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THE FORUM

FORUM: COVID-19 and IR Scholarship: One Profession, Many Voices

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The COVID-19 pandemic has affected virtually every aspect of life, for individuals, communities, nations, regions, and the international system. In

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this forum, scholars from around the world with diverse areas of expertise consider the contributions of international relations (IR) scholarship in our understanding of the politics and governance challenges surrounding the pandemic. The seven essays that follow together examine how our current state of knowledge speaks to the theme of ISA 2020: "Multiple Identities and Scholarship in a Global IR: One Profession, Many Voices." Each essay features a research area and body of scholarship that both informs our understanding of the COVID-19 pandemic and reflects on how the pandemic challenges us to push our scholarship and intellectual community further. Together, these essays highlight the diversity of our discipline of IR and how its many voices may bring us together in one conversation.

La pandemia de COVID-19 ha afectado prácticamente a todos los aspectos de la vida para las personas, las comunidades, las naciones, las regiones y el sistema internacional. En este foro, los académicos de todo el mundo con diversas áreas de experiencia consideran las contribuciones de los estudios de las relaciones internacionales (International Relations, IR) a nuestro entendimiento de la política y los desafíos de gobierno que rodean a la pandemia. Los siete ensayos a continuación analizan en conjunto cómo nuestro estado de conocimiento actual aborda el tema de la Asociación de Estudios Internacionales (International Studies Association, ISA) de 2020: "Múltiples identidades y estudios en una IR global: una profesión, muchas voces." Cada ensayo presenta un área de investigación y un cuerpo de estudios que conforman nuestro entendimiento de la pandemia de COVID-19 y también reflexionan sobre cómo esta nos desafía a impulsar aún más a nuestra comunidad académica e intelectual. En conjunto, estos ensayos destacan la diversidad de nuestra disciplina de relaciones internacionales y cómo sus numerosas voces pueden juntarnos en una conversación.

La pandémie de COVID 2019 a affecté pratiquement tous les aspects de la vie, que ce soit les individus, les communautés, les nations, les régions ou le système international. Dans cette tribune, des chercheurs du monde entier spécialisés dans divers domaines d'expertise réfléchissent aux contributions des recherches en relations internationales à notre compréhension des défis politiques et de gouvernance entourant la pandémie. Les sept essais ainsi réunis examinent la manière dont l'état actuel de nos connaissances aborde le thème de la convention 2020 de l'Association d'études internationales : « Identités et recherches multiples dans des relations internationales globales : une profession, de nombreuses voix ». Chaque essai présente un domaine de recherche et un corpus d'études qui éclaire notre compréhension de la pandémie de COVID 2019 tout en amenant une réflexion sur la façon dont la pandémie nous remet en question et nous pousse à aller plus loin dans nos recherches et notre communauté intellectuelle. Ensemble, ces essais mettent en évidence la diversité de notre discipline des relations internationales et la manière dont ses nombreuses voix peuvent nous réunir dans un débat.

Keywords: COVID-19, IR scholarship, global health
Palabras clave: COVID-19, estudios de IR, salud global
Mots clés: COVID 2019, recherche en relations internationales, santé mondiale

COVID-19 and the Limits of the Health–Security Nexus

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In the 2019 Global Health Security Index, a global benchmarking exercise of national health security capabilities, the United States and the United Kingdom ranked top in terms of their overall ability to prevent, detect, and respond to infectious disease epidemics. Yet, at the time of writing, those two countries have registered the first and fifth highest number of total deaths as a direct result of the COVID-19 pandemic.[1] This stark discrepancy serves as my entry point into thinking about international relations (IR) scholarship in light of COVID-19, as it suggests a number of questions that warrant exploring (among the broader set of questions raised in the other contributions to this forum). What assumptions about state capacity and competency are implicit (or explicit) in such exercises? How is preparedness and technical expertise measured and actualized? How does it intersect with political (in)competence and (in)action? With hubris and callousness? With right-wing populism? Perhaps most pressingly, however, are two questions derived from Critical Security Studies: whose health is supposed to be secured by the global health security framework, and should we think about health in security terms at all?

To explore this question, I examine the health–security nexus in light of COVID-19 and argue that the pandemic demonstrates the limits of viewing health through a security lens. I make this argument not because the global health security architecture clearly failed on its own terms to contain or slow the virus' spread, but because treating health as yet another category of security does not allow us to capture—or imagine how we might begin to unpick—all the dynamics, inequalities, and oppressions that cause, worsen, and, in turn, are entrenched by illness. Moreover, the health–security nexus obscures how security thinking and practices fundamentally enable and sustain these dynamics.

I also note that many of the public health measures implemented to control the pandemic—lockdowns, border closures, population surveillance, contact tracing—mimic, map onto, or, indeed, are one and the same as many of the practices that give rise to critiques of security thinking[2] and (re)produce insecurities for some while securing the health of others. A tension thus arises between a critique of security and a normative injunction to search for ways to keep ourselves and each other healthy. My intention here is to suggest directions IR scholarship might take to help us explore this tension, particularly by challenging epistemic parochialism in order to broaden the ways in which we interrogate the historical roots of inequality and both joint and differential vulnerabilities, as well as the contemporary dynamics that sustain and entrench them.

How Critical Security Studies Informs Our Understanding of the Politics of COVID-19

Attempts at transborder collaboration to control diseases—in particular to keep them localized in certain parts of the world *or* to ensure that they do not hinder or slow down the workings of empire and/or capitalism in those localities—are

[1] Brazil, ranked twenty-second overall in the Global Health Security Index, has registered the second highest number of deaths. Moreover, Brazil, the United States, and the United Kingdom are all in the ten worst-affected countries in terms of deaths per capita among countries that have had more than 100 total deaths. Mortality data have been sourced from the Johns Hopkins Coronavirus Resource Center, available at https://coronavirus.jhu.edu/data/mortality (last accessed October 20, 2020).

[2] I am grateful to Hassan Elbahtimy for this articulation.

not new (King 2002; Aginam 2003; Keller 2006; Greene et al. 2013; Packard 2016). However, the forms these attempts at control have taken, logics by which they are justified, and names by which they are known shift and mutate. Thus, in the late 1980s and early 1990s, a fear of microbial threats among parts of the United States' national security community engendered a shift from a focus on specific diseases (e.g., plague and yellow fever) to the unspecified and undefined threat of "emerging infectious diseases," which eventually gave rise to the concept of global health security around the turn of the millennium (Weir 2012; Rushton 2019). This shift was spurred by the HIV/AIDS pandemic that brought public health and fears of state collapse and international instability together (Elbe 2006; Chigudu 2016) and was then entrenched by a string of disease outbreaks, including Severe Acute Respiratory Syndrome (SARS), H5N1 avian flu, H1N1 swine flu, Ebola, and Zika (Elbe 2018; Rushton 2019).

These outbreaks and the responses to them have made health security—and its interplay with risk (Roberts 2019; Kirk 2020)—a core concern for national and international institutions and have led to a host of strategies, initiatives, and agendas aimed at enhancing security, which have firmly interpenetrated health with security and, simultaneously, medicalized insecurity (Elbe 2011). However, despite a discourse that revolves around "universal" vulnerability (Brown 2011), attempts at providing security from this "epidemic of epidemics" (Elbe 2018, 1) have predominantly involved securing the West from health threats emerging from the so-called Global South (existing pathogens, unspecified future pathogens, and people, animals, and goods as vehicles for those pathogens) by containing them there (Rushton 2011).

Of course, critical security scholarship has shown for decades that security practices and logics rely on exclusions: securing some from presumed threats at the expense of others, thus producing insecurities and bringing multivariate forms of power to bear, often against the most marginalized (Robinson 2011; Jabri 2016; Bilgin 2018; Wibben 2018). Health security is no different. What COVID-19 demonstrates—and the Global Health Security Index rankings reinforce—is not only that there was a clear failure to contain the disease but also that security frameworks and logics cannot account for the inequalities, vulnerabilities, and systemic violence that have intersected with and become co-constitutive of the virus.

To give just one stark example of this, a report by Public Health England found that, up to June 2020, death rates from COVID-19 in England were more than three times higher for black people in comparison to white people and more than two times higher for people of Asian ethnicity (Public Health England 2020). The reasons for this are complex, but likely include overrepresentation in lower socioeconomic classes, housing, comorbidities with other (also socioeconomically determined) underlying illnesses, and types of employment and exposure to the virus (Abdul Razaq et al. 2020). Thus, systemic racism has fueled the pandemic and has intersected with gender and class, as types of employment, caring roles, housing, access to outdoor space, access to adequate sanitation, and more, all make people differentially exposed and susceptible to infection by the virus and differentially liable to succumb to the disease. These inequalities cannot be addressed by security thinking and practices, not least because they are often sustained—even caused—by these practices. We can try to eliminate security threats or mitigate risks as much as we like, but pandemics will latch onto much more foundational, systemic inequalities that cannot be technocratically managed away, or addressed merely by stricter, harsher, or more pervasive security measures.

That said, the public health strategies employed as the outbreak took hold—lockdowns, quarantines, case surveillance, contact tracing—have been instrumental in stemming the tide of the pandemic.[3] These are heavy-handed interventions

[3] One study, for example, estimates that non-pharmaceutical interventions in eleven European countries averted approximately three million deaths (Flaxman et al. 2020).

and have involved a significant flexing of state power, especially where they have been forcefully policed. Yet in most places, the raced, gendered, and classed consequences of the pandemic would have been exacerbated manifold had these measures not been taken.

However, these measures have also, *in turn*, produced further insecurities that cut along those same—and other—lines. Lockdowns and shelter at home edicts may increase the risk of (domestic) violence and destitution for women, queer and trans people, migrants and others in insecure (or no) housing (Wenham et al. 2020; Baker 2020). Emergency policing powers may reproduce targeting of specific groups such as Roma communities (Amnesty International 2020) and the economic brunt of lockdown will be borne by those precariously and informally employed (Teachout and Zipfel 2020). Lockdowns and associated border controls have also included export curbs on medical supplies that reinforce existing global inequalities in access to medicines and equipment, and repatriation flights have reaffirmed starkly how citizenship determines who matters and who does not (Ferhani and Rushton 2020). Moreover, tracking and surveillance have shed light on new ways in which power is exercised, perhaps even heralding the arrival of "sensory power" as a new modality of power (Isin and Ruppert 2020).

All this means that IR as a discipline must continue to critique the ways in which these measures were implemented and their consequences, particularly staying attuned to the way public health, medicine, and medical authority are "constantly productive of relations of force" and may always already be imbricated with practices of security and warfare (Howell 2014, 970). Yet this critique, I argue next, must be held in tension with practices that sustain the health of each other and ourselves.

The Challenges of COVID-19 for Critical Security Studies

It may well be that "the securitization ship has already sailed" (Rushton 2019, 2), and states will continue to approach global health issues predominantly from a security lens. However, the terrible impacts and burden of COVID-19 perhaps open up spaces for thinking differently precisely because we have seen that health cannot be reduced to a question of "security" even in state-centric terms, nor can we technically finesse pandemic response mechanisms because of the way diseases take root in the social, political, and economic structures and inequalities of our societies. In this final part of the forum, I want to outline areas where IR scholarship might turn to think differently with and about health.

One—maybe *the*—place to start is with parochial knowledge production, as COVID-19 demonstrates that a reliance on specific expertise, forms, and locality of knowledge production precluded heeding lessons learned by countries first hit by the pandemic in East Asia, and indeed from previous outbreaks (Rutazibwa 2020). This seems at least partly to have been the result of an assumption that a devastating pandemic could not hit "high income countries, the west, the global north, the aid givers, the expert senders, the knowledge producers" (Harman 2020). This is not intended as a call to instrumentalize knowledge originating "elsewhere" in the pursuit of global health security. Rather, it is a call to continue the work of genuinely globalizing and decolonizing IR scholarship, both to understand the different ways the pandemic took hold and how some (regions, states, cities, communities) were better able to contain or respond to it than others, and to revert the injustices of epistemicide (Santos 2014). A glance through the programs of the last five International Studies Association conferences demonstrates that very few scholars from the Global South (and even fewer working at Global South institutions) are presenting work on global health and IR in that space. Clearly there are voices and knowledge missing (and being excluded) from this discussion and we need to move beyond imaginary and methodological Eurocentrism "that assigns superiority and

exceptionality to ... the Global North" and reproduces "this bias in the chosen tools and approaches to study the 'global"' (Rutazibwa and Shilliam 2018, 1).

