are done for public health. Globally, coronavirus curfews are being used to mete out violence[11] against marginalised people. From the history of emergencies,[12] we know that exceptional violence can become permanent. Who societies designate as threats – minorities, immigrants, undocumented people – can be legitimately expanded. Using draconian security measures may drive people underground, prevent them from accessing care, or to flee – as we saw with hundreds of thousands[13] of migrant workers in India – processes that are entirely counterproductive to containing a pandemic.

Indeed, the pandemic-war analogy is both dangerous *and* wrong. Unlike war, which divides people, pandemics require a concerted, coordinated and collective response. Here, COVID-19 offers us something. It raises profound questions about our reliance on policing as a catchall solution. Even in an unprecedented health crisis, the state's carceral capacities are bolstered – in calls to 'put the military in charge of health care expansion', in surveilling and fining violations of pandemic restrictions, and in everyday descriptions of the pandemic as war. As anthropologists, we can challenge these logics by recognising our interdependence and demanding a restructuring of our collective systems. Otherwise, we will remain tied to a world in which war is not only inevitable, but also salvational.

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[10] See http://www.anthropology-news.org/index.php/2019/04/17/attending-to-the-dark-side-of-medicine/ (Accessed May 2020).

[11] See https://www.theguardian.com/global-development/2020/apr/01/extreme-coronavirus-lockdown-controls-raise-fears-for-worlds-poorest (Accessed May 2020).

[12] See https://www.huffpost.com/entry/100-years-past-due-why-it_b_9853496?guccounter=1 (Accessed May 2020).

[13] See https://www.theguardian.com/world/2020/mar/30/india-wracked-by-greatest-exodus-since-partition-due-to-coronavirus (Accessed May 2020).

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