At the same time, IR scholarship that engages with global health has over-relied on securitization theory to explain how health becomes a matter of global politics and the consequences thereof (Howell 2014; Nunes 2014). This focus on the exceptional risks excising the way "normal" politics conditions health and ill-health. As COVID-19 has further exposed capitalism's "structural and pathogenic qualities" (Sell and Williams 2020, 6), we should look beyond securitization theory and security more generally. A broadened knowledge production and consumption would help us better understand the intersections of gender, race, class, geographical location, sexuality, (dis)ability and more, and how they impact on health (Davies et al. 2019). This, in turn, would help us better appreciate how harm, vulnerability, and unpredictability are experienced differently (Nunes 2014), and how precarity is racialized and renders people differentially vulnerable to death (Agathangelou 2019). Crucially, this broadened scope needs to be situated within the context of the Anthropocene and how climate change and environmental degradation intersects with health, both in terms of the emergence of new pathogens and in creating or worsening the above inequalities (de Freitas Lima Ventura et al. 2020).

Beyond an understanding of vulnerabilities and precarities, a pluralized knowledge economy could also explore "the new forms of solidarity that come to the fore" as they have done during the COVID-19 pandemic (Rutazibwa 2020), for example, through neighborhood mutual aid groups, renewed activism, and demands for open borders and racial equality (especially as policy brutality, the Black Lives Matter movement, and the unequal consequences of COVID-19 intersected), changed patterns of consumption, and more. As noted above, the public health measures avoided much larger-scale loss of life in many countries, and many accepted this imposition of restrictive measures not merely out of felt duty or fear (for their own life or of state power) but out of an understanding that we are collectively responsible for each other's well-being, and particularly for those predisposed to severe illness from the coronavirus. Thinking through how an ethics of care and responsibility can extend both to "proximate relations" and be projected outward (Raghuram, Madge, and Noxolo 2009, 6) in a postcolonial form of cosmopolitanism (Getachew 2019) might be one avenue to pursue to move beyond the trappings of (health) security.

There are always inherent risks to adopting a normative stance like this, but it is a tension we have to learn to live with while constantly re-interrogating the consequences of pursuing such an ethical project. As João Biehl (2016, 134) argues, while critiques of the neocolonial and neoliberal inequities that condition health, and of the governmentality and humanitarian reason that characterizes the praxis of global health "can nuance our thinking about rationality, interventionism, and morality ... their uptake can also elide the very possibility of engagement itself."

So, the call made in this forum entry is for IR scholars to think beyond security as research agendas shift to examining the effects and politics of COVID-19. It is a call to think through practices of care and solidarity and relations of justice while staying attuned to the power dynamics inherent in efforts to keep populations healthy. If lockdowns, quarantines, surveillance, mass testing and contact tracing measures become necessary, how are they implemented in ways that do not unduly burden those already most at risk from a disease? How are burdens shared equitably? What measures are in place to protect those whom lockdown puts at greater risk, not less? What are the accountability measures for when heavy-handed interventions are only necessitated by prior inaction (through short-term failure to implement test and trace systems and long-term defunding of health systems, for example)? What global structures and dynamics produce the precarities that feed a pandemic? These are just some of the questions we might ask.

Legal Compliance Is Not Enough: Cross-Border Travel, Trade Measures, and COVID-19

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Under the World Health Organization's (WHO) International Health Regulations (2005) (IHR [2005]), member states agreed to follow WHO guidance with respect to outbreak-related travel and trade measures and, specifically, to refrain from imposing "additional health measures" that significantly interfere with international traffic and trade without justification (see IHR [2005], Article 43). When the WHO declared the 2019-nCoV outbreak (now known as COVID-19) a Public Health Emergency of International Concern (PHEIC) on January 30, 2020, it recommended against "any travel or trade restriction." Despite this recommendation, all 194 WHO member states subsequently adopted some form of restriction (WHO 2020). While adopting such restrictions when not recommended by WHO is nothing new, a far higher number of countries have imposed a wider variety of cross-border measures during this PHEIC compared to previous health crises (Kamradt-Scott and Rushton 2012; Worsnop 2017a, 2017b).

Most analysis and commentary about the widespread adoption of travel and trade restrictions during COVID-19 has focused on whether they are legally compliant with IHR Article 43, with recommendations calling for reducing legal and textual ambiguities (Habibi et al. 2020; Taylor et al. 2020). While we agree that identifying the measures that legally violate the IHR can be difficult (Lee et al. 2020; von Tigerstrom and Wilson 2020), we argue here that there is a need to move beyond a strict legal interpretation of compliance. In this piece, we make the case for focusing on "compliance as effectiveness"—a common approach taken in IR scholarship that

assesses whether state behavior is consistent with the spirit of the law rather than just the letter. In what follows, we discuss how IR research on treaty compliance sheds light on the politics of COVID-19 when it comes to cross-border measures and the IHR; and in turn, the challenges COVID-19 poses for the study of compliance with the IHR.

How Research on Treaty Compliance Informs Understanding of the Politics of COVID-19

While many IR scholars analyze legal compliance with treaty obligations (letter of the law), others focus on *effectiveness* at achieving the intended purpose of a treaty (spirit of the law) (for example, see Victor 1998; McNamara 2004; Kelley 2007). What does it mean to think about compliance as "effectiveness"? Research on international trade treaties offers an example. Simmons describes the difficulty of identifying legal (non)compliance in this issue area: "trade policies are implemented on thousands of products, and in the absence of authoritative [WTO] rulings, it is hard to know which policies are consistent with treaty obligations and which are not" (Simmons 2010, 284). As such, many scholars of international trade law view treaty effectiveness as a useful approximation of compliance. The overall goal—or spirit—of WTO trade law is to reduce unnecessary and/or inappropriate barriers and promote trade. As such, "if states are complying with their obligations ... we might expect the reduction of trade barriers and growth in trade" (Simmons 2010, 284).

In the case of IHR Article 43, the distinction between compliance with the letter of the law versus the spirit of the law is complex. Article 43 stipulates that states can implement "additional health measures," including cross-border travel and trade restrictions, which deviate from WHO recommendations as long as: (1) those measures are not "more restrictive of international traffic and not more invasive or intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection"; (2) states base their determinations on scientific principles and evidence, as well as guidance from WHO; (3) within forty-eight hours, states provide the public health rationale to WHO for measures that significantly interfere with international traffic and/or trade (where significant interference is refusal or delay of entry/departure of people or goods for more than twenty-four hours); and (4) states review such measures within three months (World Health Organization 2005, Article 43). At first glance, it seems possible to use these criteria to differentiate between legal compliance and noncompliance. However, as many have noted, there is actually significant ambiguity in the text, leaving room for interpretation and subjectivity (von Taylor et al. 2020; Tigerstrom and Wilson 2020). For instance, how is "more restrictive ... than reasonably available alternatives" defined? What is the "appropriate level of health protection"? Who decides what counts as scientific principles and evidence? How, practically, should determinations be made about whether decision-makers considered evidence or WHO guidance?

An alternative focus on the spirit of the law—compliance as effectiveness—is arguably more appropriate. The explicit purpose of the IHR is to "prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade" (World Health Organization 2005). This carefully crafted provision is intended to convey the inherent balance that member states sought to achieve, when updating the treaty in 2005 that in order to halt the international spread of disease, some disruption to international traffic and trade may be warranted, even necessary. However, any disruption needs to be kept to the absolute minimum to avoid gratuitous harm to economies and societies. These harms can extend to public health and outbreak response itself since travel and trade restrictions can delay outbreak reporting by

governments seeking to avoid being the target of restrictions, discourage the disclosure of health information by individuals, and disrupt the movement of health workers and supplies.

To that end, during a PHEIC the IHR (2005) empowers WHO to make temporary recommendations about which measures achieve the dual purpose of protecting public health with minimal interference in international traffic and trade. Yet, as some have noted, since the IHR's entry into force there have been considerable inconsistencies in how the letter of the IHR law has been interpreted and applied (Mullen et al. 2020). If, however, these provisions are interpreted consistently with the spirit of the IHR, whereby only measures which are absolutely essential to halting the international spread of disease are deemed appropriate, states that impose measures that unjustifiably inhibit international travel and trade may be viewed as acting contrary to the overall intent of the IHR, even though it is difficult to say whether these states are technically violating the letter of the agreement.

This approach, admittedly, may still be deemed by some to be highly subjective. We argue, however, that measures weighed against the purpose of the IHR are far less likely to fall between the interpretative chasms of textual ambiguity that exist within the current IHR. While many measures implemented during the COVID-19 pandemic may be legally justifiable on account they do not technically breach the terms of Article 43, or because countries sought to justify their actions—despite the challenges of measuring effectiveness of these measures during an outbreak (Grépin et al. 2020)—such measures may be considered far less valid when evaluated against the overall purpose, or spirit, of the IHR. For instance, measures that target specific nationalities rather than travelers from particular geographic areas are likely inconsistent with the spirit of the IHR: Paraguay's suspension of visas for Chinese citizens in early February would fall under this category (Paraguay Ministry of Foreign Affairs 2020). Similarly, measures that target a group of countries while excluding others with a similar epidemiological profile and similar trade and travel connections are less likely to be based on scientific evidence or public health rationale. The United States' suspension of travel to and from the Schengen area while initially excluding the United Kingdom in mid-March is an example (Aratani et al. 2020).

Beyond the practical difficulties of defining compliance using the letter of the law approach, IR scholarship points to two key reasons why focusing on legal compliance is insufficient for Article 43 of the IHR. First, the gap between the letter and the spirit of the law may be too large for legal compliance to be meaningful in this case. While one might hope for the letter and the spirit of the law to perfectly align, IR scholarship tells us that states sometimes make shallow international agreements that require little change in behavior (Abbott et al. 2000). As such, in some cases legal compliance could have limited impact on the overall desired outcome of the agreement. In the case of the IHR, the number of states imposing a wide variety of travel and trade measures during COVID-19 demonstrates that the gap between the letter of the law and the spirit may be quite large. Many of the measures imposed by governments are not covered by the IHR even though they significantly interfere with international traffic and/or trade. Export restrictions on personal protective equipment are a clear example because they are not even covered under the IHR (2005) since they do not constitute a "health measure" which is defined to include only "procedures applied to prevent the spread of disease or contamination" (World Health Organization 2005, 8). Further, most countries imposing trade or travel restrictions during COVID-19 provided their public health rationale to WHO, at least for measures imposed early on (World Health Organization 2020, 5). As such, a majority of countries arguably may well be in legal compliance with the IHR during COVID-19, yet, international travel and trade is severely disrupted. Accordingly, focusing exclusively on legal compliance without the broader context of whether such actions are consistent with the overall purpose of the IHR to protect public health

while minimizing unnecessary interference in international traffic and trade, risks missing the forest for the trees.

Second, while clarifying the textual ambiguities in the IHR would make it easier for states and others to identify legal (non)compliance, such ambiguities may have been purposive. Expectations that future iterations of the IHR can improve clarity may thus be unrealistic. IR scholarship tells us that states often intentionally build ambiguities into agreements during the design phase, especially in mixed motive situations where disagreements among states make negotiation costs high (Abbott and Snidal 2000). States hope that scope for interpretation will allow them to prosecute their own interests later. Even in negotiating the IHR (2005) following the 2003 outbreak of SARS, in which WHO's role was widely celebrated, states were unwilling to agree to precise language committing them to follow WHO recommendations during outbreaks. It is therefore doubtful states will support clarifying textual ambiguities within the IHR following COVID-19, especially when WHO's role has been criticized by some, including its advice not to adopt travel and trade measures. In short, challenges to identifying legal (non)compliance are likely to persist.

The Challenges of COVID-19 for the study of IHR Compliance

For these reasons, the COVID-19 pandemic makes clear that legal compliance is not enough. As we evaluate WHO's response and look ahead to future revisions of the IHR, a first order task will be assessing the extent to which state behavior was consistent with the overall purpose of the IHR to protect public health while minimizing unnecessary interference in international traffic and trade. Specifically, focusing on the spirit of the law, rather than the letter, raises the key question that must be answered before pursuing the legal specifics of revision: should the IHR's dual purpose be reconsidered or reemphasized in light of the widespread adoption of measures that interfere with traffic and trade during COVID-19, and how? Though focusing on the overall purpose and spirit of the IHR rather than a strictly legal interpretation is more meaningful in this case, given the potentially large gap between the letter and the spirit of the law, the pandemic also makes clear that we are still far from being able to evaluate whether actions are consistent with even the spirit of the law. Doing so requires a reevaluation and strengthening of the evidence base for the benefits and harms of such measures.

COVID-19 has underscored that evidence of the effectiveness of different cross-border travel measures is weak (Grépin et al. 2020; Burns et al. 2020). For example, cross-border measures may interact with domestic public health measures adopted concurrently or other confounding contextual factors like geography, underlying health status, or political system. We also know little about the comparative effectiveness of different types of measures under different circumstances. And there has been little analysis of the utility of cross-border measures at later stages of an outbreak. For instance, while Canada's restriction of nonessential travel from the United States did not prevent outbreak spread at the outset, it is certainly possible that the decision to extend that restriction through the fall of 2020 is justifiable given the failed US response and colder weather that is expected to drive cases up (McMahon 2020). Yet, the reciprocal US restriction of nonessential travel from Canada may make comparatively less sense given relatively lower transmission in Canada. Further, the added value (and harms) of these border restrictions given the domestic public health measures in both countries remain unknown and are likely variable.

Relatedly, research on these measures must look not only at impact on disease spread, but also at the potential social, economic, and political consequences that can be inequitably experienced at the individual, community, and country level. As with domestic "lockdowns" (Fisher and Bubola 2020), COVID-19 makes clear that cross-border measures likely disproportionately harm those with preexisting

vulnerabilities (Bottan et al. 2020). For example, Filipino migrant workers employed abroad have been particularly hard hit by travel restrictions during COVID-19 (Cabato 2020). Flight restrictions have also disrupted the delivery of medical equipment and personnel to countries and communities in need (Devi 2020). Some economies—and the individuals living within them—have been more seriously harmed by cross-border measures than others due to varied reliance on tourism or trade (UNCTAD 2020). Furthermore, not all governments' first priority is public health protection—an ability to claim that cross-border measures are outbreak related may provide political cover for governments to take otherwise discriminatory trade and immigration measures, or to pursue some other domestic or geopolitical goal. Yet these differential impacts and rationales are not currently accounted for in the IHR or WHO's recommendations about cross-border measures that cannot capture the nuance required for varied country contexts, interests, and needs.

A strengthened evidence base to help weigh the public health, social, economic, and political benefits and harms of cross-border measures will make it possible to assess the utility of the dual purpose of the IHR, whether it is achieved during COVID-19 and future outbreaks, and how to better align the letter and the spirit of the law as the IHR revision moves forward. While IR scholarship helps to navigate the terrain between the letter and the spirit of the law when it comes to cross-border travel and trade measures and the IHR, COVID-19 highlights key challenges that remain in assessing IHR compliance. This demands a rethink of its overall purpose and implementation, supported by a more robust research agenda on the impacts of cross-border measures, and governments' varied motivations for imposing specific measures at certain times.

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The COVID-19 Pandemic and IR Scholarship from the Global South

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Tensions between the United States and China are far from new. Although formally committed to the independence and territorial integrity of China, the United States in the modern period has frequently chosen to prioritize competition at the expense of cooperation. As the historian Walter LaFeber (2013, 196–99) has shown, balance-of-power diplomacy and commitment to the Open Door were in the post-1880 era systematically undermined by nationalism and a more or less open racism. This racism depicted China and the Chinese as inherently inferior not only to the West but also to other non-Western powers, including Japan. Even before the COVID-19 pandemic, the proper attitude toward China was debated and cross-examined by realists and liberal internationalists.

The Clinton administration's belief in the possibility of a peaceful rise of the People's Republic of China was put into question by John Mearsheimer's (2001) pessimistic understanding that conflict between the two countries is inevitable. This

prediction followed the tenets of Mearsheimer's structural offensive realism, which argues that the United States is by definition opposed to any potential regional hegemon in Asia or elsewhere. Of course, such predictions frequently act as self-fulfilling prophecies hindering other possible courses of action. As Lloyd Gardner (1970, 318) points out with particular reference to the Cold War, the illusions entertained by American intellectuals and policymakers during that period stopped them from showing the necessary flexibility in their dealings with Soviet Russia; the same could be argued today with regard to China and its ill-founded guilt for COVID-19.

This essay argues that what Imad Mansour (2017), Jochen Kleinschmidt (2018), and others, portray as a Global South perspective on IR theory could help us explain tensions in the relations between the United States and China in the aftermath of COVID-19, and reconsider the relationship between the Global South and the Global North. Although the ongoing epidemiological outbreak has confirmed the unequal distribution of the advantages of medicine and public health in the modern era (Bashford 2006, 1), it has also demonstrated how much nations and individuals all over the world share independent of geographic boundaries. The universal human interest in health, and the necessity of international cooperation in the face of a common viral enemy, offers the bases of the broad-based definition of the Global South adopted in this essay. This definition is attuned to sociological and other trends intensified by the COVID-19 outbreak, and reflects the Janus-faced nature of globalization as an agent of homogenization and an amplifier of social and international inequalities. As a syndemic and not an epidemic in the conventional sense of the term (Horton 2020), COVID-19 prompts us to think again about inequalities, their impact on health, and the ways in which they affect oppressed and subaltern groups independent of territorial boundaries.

How Engaging with the Global South Informs Our Understanding of the Politics of COVID-19

COVID-19 has complicated the relations between the United States and China because of Donald Trump's ill-thought-out references to a "Chinese virus" and "kung flu." Those references have triggered analogous Chinese responses evoking the specter of a political virus spreading through the United States and stigmatizing China. China's threat to withhold medical equipment from the United States and Europe during the pandemic, cyberattack against Australia, and disinformation attempts around COVID-19 have also undermined the prospects of effective international cooperation (Helberg 2020).

What following in the footsteps of Fred Halliday (1986) one could describe as the Third Cold War could have negative consequences for IR scholarship and the existence of "many voices" in the study of IR. Chinese and other students from the Global South studying in the United States were the first victims of the Third Cold War, but what is really at stake is the future of IR scholarship. As English School scholars such as E. H. Carr understood well, the future of our discipline is for better or worse connected to the elusive but all-important entity known as international society. Every crisis of international society involving major powers cannot leave untouched IR scholarship, which is enriched by the methodological and substantive contributions of the Global South.

In this essay, I discuss the new Cold War between the United States and China, and put forward a broad-based definition of the Global South that prioritizes global social processes over strictly geographic criteria. As Kleinschmidt (2018) points out, spatialized inequalities were the main concern of students of the Third World or even North–South relations. By contrast, Global South scholars do not take for granted the ontological priority of territorial units over social and cultural processes that exceed geographic boundaries.

The data and views provided by the Quincy Institute for Responsible Statecraft and the Center for Public Integrity help us take into account the syndemic nature

of the present global health threat and appreciate the fact that the story of COVID-19 is intimately linked to histories of conflict and exploitation between and within our societies. Engaging with the views of the Quincy Institute and the Center for Public Integrity also reveals the dialectic relationship between the domestic and the international politics of COVID-19, and the ways in which the virus adversely affects the members of the Global South. As the unintended victim of both the new Cold War between the United States and China, and the virus itself, the Global South could potentially emerge as a new social, political, and intellectual subject and challenge the distinction between the domestic and international politics of COVID-19.

COVID-19 and the Quincy Institute for Responsible Statecraft

Since the first stages of the COVID-19 pandemic, the action-oriented think tank Quincy Institute for Responsible Statecraft has been problematizing the stigmatization of Asian Americans and arguing against a new Cold War with China. Such a war could have disastrous consequences for pandemic management cooperation and environmental collaboration. Although Trump's confrontational attitude toward China serves a number of domestic political purposes—primarily deflecting attention away from public health failures—it is also supported and encouraged by special interests. The Institute emphasizes the role of arms manufacturers and key Trump supporters connected to spiritual cults opposed to the Chinese Communist Party (CCP). The role of the conservative Epoch Media Group and its connections to the Chinese anti-communist spiritual movement Falun Gong will be debated and investigated by future historians. The Quincy Institute's preoccupation with COVID-19 is rooted in a more general understanding of the importance of nonmilitary threats to national security, including epidemics and natural disasters.

Global South scholars could develop further the Institute's central belief that in an age of nonmilitary threats to national security, including COVID-19, returning to power politics is clearly counterproductive. China and the United States have more to lose and less to gain by confronting each other at the expense of their citizens and the world at large. It should also be noted that, as the Institute shows, the new Cold War between the United States and China takes place both between and within countries. For example, anti-Asian bigotry threatens to undermine America's liberal social structure and could be used to justify the further suppression of human rights in China. Global South scholars should systemically explore the complex connections between the domestic and international politics of COVID-19, while drawing attention to the fundamental fact that the pandemic could have been used as an opportunity for intensified cooperation in health and possibly other policy fields as well (Zizek 2020). This could have benefited the Global South but also reduced the general impact of a virus not recognizing geographic boundaries.

COVID-19 and the Center for Public Integrity

In the aftermath of the murders of George Floyd and Breonna Taylor, Global South does not refer only to scholars from China or other Asian or African countries, but also includes subaltern and oppressed groups in the United States and the developed world at large. As Amy Kaplan and Donald Pease showed in the pathbreaking collective volume *Cultures of United States Imperialism* (1993), the multiple histories of continental and overseas expansion are intimately linked to domestic questions, including the experience of slavery. According to the late William Appleman Williams as interpreted by Kaplan (1993, 14), imperialism does not concern only the foreign subjects of US domination, but is also of concern to US citizens, who either benefit from it or are subjugated to it.

Since the beginning of the pandemic, the investigative newsroom the Center for Public Integrity has been doing an excellent job documenting the relationship

between COVID-19 and inequality in its various manifestations. According to the Center, inequality is an essential dimension of the pandemic, since it does not affect people equally. Racial, class, and regional disparities are accentuated by a seemingly egalitarian disease that reveals the flaws of the existing healthcare system. People of color are among the most prominent victims of COVID-19, but children, persons with disabilities, and low-profile hospital workers face their own special set of problems. Hate crimes and hate speech against Asian communities are a particularly problematic aspect of the post-COVID-19 social landscape, since more than 30 percent of Americans have witnessed bias against Asian Americans (Ellerbeck 2020).

Without explicitly referring to a new or Third Cold War, the Center shows how a number of concerns regarding China's role during the pandemic lead to forms of anti-Asian bigotry within the United States. Taken together, the views of the Quincy Institute and the Center for Public Integrity show how closely linked the domestic and international politics of COVID-19 actually are. As a social and an international subject, the Global South is uniquely equipped to explore the ways in which the domestic and international politics of COVID-19 intersect and influence one another. Although at the moment those connections are mainly negative, there is always the possibility for developing forms of resistance that transcend the domestic/international divide and challenge the existing hegemonic order in its domestic and international manifestations (Cepeda-Masmela 2020).

During the last years, ISA has taken practical steps to increase the visibility of underrepresented groups disproportionately affected by COVID-19. This is attested by the existence and action of collective bodies such as the Committee on the Status of Engagement with the Global South, the Committee on the Status of Representation and Diversity, and the Committee on the Status of Women (CSW). A number of caucuses have also put considerable effort into safeguarding and embedding diversity within the discipline and problematizing various axes of exclusion. The ISA2020 theme "One Profession, Many Voices" went beyond diversity as such and asked important questions regarding how our identities shape our subjects and methodologies. In concrete terms, such questions revolve around how the prominence and visibility of particular identity groups within the discipline contribute to the emergence of specific subjects and agendas. As Karen Smith and Arlene Tickner (2020) point out, despite increased self-reflection, many scholars continue to ignore how race, class, gender, and other factors condition their understanding of international affairs. The underlying epistemological approach here is more Lakatosian than Kuhnian or Popperian, since it is facile to believe that scientific paradigms rise and fall according to their internal merits alone. What Smith and Tickner describe as the problematic and exclusionary character of the field cannot be altered overnight, but only being gradually subverted by thinking and writing differently about IR and COVID-19.

The Challenges of COVID-19 for Renegotiating the Relationship between the Global South and the Global North

Writing about IR as an American social science more than forty years ago, the Harvard Europeanist Stanley Hoffmann (1977) bemoaned the lack of attention to theory properly understood, intellectual fragmentation, and the emphasis on the contemporary at the expense of the historical. The practical side of those problems was the oscillation of political scientists between the mutually unsatisfying options of practical irrelevance and absorption into the world of power. In 2000, Steve Smith posed the question if IR was still an American social science and connected this problem to debates concerning rationalist and reflectivist approaches to IR theory. Independent of the particular conclusions reached by Smith regarding the academic communities of the United Kingdom and the United States, what one should

bear in mind is that IR scholarship from the Global South is the only available antidote to what E. H. Carr saw as the study of the world from positions of power.

In this essay, I have argued in favor of a broad-based definition of the Global South in order to include underrepresented and marginalized groups independent of geographic factors and restrictions. Although such factors have by no means lost their significance, it would be a mistake to see states such as the United States and China as the representatives of sealed-off and internally coherent civilizations, as Samuel Huntington (1996) chooses to do. Peace science scholars have correctly criticized Huntington's theory on empirical grounds and shown that liberal and realist variables are ultimately more important than civilizational difference in explaining international conflict (Russett et al. 2000). Despite its conservative political connotations and continued emphasis on religion, Huntington's (2004) later work recognized that challenges to American national identity can very well be internal and not external to American society. This has far-reaching consequences. Mearsheimer's apparently persuasive theories are in practice contradicted by statesmen choosing cooperation with others as the best way to maximize the interests of their nation in a diverse world. Ultimately, the existence and multiplication of "many voices in IR" goes along with the rejection of what the theorist of orientalism and cultural critic Edward Said (2001) aptly characterized as the clash of ignorance. As Williams has shown on various occasions, externalizing evil is an essential pattern of imperial behavior and should be avoided in the case of other nations and/or civilizations.

In order to move away from a world of conflicting civilizations, we need a new understanding of democracy and a renewed emphasis on toleration. As Laclau and Zac's (1994, 35–37) post-Marxist political theory reminds us, democracy in the modern sense of the term corresponds to the establishment of a social space whose function should be dissociated from any actual political content precisely because any content is able to occupy that space. Toleration, according to Michael Walzer (1997, 11), fundamentally refers to something that one does not need to endorse in order to coexist with it peacefully. Even the value of mimesis might be relevant in this context since, as Theodor Adorno (1978) contemplates, we actually become human only by imitating other people. The ongoing process of politicization of global health means that epidemiological outbreaks can be construed and interpreted in different ways. It is our responsibility as IR scholars to contribute to international cooperation and support the Global South, which is disproportionately affected by COVID-19. The viruses' syndemic nature means that it cannot be contained without addressing inequalities and rectifying imbalances of power. Martin Luther King's moral intuition that we all came on different ships but ended up on the same boat, may in the aftermath of COVID-19 be applicable to the Global South and the world at large.

COVID-19, the Crisis of South American Regionalism, and the Relevance of Regional Institutions for Global Health Governance

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The COVID-19 pandemic has revealed the structural weakness of global health governance (hereafter GHG) in the area of infectious disease control. The pandemic triggered uncoordinated national responses based on different—at times, incompatible—strategies, which have made the containment of the virus difficult

and fueled interstate tensions concerning the performance of health governance institutions at the regional and global levels. This is particularly true in South America, where the crisis of regional organizations (ROs)—and, more broadly, of regionalism—has hampered interstate coordination to tackle the spread of the virus. In contrast to what has happened in other world regions, COVID-19 has not pushed South American states to expand collective efforts and develop the tools the region needs to respond to transnational challenges such as pandemics. The current paralysis of regional health governance is puzzling given the prominence of public health in South American regionalism since the early 2000s. This essay explores the causes of the breakdown of South America's health governance and illuminates its effects on states' capacity to deal with COVID-19, contrasting South America's situation with health governance responses in Africa, Central America, and Europe. In so doing, the essay discusses the relevance of regional institutions for GHG, while generating policy-oriented knowledge aimed at stimulating public debate among health practitioners and decision-makers on how to consolidate South America's health governance.

How the Study of Regional Health Governance Informs Our Understanding of the Politics of COVID-19

Health issues have traditionally been a key driver of international cooperation. This is primarily due to the transnational nature of many health threats, which endanger lives across borders and create high levels of interdependence among governments (Lee et al. 2002; Buse et al. 2009). High interdependence has created strong incentives to cooperate across both the developed and the developing world, particularly in managing the spread of infectious diseases.[4] The increasingly rapid flow of goods and people across borders has accelerated the spread of pathogens like COVID-19 and SARS, creating health challenges that defy Westphalian sovereignty and make transnational cooperation imperative (Fidler 2003; Youde 2020). The complexity of transnational health challenges has stimulated a rich literature on GHG[5], which maps relevant governance-making actors and analyzes challenges to international institutions' legitimacy and effectiveness posed by transnational coordination (Lee et al. 2002; Clinton and Sridhar 2017; McInnes and Kelley 2012; Youde 2018). Focusing on the global domain, the literature has investigated the role and performance of the WHO, transnational NGOs like the Bill and Melinda Gates Foundation (BMGF), and global public–private partnerships (PPPs) such as the GAVI Vaccine Alliance (Youde 2012; Clinton and Sridhar 2017; McInnes et al. 2020). Yet, the literature has largely overlooked a crucial component of GHG: regionalism.

Situated between the domestic and the global, regions have emerged as a strategic policy space for states to govern interdependence and provide collective goods (Börzel and van Hüllen 2015; Börzel and Risse 2016; Söderbaum 2016; Acharya 2018). This is particularly the case with respect to transnational health challenges, which can generate severe negative externalities among neighboring states. The literature on regionalism has explored the role of ROs as privileged platforms for articulating health governance through the coordination among states, international organizations, and foreign donors (Deacon et al. 2010; Riggirozzi and Yeates 2015; Bianculli and Hoffmann 2016). States engage in health governance initiatives within ROs for a variety of reasons, such as disease control, sharing best

[4] International health cooperation started in Europe, following the Napoleonic Wars, to address the spreading of infectious diseases that was harming international trade (see Dodgson et al. 2002).

[5] Fidler defines GHG as "the use of formal and informal institutions, rules, and processes by states, intergovernmental organizations, and non-state actors to deal with challenges to health that require cross-border collective action to address effectively" (Fidler 2010, 3). The GHG literature builds upon the concept of *global governance*, which made its way in the IR scholarship in the 1990s (Rosenau and Czempiel 1992) to study the regulation of interdependent cross-border relations through shared norms, rules, and functional cooperation, in the absence of an overarching (supranational) political authority (Acharya 2016; Dingwerth and Pattberg 2006; Weiss 2013).

public health practices, attracting external funds, coordinating joint positions in multilateral fora, deflecting governance transfer by external actors, and regional powers' leadership initiatives. The institutional design and effects of health governance varies greatly across regions, depending on states' capacities, the presence of regional leaders willing to sustain collective action, the existence of transgovernmental expert networks, and the involvement of external actors.

Regional Health Governance in South America

Regional health cooperation among South American states has a dynamic history, which dates back to the early twentieth century. Collective action was initially pursued at the hemispheric level in the framework of the Pan-American Health Organization (PAHO)[6] and further developed—between the 1970s and the 1990s—at the subregional level through the establishment of the Andean Health Body (which is part of the Andean integration system), the Amazon Region's Special Health Commission (part of the Amazon Cooperation Treaty Organization), and the Technical Sub-group on Public Health of the Common Market of the South (MERCOSUR) (Buss and Tobar 2018). Through these institutions, South American states have cooperated in the fight against infectious diseases (e.g., HIV, malaria, and dengue) through the adoption of shared epidemiological and sanitary practices. In the early 2000s, a broader regional health governance architecture started to emerge, under the initial impulse of Argentina and the subsequent leadership of Brazil. Building upon preexisting health cooperation, South American states articulated a comprehensive regional health agenda with a focus on access to medicines. Throughout the 1990s, South American health systems had proved vulnerable to sudden increases in the price of essential medicines (e.g., antiretrovirals) produced by international laboratories. To address this shared threat, South American states coordinated joint medicine purchases, which produced significant savings through the negotiation of lower prices, especially for smaller countries. Another outcome of South America's emerging health governance was the articulation of a joint position regarding the reform of the IHR negotiated in the WHO.

But it was under the leadership of the Brazilian government of Lula da Silva that regional health governance became fully institutionalized through the creation of the South American Health Council in 2008, which was inserted into the intergovernmental framework of the Union of South American Nations (UNASUR). Through the creation of UNASUR Health, Brazil promoted a South–South cooperation agenda aimed at increasing the region's autonomy from vertical North–South cooperation (Almeida et al. 2010; Buss 2011; Ventura 2013). Brazil's proposal unfolded in a sector characterized by convergent state preferences and preexisting linkages between South American health bureaucracies, which facilitated regional cooperation. UNASUR Health became a success story, as the literature has shown (Herrero and Tussie 2015; Riggirozzi 2015; Agostinis 2019). Within the council, member states conducted multilevel cooperation that involved a wide array of actors, ranging from health ministers to national bureaucrats and nonstate experts. In 2011, South American states created the South American Institute of Governance in Health (ISAGS), a technical consultative agency of UNASUR Health in charge of identifying the needs of member states' health systems, supporting domestic capacity building, and facilitating the articulation of shared positions in global negotiations. UNASUR Health became the pillar of South America's health governance architecture, which catalyzed the diffusion of best practices, the consolidation of transgovernmental expert networks, the mapping of policy-oriented information

[6] PAHO (established in 1902) is the world's oldest international public health agency and brings together all thirty-five American states. Since the creation of the WHO in 1948, PAHO has served as the WHO Regional Office for the Americas.

related with medicine prices and production capacities, and the coordination of joint positions in the WHO on issues like generic drugs and social determinants of health (Riggirozzi 2014; Herrero and Tussie 2015; Agostinis 2019; Herrero et al. 2019; Hoffmann and Tabak 2020; Bianculli et al. 2021).

The Disintegration of UNASUR and Its Effects on the Fight against COVID-19: South America's Response in Comparative Perspective

Since 2016, UNASUR has experienced a severe political and institutional crisis caused by intergovernmental disputes related to the RO's inability to counter democratic backsliding in Venezuela. Domestic political changes in key member states (e.g., Argentina and Brazil) brought to power governments that firmly condemned the illiberal practices of the Venezuelan government of Nicolás Maduro, which yet was able to neutralize neighboring governments' opposition within UNASUR by exploiting the RO's decision-making system based on consensus. UNASUR's resulting institutional paralysis impelled nine member states—including Brazil—to withdraw from the RO, precipitating a disintegration process that is unprecedented in the history of South American regionalism. Brazil was the only actor that possessed the leadership capacities for facilitating a negotiated solution to the crisis. Yet Brazil's foreign policy was paralyzed during and after the 2016 impeachment of President Dilma Rousseff. The election of right-wing nationalist Jair Bolsonaro as president exacerbated Brazil's withdrawal from this regional leadership role, giving the finishing blow not only to UNASUR but also to South America's health governance. UNASUR's disintegration provoked the dismantling of UNASUR Health and ISAGS, as well as the disarticulation of the transgovernmental networks of health experts that had driven regional governance. South America's intergovernmental governance mode thus proved vulnerable to the traditional weaknesses of South American regionalism: domestic political changes and intergovernmental conflicts. This is the result of states' persistent reluctance to delegate authority to supranational institutions and pool sovereignty and resources within ROs, which makes governance efforts susceptible to erratic inter-presidential dynamics (Malamud 2005).

The rampant spread of COVID-19 in South America demonstrates the grave consequences of dismantling regional health governance. In the absence of a common cooperation platform, South American states have been unable to develop a coordinated strategy for responding to the virus. For instance, there has been almost no formal cooperation on the implementation of shared quarantine protocols, the obtainment of essential medical resources through joint purchases, or the deployment of testing and tracing technologies. In particular, no regionally coordinated approach has emerged for the production and distribution of a COVID-19 vaccine. Each South American state has unilaterally pursued a domestic strategy based on clinical trials and purchase/distribution agreements with different vaccine manufactures (ranging from China's Sinovac and Russia's Gamaleya Center to multinational laboratories such as AstraZeneca and Pfizer). The difficulties in dealing with COVID-19 evince the imperative of regional cooperation in a region marked by limited state capacities and a persistent dependence on extra-regional markets. The dismantling of UNASUR has precipitated subregional fragmentation. South American states have initiated cooperation within the Andean Community (CAN) and MERCOSUR.[7] Such efforts have allowed collecting and disseminating information on member states' epidemiological situation and domestic strategies, and have been aided by the UN Economic Commission for Latin America and the Caribbean (ECLAC) and PAHO. However, these efforts fall short of South American states' need for a common protocol for tackling COVID-19.

[7] MERCOSUR created a US$16 million joint fund for buying test kits and personal protective equipment. However, this amount looks like a drop in the bucket given the scale of the emergency facing member states.

South America's situation stands in stark contrast with how other regions have responded to COVID-19. After a slow start, the EU and its member states have developed shared measures to curtail the spread of the virus, while ensuring the provision of essential medical resources and supporting domestic economic relief and assistance packages[8]. Regional supranational institutions such as the EU Commission, the European Centre for Disease Prevention and Control (ECDPC), and the European Central Bank have driven the health governance response to COVID-19. They distributed policy-oriented information and financial resources, conducted joint purchases of medicines (including vaccines) and medical equipment, and facilitated interstate coordination regarding travel restrictions. Likewise, operating within the Central American Integration System (SICA), and with the support of the Coordination Centre for Disaster Prevention in Central America and the Dominican Republic (CEPREDENAC), Central American states have adopted a coordinated strategy against COVID-19[9] pivoted on the epidemiological data provided by SICA's COVID-19 Information and Coordination Platform[10], and on the financial resources disbursed by the Central American Bank for Economic Integration (CABEI). Also in Central America, regional technical institutions such as the SICA General Secretariat, the CEPREDENAC, and the CABEI have driven the health governance response to COVID-19. The case of Africa further confirms the driving role of regional supranational institutions in the fight against the pandemic. The Commission of the African Union, in coordination with the African Center for Disease Control (CDC), crafted a regional strategy[11] pivoted on the coordinated deployment of testing and tracing devices, the issuing of standardized epidemiological procedures, and the establishment of a centralized medical supplies platform to facilitate the purchase of certified medical equipment. Additionally, the African Development Bank and the Africa Export Import Bank have provided African states with financial resources to address the socioeconomic impact of COVID-19 and purchase vaccines from suppliers certified by the Africa CDC. The cases of Africa, Central America, and Europe show the relevance of regional institutions (technically oriented ones, in particular) for the coordination of shared responses to transnational health challenges across both the Global North and the Global South.

The Challenges of COVID-19 for GHG: The Relevance of Regional Institutions and the Way Forward for South America

Behind the COVID-19 pandemic, there is a dramatic GHG failure. States and international institutions have found themselves unprepared, lacking the appropriate tools for managing this transnational exogenous shock. Furthermore, global health institutions have been undermined by the ongoing power struggle between the United States and China, which has reduced their effectiveness and legitimacy in the fight against COVID-19 (Johnson 2020). In the context of global multilateralism's crisis, regional institutions have consolidated their role as strategic platforms for governing the negative externalities of global interdependence, notably including pandemics. As Carreiras and Malamud (2020, 20–21) point out, combatting pandemics requires interstate cooperation inasmuch as public health is a *network good* whose effectiveness increases with its dissemination. This is particularly true for developing states, which are dependent on external trade and have limited public health capacities. For them, regional cooperation is essential for obtaining access to the information, medical tools, and financial resources needed to tackle the spread of deadly viruses. The extent to which the dismantling of UNASUR has undermined

[8] https://europa.eu/european-union/coronavirus-response_en.

[9] https://reliefweb.int/sites/reliefweb.int/files/resources/Central%20America%20allied%20against%20the%20Coronavirus%20COVID-19.pdf.

[10] https://www.cepredenac.org/covid-19.

[11] https://africacdc.org/download/africa-joint-continental-strategy-for-covid-19-outbreak/.

South America's ability to confront COVID-19 confirms this point. Although the history of South American ROs' manifold crises suggests that there is little room for the functional optimism of European integration theory, the COVID-19 pandemic may create powerful incentives for institution building and policy innovation in the region. South American states need to establish governance mechanisms for the timely sharing of epidemiological information and the coordination of joint purchases of medicines and health equipment. In particular, South American states would benefit from establishing a regional technically oriented institution charged with preventing, monitoring, and controlling the spread of infectious diseases, on the model of Africa's CDC or the EU's ECDPC. UNASUR's breakdown illustrates the risks of embedding such an institution in intergovernmental ROs.

The breakdown of the Brazil-led health governance project shows that South–South cooperation often still suffers from an excessive dependence on interpresidential diplomacy and the structural limitations that follow from weak state capacity. South American states would benefit from developing a more inclusive health governance architecture, which establishes partnerships with extraregional actors, from both the Global South and the Global North. Such diversification would make regional health governance more resistant to domestic political change, intergovernmental conflict, and exogenous shocks. Finally, transgovernmental expert networks should be at the center of the reconstruction of South America's health governance, as they are endowed with the technical skills to articulate shared responses to global health challenges. The consolidation of such networks could be achieved by establishing technical regional institutions, such as a South American CDC, which operate autonomously from intergovernmental politics and draw their budget from a mix of national quotas and external funds proportioned by regional development banks and external donors (following the examples of Africa and Central America). This would not only increase the effectiveness of South American health governance, but also contribute to the articulation of a stronger GHG, capable of preventing the next pandemic through the expedient collection and dissemination of critical information among technical regional institutions across different world regions.

As this essay tried to show, the COVID-19 pandemic urges IR scholars to develop a comparative research agenda on the modes and effects of health governance across different world regions. This, in turn, will advance our understanding of the logic of the regional–global governance nexus in the key area of public health.

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Beyond Great Power Politics: Conceptualizing Philanthropy's Return to International Relations through COVID-19

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Debate among scholars of IR regarding how the COVID-19 pandemic will affect the international system has centered on great power politics and the confrontation playing out between the United States and China through the World Health

Organization (WHO). Their central question conceives of power in the global system as zero-sum: as the United States has stepped away from global health leadership under the Trump administration, who is filling the void? Such analyses not only overlook new alliances being formed by other states to address COVID-19—the disease caused by the novel pathogen SARS-CoV-2 first detected in December 2019 (see Kickbush 2020)—they also disregard another major actor in the pandemic response: private philanthropy. Private foundations account for 20 percent of development assistance for health (IHME 2019). The most prominent among them, the Bill and Melinda Gates Foundation (BMGF), is the WHO's second largest funder, behind the US government. Over the past two decades, public-private partnerships (PPPs) have elevated the voices of private donors, creating more direct vectors of influence including voting rights and seats on governing boards. Yet private foundations rarely gave directly to global health emergency response prior to the 2014 Ebola outbreak, preferring instead to give to longer-term needs. Bill Gates has in fact gone on the record stating private donors cannot fill the roles of states (Hodal 2017). Reticent or not, private foundation engagement in the COVID-19 crisis underscores their role as prominent actors in global health governance—and a growing force in other issue areas—yet to be systematically explored in IR scholarship.

Advancing an argument that IR scholarship must account for private philanthropy as an actor in order to integrate health politics with other issue areas, this essay: (1) identifies ways in which research on philanthropy informs our understanding of the politics of COVID-19, (2) reviews the dynamics of philanthropy in IR theory and practice, (3) considers reasons for philanthropy's relative exclusion from IR literature, and (4) proposes emergent lines of inquiry for addressing the role of private foundations in future IR research.

How Research on Philanthropy Informs Our Understanding of the Politics of COVID-19

The root meaning of philanthropy suggests a voluntary act of giving for social betterment—yet as in all questions of politics and policy, disagreement abounds over what constitutes "good." Critics of modern private philanthropy describe a model of *philanthrocapitalism*, by which donors advance their own interests through charitable giving (Bishop and Green 2008; McGoey 2015). Stepping back from normative questions, most definitions emphasize an act of giving, with a desired outcome, which may vary in scope and nature (Bremner 1988). Like other governance actors, charitable donors often wear multiple hats. Some are public entities—such as public charities or community foundations—and therefore treated differently from private ones in domestic and international political contexts. This essay focuses explicitly on private donors, a category encompassing the subset of large independent foundations assuming influential roles in global health governance, such as the BMGF and Wellcome Trust, among others, alongside corporate and individual donors.

Preliminary data from the COVID-19 pandemic indicate private philanthropy is responding in unprecedented scope and scale. Between January and November 2020, private donors gave $15 billion to the response in the form of more than 5,400 grants from more than 860 funders (Candid 2020). By comparison, over the eighteen years prior, this group contributed just $5.2 billion in response to other global health emergencies (Candid 2019). While these data offer only an approximation of the uptick in private philanthropic engagement during health emergencies—grant recipients include substate and state institutions as well as international ones—they show private donors are playing a more prominent role in global health emergencies than ever before. This may seem unsurprising due to the magnitude of the pandemic as well as its economic effects, yet it is meaningful in demonstrating how philanthropies are engaging at key junctures of change shaping the international system.

The rise of philanthropy need not diminish the primacy of states as governance actors. Isolationist behavior by powerful states indeed shaped the need for foundation engagement. Paltry government financial responses to the WHO's early call for cooperation offer an example. On February 5, the WHO issued an urgent appeal for $61.5 million to support the initial three-month phase of the global response. One month later, WHO had received only $1.45 million, or 2.4 percent of its initial request. While not among these early donors, the BMGF and Wellcome Trust were among the first to pledge toward the broader response, before most states (Marion 2020).

On its face, this pattern appears consistent with findings that crises often create policy windows during which nonstate actors (NSAs) are more likely to play influential roles, while conventional governance institutions are unwilling or unable or to act (Haas 1992; Kingdon 1995; Cross 2013). Yet this dynamic transcends crises. Despite broad acknowledgement that outbreak response is a global public good, it has long been plagued by collective action problems often attributed to variation in state capacity (Barrett 2007). Illustrating this, leading up to the pandemic, only around one-third of WHO Member States were compliant with obligations under the International Health Regulations (2005) (IHR [2005])—the body of international law governing outbreak response passed a decade and a half prior (Katz and Dowell 2015; Davies 2020). Despite heightened policy attention to global health in recent decades, institutional failings in response to the COVID-19 pandemic underscore the need for a paradigm shift in state-driven approaches to global health governance (Lee and Piper 2020).

The emergence of PPPs—including COVAX, the vaccine development and distribution initiative central to the COVID-19 response—is a manifestation of this need for innovative governance. Reportedly the largest multilateral initiative since the 2016 Paris Climate Agreement, COVAX is itself the product of older BMGF-initiated PPPs, spearheaded by Gavi, The Vaccine Alliance; the Coalition for Epidemic Preparedness and Innovation (CEPI), and the WHO (Belluz 2020). Mirroring the Big Tech culture from which many foundations draw their wealth, PPPs are known for disease-specific technological interventions—a nimble approach conducive to crisis response, but less so to systemic governance innovation. Their central roles are apparent in the data on private giving. The BMGF and Rockefeller Foundation are among the top five donors to the COVID-19 response; Gavi and the ACT Accelerator (the parent entity to COVAX) are among the top five recipients (Candid 2020).

Theorizing and Regulating Private Philanthropy in Global Governance

Given private philanthropy's pivotal role in global outbreak response, what does IR scholarship tell us about how philanthropy actually influences governance? A robust IR literature addresses other non-state actors (NSAs), including work on private governance (Cutler et al. 1999; Hall and Biersteker 2012), and conceptualizes manners in which power is wielded as transnational forces of globalization reshape the international system (Barnett and Duvall 2005).

Some even delve into the inner workings of major actors like the BMGF (Fejerskov 2018). Yet very little work explicitly contextualizes or differentiates the activity of private philanthropies from other NSAs. Many scholars both within and outside of IR advance arguments that foundations defy conventional definitions of power, instead exerting power in tandem with other actors, advancing shared interests, or creating them through repeated interaction (Partzsch and Fuchs 2012; Marks 2019; Youde 2019).

Other work from both IR and interdisciplinary scholars goes further in asserting global political effects of private philanthropy, critiquing it as inherently plutocratic (for example, see Reich 2018). This points to questions of legitimacy and accountability frequently raised in studies of private governance (McGoey 2015;

Harman 2016; Marks 2019). While IR scholarship has explored these critiques—often focusing on individual organizations including the BMGF and Rockefeller Foundations—practitioners have been called to respond to them. The WHO, initially spurred by allegations that it allowed private interests to interfere with vaccine distribution during the 2009–2010 H1N1 pandemic, became among the first United Nations bodies to institute a formal vetting and tracking process for NSAs. The resulting Framework of Engagement with Non-State Actors (FENSA [WHO 2016]), creates accountability mechanisms for four categories of NSAs, including philanthropic foundations, and private corporate entities, by establishing benchmarks for engagement.

The WHO rightly labels private foundations as a type of NSA, grouping them within a framework alongside corporations, non-governmental organizations, and academia. Yet philanthropies do not fit cleanly into existing IR theories explaining NSA behavior. This example demonstrates how strong norms in the practice of IR—in this case, the tendency to categorize private foundations as wielding the same types of power as other NSAs—may reinforce shallow conceptualizations within IR research. It also raises specific questions about the barriers contributing to IR theory's failure to account for philanthropic engagement in a rigorous manner.

Why Is Private Philanthropy Overlooked in IR scholarship?

Why has IR research not adequately explored private philanthropy's unique toolkit for wielding power in the international system? Existing literature suggests a few reasons for this. I review three of them here, then consider their implications for the field in responding to COVID-19.

First, impediments to data transparency present significant challenges to studying philanthropy. Locating transparent information about how foundations operate vis-à-vis governance institutions is not easy. The United States tax code heavily penalizes lobbying by private foundations, acting as a *de facto* prohibition. Attempts to lobby domestic or foreign legislatures may also result in loss of tax-exempt status, though the law leaves ambiguity as to how this restriction applies to intergovernmental organizations (IGOs) like the WHO (IRS 2020). Foundations engaging in policy advocacy thus do so with great caution. Most foundation and PPP board meetings occur behind closed doors, and researchers may have difficulty accessing verifiable, on-the-record information. With few exceptions, funding data for philanthropic organizations based in the United States is challenging to track beyond the three-year period during which foundation tax information is kept as part of the public record. Events in recent years suggest, however, norms around policy advocacy may be shifting—exemplified by the BMGF's decision to change the name of its Washington, DC "East Coast Office" to the Gates Policy Initiative (Tompkins-Stange 2016). Furthermore, Candid, a non-profit tracking philanthropic funding available to researchers for purchase, has made data on the COVID-19 response open access, illustrating a mechanism by which data transparency is increasing during the current crisis.

Second, philanthropy is integral to the history of global governance and the founding of modern IR. The Rockefeller Foundation in particular played a significant role in representing US interests in the League of Nations Health Section and in shaping the early WHO (Eckl 2014). Because private philanthropy served to reinforce US hegemony in a pivotal period for the development of IR theory, it is not, in fact, a new actor—and its rigorous study requires uncomfortable introspection within the field (Guilhot 2011; Youde 2013, 2019; Harman 2016). Related to this legacy, the study of philanthropy in modern IR presents the challenge of navigating conflicting interests with the donors who fund IR research, especially as governments curtail public funding and social scientists rely even more on private foundations (Drezner 2016; Youde 2019). This obstacle is not insurmountable;

many governance researchers accept public funding, and other disciplines including sociology, anthropology, and even the American school of political science have found ways of studying philanthropy. Yet this challenge is rendered exceptionally complex in a field valuing positivism and objectivity, and which private foundations helped to shape.

Third, extending this line of reasoning, philanthropy's integration into IR scholarship may be curtailed by the same forces that have interfered with the adequate integration of global health into mainstream IR theory. Philanthropy has been integral to addressing collective action problems in global public health since before the inception of the United Nations system. A robust scholarship on global health governance exists, yet has been largely absent from major US IR journals and graduate seminar syllabi (Hendrix 2020). While the necessity of global cooperation in health has long been recognized in both theory and practice, the majority of health provision takes place at the state and substate levels. For IR to reckon with, the implications of the COVID-19 pandemic require bridging the theoretical divide between health politics and other issue areas. In order to accomplish this, private foundations must be treated as governance actors in IR research.

The Challenges of COVID-19 for Integrating Philanthropy into Future IR Research

As the field of IR contends with these changes, I propose three lines of inquiry for theoretical and empirical incorporation of private foundations as actors in international politics. The most clear-cut opportunities arise from scholarship on IGOs, NSAs, and globalization. For example, how do private foundations engage in transnational advocacy and governance networks—and how is their behavior similar to or different from theoretical explanations accounting for other types of NSAs? Studies of informality offer relevant frameworks for addressing such questions (e.g., Roger 2020). Another example arises from theorizing principal–agent dynamics within IGOs. Though philanthropies do not hold legal authority within IGOs, some studies of global health examine foundations within a principal–agent framework, casting philanthropies act as a new kind of principal alongside state actors (see Clinton and Sridhar 2017). Yet this scholarship tends to be empirically focused; the role of private foundations and PPPs has yet to be fully addressed in the context of principal–agent theory (e.g., Hawkins et al. 2006).

These questions can be further extended to address hegemonic transition, including escalating tensions between the United States and China ignited during the COVID-19 response. Scholarship would benefit from asking how philanthropies shift or augment the dynamics of great power politics. For example, research on the durability of dominant currencies in the global monetary order suggests the dollar is likely to outlast US hegemony (Norrlof et al. 2020). At the same time, data on global philanthropy show it has remained relatively stable as a proportion of US wealth over several decades, while it has increased in recent years in countries experiencing economic growth, including China, Russia, India, and Brazil (McGoey 2015, 17). These debates would thus benefit from examining the concepts of monetary order and multipolarity through the lens of philanthropy and private wealth.

Relatedly, understanding the unique ways in which private philanthropy wields power in IR will require broadening work on legitimacy and accountability to better understand the nature of foundations in the context of other governance actors. The preponderance of private wealth comes, unsurprisingly, from wealthy countries—including the United States and many European states—hence, critiques of private foundations on these grounds often further assert that global philanthropy reinforces hegemonic power structures and erodes democratic principles (McGoey 2015; Reich 2018). Such assertions, which have been more rigorously explored in political theory and sociology, raise normative questions requiring introspection within the field of IR.

The COVID-19 pandemic intertwines health and geopolitics in unprecedented ways. Understanding this crisis and its aftermath calls on IR scholars to learn from other subfields and disciplines—looking beyond great power politics to understand the nuanced forces at play within global health governance. IR scholarship cannot adequately understand the pandemic—and the complex dimensions of health politics more broadly—without addressing the role of private foundations as governance actors.

The COVID-19 Pandemic: Debates and Opportunities for Human Security Research

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> "Our world faces a common enemy. We are at war with a virus."
> —Antonio Guterres, Secretary-General of the UN

The severity of the COVID-19 pandemic, unlike previous health outbreaks, calls into question the efficacy of a national security approach in dealing with global crises. World leaders across different political systems were quick to equate the pandemic to a conventional war (Carbonaro 2020). Labeling it as such enables the mounting of a specific narrative. The virus is portrayed as an enemy of the state to justify a national security response where an emergency can be declared, individual rights can be rolled back, and state machineries and resources can be mobilized to safeguard the sovereignty of the state. Historically, wars evoke memories of destruction, oppression, torture, violence, and ultimately human death. In war, domestic social injustices are overshadowed by the survivability of the state. Fighting against the pandemic, on the contrary, requires a global cooperative effort that acknowledges the importance of "low politics" in security discourse and prioritizes the twin approaches of human protection and empowerment through multi-actor partnerships.

How Human Security Informs Our Understanding of the Politics of COVID-19

Human security challenges the traditional notion of state security by addressing people's insecurities, including those committed by states or due to their incapacity to protect. It has an international presence and supports humanitarian intervention that holds states accountable for transgression, torture, and ill-treatment toward their citizens.[12] The responsibility to protect (R2P), an important dimension of human security, has been a central theme in the state–human security debate (Evans 2008; Kurtz and Rotmann 2016). The current pandemic accentuates this dichotomy by serving as a litmus test of how responsible states' responses are in protecting their citizens during crisis. Far from justifying a strong state approach by calling it a war, the outbreak is arguably a healthcare emergency with knock-on effects in multiple spheres of life that necessitates robust international collaborations (Fukushima 2020; Mulikita and Vairon 2020). The absence of the latter is not only deafening but also reinforces the war mentality approach that has seen a worsening Sino-US relation and an unprecedented number of people dying from COVID-19 globally.[13]

[12] For a historical account of UN's role in human security, see MacFarlane and Foong (2006).

[13] The worsening relations between the United States and China were blamed for the United Nations Security Council's failure in adopting any resolutions on the Covid-19 pandemic to date (Borger 2020).

Should a state be held liable if its inaction or slow response is the cause of a higher rate of fatalities? In the United States, there are more people that have died from the coronavirus than all major US wars since World War II (Cuthbertson 2020). A Columbia University research estimated that 35,287 lives and 58,332 lives in the United States could have been saved if social distancing measures were instituted one week and two weeks earlier, respectively (Pei, Kandula and Shaman 2020).[14] Criticisms leveled against the Trump administration for its lax attitude and poor management of the outbreak unfortunately reverberates across the world from Spain, Italy, Sweden, and the UK to Iran, Indonesia, Japan, Brazil, and Tanzania.[15] Even if deaths are averted, the inability to act swiftly has led to various human insecurities. Strained public health systems due to high infected cases affect the poor and marginalized groups from getting proper access to healthcare. Widespread outbreaks prolong lockdown measures that, in turn, affect people's mental health and job security. In fact, one of the major consequences of lockdown has been an increase in domestic violence against women, children, and LGBTQ + individuals worldwide (Bettinger-Lopez and Bro 2020).[16] The provocative behavior of leaders to deliberately call the pandemic as Chinese virus or "Kung Flu" instead of its scientific name creates divisiveness and contributes to the unfortunate rise of racism and xenophobia. Lockdown orders and overstressed healthcare systems in both the developed and developing worlds have restricted vulnerable individuals from seeking recourse.[17]

The slow response and inadequate preparedness of governments are a strong indication of their failure to learn from past health crises (Khamsi 2020). Without a contingency plan, precious time was lost as leaders contemplated between saving their national economies or people's lives. This contemplation is arguably anchored in the lack of foresight on the human facet of security and a general lack of trust in science. Neither academic literature analyzing the impact of health outbreaks (Lee and McKibbin 2004; Ear 2012; Davies and Bennett 2016) and highlighting lessons learned (Caballero-Anthony 2005; Paek, Hilyard, Freimuth, Barge and Mindlin 2008; Shehri 2015) nor experts trying to warn of impending epidemics have affected global policies and funding for pandemic readiness.[18] Even though global health has received greater attention over the years and is increasingly present in policy discourse, it continues to endure as "low politics" and has yet to dominate foreign policy practice (Labonte and Gagnon 2010; Youde 2016). If there is a single lesson to learn from this pandemic, it is the need to bring "low politics" to the fore in international security practice. Contrary to the notion of "high politics" that mainstream IR theorists are preoccupied with, pandemics, like climate change, are a recurring global security threat because of their pervasive nature and capability to inflict extensive deaths and societal damages.

[14] In another study, two epidemiologists estimated that 60 percent and 90 percent of American deaths could have been avoided had the government issued social distancing guidelines one week and two weeks earlier, respectively (Jewell and Jewell 2020). A separate online counter estimated 75,211 deaths were due to President Trump's inaction (Jarecki 2020).

[15] Italy, for example, suffered from cognitive biases, unsystematic approach, and data paucity in its response to the COVID-19 pandemic (Pisano, Sadun, and Zanini 2020). Like the United States, Japan and Brazil were criticized for prioritizing their economies over the wellbeing of their people.

[16] A UN Women issue brief has reported that even middle- and high-income countries have witnessed an increase in domestic violence caused by lockdown measures (UN Women 2020).

[17] The recent case of George Floyd that triggered massive protests and violent clashes across the United States, which have since spread to Britain and France, was a manifestation of deep-seated racism accentuated by poor leadership and management of a serious health crisis.

[18] Michael Osterholm, the director of the Center for Infectious Disease Research and Policy at Minnesota University, has twice sounded the alarm (2005, 2007), while Bill Gates (2015) predicted in a TED talk five years prior to the spread of COVID-19 that pandemics would be the greatest risk of global catastrophe rather than a nuclear war, urging states to reprioritize their policies and make the necessary preparations.

There is, hence, a need to push for a people-centered security approach that has remained largely absent in policy practice (Deloffre 2014). The instrumental roles that were once played by Canada, Norway, and Japan as practitioners, promoters, and funders of human security (Bosold and Werthes 2005) failed to sustain over time or help transform into a global policy movement.[19] However, the narrow and broad interpretations of human security pursued by Canada and Japan, respectively, have led to two major academic debates—the scope and depth of the concept, and its relations to human rights and human development.[20] The level of devastation unleashed by COVID-19 reconfirms the importance of freedom from want issues and their structural linkages to freedom from fear concerns. Maintaining a broader interpretation of the term allows for a wider acceptance of policy deliberations on how this pandemic is "not only a health crisis, it is a human security crisis" as Akiko Fukushima (2020) rightly acknowledged. But more narrowly focused, the pandemic heightens the call for intermediation to urgently address the insecurities of economically underdeveloped marginalized communities living in conflict areas or politically unstable environments that are already troubled by human rights challenges on a regular basis.

Beyond the normative objective and policymaking initiatives are critical human security perspectives that aim to develop a more reflectivist research agenda by addressing the conceptual and analytical deficits in human security studies (Newman 2010; Chandler and Hynek 2010). One of the major critiques has been on the lack of a critical analysis of how the existing liberal institutional power structures could be the root cause of human insecurities. If global capitalism causes economic inequalities, how does addressing the latter entrenched in a neoliberal structure eliminate economic insecurity? If regional and international institutions are politically constructed to serve the interest of states, what values do they hold and how effective are they in protecting human lives from state-sponsored violence? By problematizing the prevailing liberal order, critical perspectives warn of both the limitation of problem-solving policy approaches and the harm that they may generate (Newman 2010, 93). COVID-19 therefore exposes the flaws of the international system and its multilateral institutions to credibly protect people (rather than states) from downturns. The typical use of economic stimulus packages to bail out ailing companies and jump-start economies without critical reconsideration of neoliberal economic principles where unsustainable growth is prioritized over socio-environmental welfare would likely see history repeating itself.

The Opportunities of COVID-19 for Human Security Research

The far-reaching impact of COVID-19 on world population with 1.9 million deaths (as of January 2021) provides a valuable opportunity for advancing human security research. Compared to past outbreaks and epidemics, its global scale affords rich empirical data capable of contributing to large comparative studies on the type of responses or measures taken by state and nonstate actors before, during, and after

[19] The 9/11 terrorist attack was a setback for human security as it eliminated the concept from Canada's foreign policy while Japan later scaled down its use of the concept as a vision of its foreign policy to only its official development assistance policy (Edstrom 2011, 58). The Human Security Network, a twelve-member association led by Canada and Norway since 1998, too has lost its significance over time (Bookmiller and Bookmiller 2010).

[20] The limitation of human security as a category of research (Paris 2001) has not affected the proliferation of human security studies. In the Asian context, the narrow-broad debate has catalyzed a multitude of conceptual and empirical research ranging from the narrow realm of freedom from fear topics such as the adoptability of R2P by Bellamy and Drummond (2011) to the broad investigation of freedom from want issues and the challenges of mainstreaming human security at national and regional levels as represented by the works of Nishikawa (2010), Hernandez and Kraft (2012), Teh (2012), Howe (2013) and Mine, Gomez, and Muto (2019). Freedom from want issues such as poverty, natural disasters, health outbreaks, migration, food safety, drug smuggling, and human trafficking are central concerns of many developing Asian countries and because of their more receptive outlook compared to humanitarian intervention may explain the interests and research tendencies of Asian scholars.

the pandemic across multiple regions. One major contention has been on how securitized measures adopted by world governments contribute to human insecurities. Monitoring tools for contact tracing and the use of drones for surveillance impinge on people's privacy rights. As Nikki Marczak (2020) reminds, "We should recall that China's machinery of surveillance used to slow the spread of coronavirus, involving measures to monitor citizens' every move by means of smartphone apps, infrared technology and facial recognition, has long been used against its persecuted Uighur population for more nefarious purposes." A key concern is what do government agencies do with the data collected and will they be used for other purposes such as immigration enforcement and political policing. Recalling the case of Cambridge Analytica in 2018, there is the fear of third-party providers of smartphone apps increasingly used by governments for contact tracing to leak or misuse personal information.

Since Western nations are often perceived to hold the moral high ground, a question to consider is whether countries in the Global North that espouse values such as democratic institutions, high levels of human and public welfare, and liberal economics were more prepared and performed better than authoritarian governments, less developed economies, and fragile states in preventing deaths and protecting their people's well-being from the dreaded pandemic. A critical comparative analysis of the role of institutions, policies, domestic politics, and NSAs would provide insights into the advantages and drawbacks of existing political systems in managing the public health crisis and pave the way for more tangible policy recommendations.

Under multilateralism and regionalism, the inefficiency of regional and international institutions in limiting the impact of the pandemic is an area worth inquiring. What practical steps should the Association of Southeast Asian Nations, for example, take to address its institutional paralysis in times of crisis in line with its aim of transforming into a people-centered institution? How should ROs cooperate with international bodies like the WHO to sustain human security concerns post-COVID-19? What can human security offer to established institutions like the European Union that, despite being the most successful example of political regionalism, has failed its citizens and apologized to Italy for its poor response? What post-pandemic reforms can critical human security perspectives propose to improve the current economic system? The pandemic presents an opportune time to critically evaluate prevalent structural and multilateral frameworks that have failed to uphold societal security.

More fundamentally, the pandemic provides an opportunity to map the type of threats and whose security is at risk. Depending on the nature of responses and measures, there will be threats felt across diverse communities (e.g., unemployment, digital surveillance, social inequality, forced migration, cybercrime, domestic violence, and xenophobia) and more localized populations (e.g., racism, stigmatization, harassment, fraud, and basic needs inaccessibility). Many of these threats, while impacting individuals, are cross-cutting and emanating more from the responses of authorities, or the lack thereof, than as a direct consequence of the pandemic. Fundamental research is needed to understand how lockdowns and other control measures imposed by governments in varying degrees and duration affect the well-being of different groups of people. How do vulnerable groups such as refugees, migrant workers, low-income groups, essential workers, minorities, people living in slum areas and conflict zones, and marginalized women and girls that do not have the support system they need deal with long periods of lockdown? Sudden police raids against illegal migrants, often blamed for spreading the virus during the pandemic, could heighten their fears and push them into hiding, further exposing them to retribution. Women faced with domestic violence or intimate partner violence may feel helpless due to their inability to reach out for help during lockdowns. Even less is known of the coronavirus's impact on women and girls living in overcrowded detention camps or involved in the informal economy that is often not covered by government relief efforts.

Apart from assessing risks and trepidations, more research is needed to identify bottom-up processes of empowerment in crisis situations. How do individuals who have lost their jobs or businesses due directly or indirectly to the pandemic bounce back and why do some fail to do so? How do civil society movements, labor groups, and concerned entities work with local communities to help the weak and destitute? The bottom-up approach is critical to the preventive aspect of human security where empowerment through capacity building and emancipation through active participation in decision-making processes transform vulnerability into resilience. Top-down protection measures that failed to incorporate people's perspectives are still state-centric (Nishikawa 2010). It is only through the strengthening of resilience in the most vulnerable populations that the human cost from pandemics as well as other nontraditional threats can be significantly reduced.

To sum up, the depth and spread of COVID-19 has revealed the limitations of the neoliberal international system and the tendency of states to shun multilevel and multi-actor approaches in addressing a health crisis that has clearly impacted the economic, environmental, personal, and communal well-being of people all over the world. The pandemic offers an opportunity for states to reset their policies by prioritizing low politics and incorporating critical research on the marginalized and vulnerable communities who often bear most of the brunt in decision-making processes in order to advance sustainable, inclusive, and resilient societies. Human security can no longer be viewed as an attractive concept but the key to managing practical complex issues.

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Migrant Labour and Pandemic Precarities

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In "pre-pandemic" times, the uneven effects of neoliberalism were already evident, with vulnerable groups such as temporary migrant workers subject to greater precarity. Exploitative practices are structurally embedded within the migration industry such as short-term contracts, short-term visas, and global remittance systems (Kunz 2011; Tsuda 1999). This precarity prevails in the context of COVID-19, where the gap between classed migrant groups has grown starker. As of writing, the spread of COVID-19 is easing in Singapore. However, the uneven effects of neoliberalism among marginalized populations existed prior to and will prevail after this pandemic. While these are familiar experiences among irregular migrants, the unfolding of the pandemic in the context of Singapore and its particular impact on temporary migrant workers is a reminder of the costs of neoliberalism and the manifold effects it has on vulnerable groups.

Foucault's (1991) notion of neoliberal governmentality, understood as a mode of governance, problematizes how market rationalities are valorized and extended to all spheres, where optimal economic progress and the control of populations are achieved through efficient and competitive utilization of resources (Dean 2010, 210). Through "responsibilization," a technology of governmentality, obligations of maintaining public order and productivity are transferred from the state to

nonstate market actors as a form of governance (Rose 1999, 174). The objective of this neoliberal project is the conversion of "passive" individuals into "active" job seekers, consumers and economic contributors, maximizing human capital while minimizing their costs to the state (Allan and McElhinny 2017, 82).

Where neoliberalism alone governs through capitalist market rationalities, it finds new significance when it "enters into assemblages with other elements" such as international migration flows, affecting national policies and migrant workers (Collier and Ong 2007, 13). Consequently, governments manage migrant labour as "a factor of production, not with the integral being of a human person" (Truong 2011, 31). The economic singularity of the individual is further ensured when migration discourses or policies discourage entry of migrant worker families and dependents.[21]

This neoliberal lens frames how the pandemic has affected temporary migrant workers in Singapore. Between March and April 2020, COVID-19 cases surged among male temporary migrant workers that brought the number of confirmed cases from 200 to 9,000, with over 44,000 as of the time of writing (MOH 2020).[22] This jump occurred just after the city-state received global praise for its swift containment of the virus, drawing renewed attention to its treatment of temporary migrant workers.

In Singapore, the direct cause for high numbers of COVID-19 cases recorded among temporary migrant workers is clear: dense living conditions create a conducive environment for the spread of the virus (Cher 2020). Such living conditions existed prior to COVID-19 and are critiqued as symptomatic of a classed and racialized migration regime and labor market (Baey and Yeoh 2018). While difficulties faced by temporary migrant workers are known, this pandemic reinforces the pitfalls of neoliberal rationalities in relation to the management of migration, transient migrant populations, and responsibilization of labor. This article makes this argument in two parts, first illustrating how migrant subjectivities continue to be produced through neoliberal logic, and second, looking at the role of responsibilization in the management of temporary migrant workers.

How Neoliberal Governmentality Informs Our Understanding of the Politics of COVID-19

When numbers spiked in April, daily press releases on government websites and mainstream media began to distinguish between infections among temporary migrant workers who live in "foreign worker dormitories," and those who do not. The latter category, referred to as "community cases," includes Singaporean citizens and noncitizens in Singapore, among whom are temporary migrant workers who do not live in dormitories for a variety of reasons. "Community cases" further distinguish between citizenship categories, that is, Singaporean citizens, Permanent Residents, Employment-pass holders, Work Permit, S-pass, and Work Pass holders (e.g., Ministry of Health 2020; CNA 2020). Differentiating between those who are staying in "foreign worker dormitories" and those living outside them may be a practical approach to reassure the public that most COVID-19 patients have been contained, or a strategic one to maintain the sense that Singapore's attempt at containing the virus among its "population" is successful, separating the nation from its "other" population of temporary migrant workers.

[21] Schierup, Hansen, and Castles (2009, 40) describe political discourse on migration in Europe as one where "migrants are welcome as workers, as settlers; as individuals, but not as families or communities."

[22] Temporary migrant-workers in Singapore often come from developing countries in the region, with male workers holding jobs in industries such as manufacturing and construction and female workers in domestic labour but not as a family, as Work Permit holders unlike other migrant-workers are not permitted to bring in dependents (Teo and Piper 2009). While migrant demographics are not publicly available, it is estimated that there are around 300,000 male temporary migrant workers in Singapore mainly from Bangladesh, India and China (Paul, Samanta, and Aravindan 2020, 11).

Language is not neutral. The categories used to describe patients highlight gradations of citizenship and noncitizenship, with noncitizens classed according to classifications of "skill" based on what is perceived as human capital investments for economic growth (Yeoh 2006, 31). In Singapore, "highly skilled migrants" are regarded as "foreign talent," while categories of "lower-skilled" or "unskilled" workers are associated with stereotypes of strangeness, inferiority and danger (K. P. Tan 2015). De Genova (2013, 1181) cautions that discursive formations of the migrant figure should be understood to be "complexes of both language and image, of rhetoric, text and subtext, accusation and insinuation," a "visual grammar" that (re)produces a certain iconicity of the fetishized figure. Likewise, the separation of the temporary migrant from the rest of the "community" reinforces the notion of difference, physically and symbolically.

The distinction between temporary migrant workers and wider society is embedded in Singapore's narrative of economic growth. As the late Prime Minister Lee Kuan Yew said in 2007, "For Singapore to thrive, we must attract foreign talent and foreign workers. Foreign talent will create more jobs for Singaporeans. Foreign workers will do the jobs that Singaporeans are not willing to do. During a recession, the foreign workers will bear the brunt of retrenchments in the past, buffering Singaporean workers" (K. P. Tan 2012, 86). Globalization, in this way, offered resource-scarce Singapore a gateway to manpower, skills, and resources. Facilitating the relationship between migration and economic growth, migratory trajectories were divided into two broad segments: "foreign talent" and "foreign workers." The former hold "high-skilled" jobs while the latter are regarded as "low-skilled" or "unskilled" within Singapore's policy nomenclature—a misnomer, as they possess skills in industries such as construction and manufacturing.

The dispensability of "foreign workers" foregrounds their treatment as nonpermanent and therefore nonmembers of the community, anchored in policies that ensure short-term contracts as opposed to long-term contracts, long-term residency permits and potential routes to permanent residence and/or Singaporean citizenship that "foreign talent" are offered. The temporariness of short-term contracts is indicative of a selective migration program structured by the "global hierarchy of mobility" where the desirability of the migrant citizen is ranked according to neoliberal norms (Ong 2005, 260).

The dire treatment of temporary migrant workers during the pandemic is therefore unsurprising. While workers face a spectrum of issues, housing emerged as the most visible marker of difference during the pandemic. First, unlike others in the population, most temporary migrant workers do not have the option of renting private property and are often placed in cramped living spaces, which are viewed as the most direct cause for the spread of COVID-19 (Cai and Lai 2020).[23] Second, when residents of dormitories tested positive for COVID-19, all dormitory residents were quarantined in the same close quarters, increasing the risk of infection for those who were well at the time. There are reports of cockroach-infested dormitories, with workers describing feeling as though they were "in a prison" (Ratcliffe 2020; Lim 2020). This approach contrasts with instructions provided to other groups where non-infected individuals who were on stay-home notices or quarantine orders were placed in more spacious facilities including hotels or were permitted to stay at their private residences (Awang 2020).

Differentiated quarantine processes perpetuate the division between "foreign workers" and other categories of noncitizens, and Singaporean citizens. Inadvertently or not, there has been a proliferation of stereotypes that migrant workers have poor practices of hygiene (Yuen 2020) and represent security threats to the citizenry and "community"—views that were frequently articulated in the past

[23] While purpose-built dormitories are one type of housing available to temporary migrant workers, they are also housed in subcontracting firms, converted factories, shipping containers, and other temporary housing on work sites (Yea 2020).

(Goh 2014). This approach "potentially sacrifice[s] these foreign workers for those outside the barrier" (Au, cited in Beech 2020), reinforcing the disposability that already defined the lives of temporary migrant workers prior to the pandemic. Their separation during the pandemic replicates processes of segregation that are part of Singapore's landscape, as dormitories are mostly located on its peripheries, creating physical distance between temporary migrant workers and residential suburbs. When dormitories are built closer to neighborhoods, they are met with hostility by residents with the view that workers in close proximity will introduce nuisances and crime in the area (Goh 2014; Low 2013). As such, quarantine housing for temporary migrant workers is neither temporary nor comfortable in the way other quarantine facilities are. They reflect patterns of historical segregation that marginalize those perceived as disposable labor in Singaporean society based on neoliberal metrics of economic value.

The Responsibilization of Labor

Differentiated treatment of labor is an inherent and systemic component of neoliberalism, where "inequality is seen to be an inherent and necessary feature of free market economy, and is justified on the basis of its necessary and regulating role as a mechanism" (Venn 2009, 213). While post-pandemic measures exist, such as plans to improve living standards in dormitories in Singapore, the social organization of labor will continue to affect the precarity of workers and their health if underlying neoliberal mechanisms remain unaddressed.

Neoliberal governmentality "takes place 'at a distance', steering and guiding individuals' free actions and stimulating forms of responsibilization and self-regulation" (Kalm 2010, 40). International migration, enabling mobility of human capital for the purposes of economic growth, is intrinsically subject to government intervention on global and local levels. The state retains power and control over migration policies (and in the Singaporean context the ethnic makeup of migrants) while shifting the responsibility of welfare to the marketplace through employers or migrants themselves.

The limitations of "neoliberal discourses of responsibilisation and the forms of structural violence that they often obfuscate" were apparent before COVID-19 became a global pandemic (Trnka and Trundle 2014, 141). As a governmental technique, responsibilization places the "socio-moral obligations" of welfare, as a matter of self-management, onto sources of authority such as commercial enterprises (Shamir 2008, 8). Where this approach may have "worked" to the benefit of the state in the past, based on the highly contentious assumption that migrants' welfare was looked after by their employers, the impact of this pandemic suggests that responsibilization, as a neoliberal technology, requires some revision.

A lack of state regulation, unequal power dynamic between employer and employee, unfair work practices, and poor support systems impact the health of workers outside the pandemic. With limited enforcement of state regulation of their employment conditions, temporary migrant workers are subject to depressed wages, socioeconomic instability, precarious employment, poor living conditions, and fears of repatriation due to the imbalanced power relationship between employer and employee, and more broadly, the neoliberal forces that enable it as the most "rational" approach (Yea 2017). These practices are seen beyond Singapore in both the "west" and "non-west" where the flexibility of the neoliberal regime intersects with (lack of) welfare for irregular migrants (e.g., Spitzer 2016; Leach 2013). For instance, stipulations in Israel that employers cover the health insurance for workers are not always guaranteed as a function of market forces and power differentials (Gottlieb, Filc, and Davidovitch 2012, 840). These factors contributed to various cases of injury and poor health, among other concerns such as non-payment claims, prior to the pandemic (Yea 2020).

During COVID-19, the same issues have been reported to NGOs, with additional worries about salary entitlement and rent money (Au 2020). Among the temporary migrant workforce are a smaller group who have been recently unemployed and are ineligible for state-provided dormitories (TWC2 2020). They are placed on a Special Pass that permits them to remain legally in Singapore while their claims are processed but are not permitted to work.[24] Such individuals fall through the cracks of a responsibilized system, where neither employer nor state is obliged to provide and protect.

Ideally, the responsibilization of migrant management implies that employers should provide sufficient healthcare for their employees. The shortcomings of this policy are apparent with challenges employers now face in providing for affected workers. While the state has provided housing, healthcare, and essential needs to the majority of affected workers, there remains a shortfall of resources and a reliance on NGOs and charities that have stepped in to fill gaps (Geddie and Aravindan 2020).[25]

Where there is state intervention through the introduction of new policies during the pandemic, they cloak the continuity of responsibilization where the obligation of employee welfare is still that of employers, rather than one shared with the state. The state has introduced measures during the pandemic to help ease the toll on employers. However, the majority of them provide relief to employers rather than temporary migrant workers directly. For example, the Ministry of Manpower provided extensions of employment levy payments to small- and medium-sized enterprises, levy rebates and "man-year entitlement" refunds for sectors affected by the pandemic (MOM 2020a, 2020b; MOM and MTI 2020). While temporary migrant workers are ordinarily not permitted to change employers without the consent of their current employers, this policy has been revised to allow work transfers. The effects of these measures are yet unknown, but it is clear that they do not necessarily entail an immediate impact on temporary migrant workers, who do not receive compensation directly from the state and have articulated confusion and worries about the lack of information surrounding their salaries and financial security (Geddie, Brock, and Samanta 2020).

The responsibilization of workers conceals the neglect of the state and employers while reinforcing technologies of control over migrant workers. Recently, new regulations called for workers to "keep your living area, and other areas or facilities which you use clean and tidy" as a condition of their work passes, with the failure to do so potentially resulting in the revocation of their rights to work in Singapore (MOM 2020c; HOME and TWC2 2020). This approach appeals to a caricature of the neoliberal subject who has autonomy and social responsibility (Shamir 2008, 13), that is, a type of agency that temporary migrant workers generally lack. While the maintenance of clean spaces is a shared responsibility that workers are a part of, this regulation places the obligation wholly on them and erases the structural limitations imposed on workers, where they are not usually given the option to choose where they would like to live. As a new work permit criteria, migrant workers are also required to download the national contact tracing application "TraceTogether" in order to record their health statistics independently to enable state tracing (Wong 2020). Where migrant workers are responsibilized for their health and welfare, digitization efforts further reinforce the paradox between neoliberal governance and population control.

[24] There are some exceptions where Special Pass workers are provided a place on a Temporary Job Scheme, which was introduced in 2018.

[25] Ilcan and Basok (2004) write about the voluntary sectors as site of responsibilization through which "good" and "responsible" citizens are moulded.

In conclusion, the objective of neoliberalism in the context of international migration is to optimize labor through cost-effective, "flexible" means, with the assumption that border controls and migration policies run smoothly with the movement of workers. COVID-19 and the stress placed on states and healthcare systems disrupts this very narrative, demonstrating how "the structure of the global capitalist system in its neoliberal form is taken for granted, and not taken as part of the problem" (Boucher 2008, 1462). The case of Singapore illustrates how its neoliberal management of migration, while taken as "normal" and even "optimal," is tested in these times.

The gulf between citizens and noncitizens in relation to care is one that has always existed and been made more visible by the pandemic. As the case of Singapore shows, migrant health is inextricable from narratives of exclusion and state responsibility. Healthcare for migrants when treated as secondary to that of more "desirable" migrants and citizens affects migrants' physical vulnerabilities and reproduces narratives that they are "unentitled" because they are not citizens or "legal" (Sargent 2012). The reliance on charities further frames provisions for migrants as a form of *humanitarianism*, removing responsibility from the state and the polity from providing healthcare and welfare as an *entitlement* (Gottlieb, Filc, and Davidovitch 2012, original emphasis).

Rather than treating healthcare only as a matter of human rights, there has to be the recognition that first, there exists an inextricable relationship between the neoliberal migration regime, immigration status, and healthcare; and second, that the health of migrants is both a product and the responsibility of state policies. It is striking that concerns about long-term solutions reproduce the economization of migration and labor, questioning if "we [Singaporeans] [are] prepared to shoulder more of the costs of having a large foreign labour force" that may rise if better regulations are introduced (E. K. Tan 2020). Rather than rehashing these neoliberal narratives, it is timely to consider different conceptions of responsibility that allow for greater reciprocity and multiple relations of care (Trnka and Trundle 2014). This direction allows for a shift away from the intractability of neoliberal logic and toward avenues that build a more equal community.

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