

Political Economy and Politics – Pandemic Diplomacy: Peace in our Time? (RN08)

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Joining hands across pandemic boundaries.

Photo by Ilan Kelman.

As Covid-19 disrupts day-to-day life around the world, could it also disrupt decade-to-decade political animosity? Might long-standing conflicts be set aside, and then continue on peaceful pathways, in order to deal with the Coronavirus disaster? This is the question asked by research into **disaster diplomacy** [1], examining how and why dealing with disasters (before, during, and after) does and does not create new, lasting diplomatic initiatives.

Case studies include the 2004 Indian Ocean tsunamis affecting Aceh in Indonesia and Sri Lanka; India and Pakistan after the 2001 Gujarat and 2005 Kashmir earthquakes; and sea-level rise from climate change affecting low-lying coastlines. So far, disaster-related activities have not yet been shown to create diplomatic initiatives, but they frequently influence ongoing reconciliation in the

short-term. Then, over the long-term, other factors supersede a specific disaster or disaster initiative, such as a leadership change or resurgence of historical prejudice.

For instance, the peace deal reached in Aceh in 2005 was based on negotiations which had started before the tsunami. The parties involved already had reasons for seeking peace and used the tsunami disaster and aid operation as excuses for achieving their goal. Conversely, many protagonists in Sri Lanka preferred the violent conflict, and so wrangled over humanitarian aid and the reconstruction as one part of pursuing the war. Eventually, Sri Lanka's military defeated the Tamil fighters.

But, like climate change, Covid-19 is a global challenge, affecting everyone. Why would global **disease diplomacy** not bring us together, especially given the long history of medical diplomacy [2], vaccine diplomacy [3], and health diplomacy [4]? The disaster diplomacy angle shows how both historical examples and ongoing coronavirus diplomacy initiatives continue to conform to the standard pattern that crises sometimes catalyse cooperation in the short-term, but do not create new endeavours in the long-term.

History is full of health-related diplomacy with short-term, but not long-term, gains. One of the contributors to the smallpox vaccine, Englishman Edward Jenner, was so respected that in the early nineteenth century, he mediated England-France exchanges of prisoners [5], but it did not stop the continuing conflicts between those countries. Soon after Fidel Castro took power in Cuba in 1959, he started the country's medical diplomacy of offering health services and medical training around the world, which continues today [6]. This work did not alter hostile relations between Cuba and the US through the decades, nor did offers of post-disaster aid from each to the other.

Disease eradication has notable successes, with smallpox [7] and rinderpest [8] completely gone, while polio and Guinea worm disease (Dracunculiasis) are close [9]. In all cases, the medical interventions took place in major conflict zones, with the health actions successful, but not leading to conflict resolution. Polio and Dracunculiasis remain prevalent only in war zones which are clearly inhibiting the diseases' eradication, yet dedicated health efforts are making inroads into the diseases, but not the conflicts.

So far, the Covid-19 pandemic demonstrates a similar pattern. Aid has been proffered by many countries to others, with the typical reaction of some being accepted and some being declined, but no evidence of any new changes to diplomatic relations on the basis of this disease diplomacy. Here are some examples, all based on media reports up until the beginning of April 2020:

10 March: China provides masks to South Korea while responding to Japan's visa restrictions on Chinese by imposing visa restrictions on Japanese.

12 March: Iran asks for help from the International Monetary Fund for the first time.

19 March: China touts the medical equipment and personnel sent to numerous countries in Africa, Asia, and Europe.

22 March: Iran refuses an offer of aid from the US.

22 March: Russia sends medical equipment and personnel to Italy.

23 March: China and the US exchange words blaming each other for the pandemic.

27 March: Over 100 countries had asked for Coronavirus testing kits from South Korea as the country's President talked with leaders around the world about what South Korea could offer.

30 March: China donates masks to Japan.

31 March: Russian disaster aid arrives in the US.

1 April: A senior government Member of Parliament in the UK calls for frostier relations with China due to Coronavirus.

1 April: Uzbekistan sends medical and food aid to Afghanistan.

1 April: China sends medical aid to Russia.

1 April: Israel says that Coronavirus aid to Gaza might be contingent on recovering the remains of two Israeli soldiers killed there in 2014.

2 April: The US accepts medical equipment from China.

2 April: France, Germany, and the UK send medical supplies to Iran.

3 April: Taiwan donates medical equipment and personnel to the US, Europe, and several countries elsewhere.

In the meantime, Cuba continued its long-standing medical diplomacy, sending doctors to Italy and around the world. North Korea also maintained its typical diplomatic stance, by quickly closing its borders entirely to enhance its isolation while claiming to have zero Covid-19 cases. Even in the cases of reported aid listed above, diplomatic dancing lingered with disputes over whether medical supplies sent to the US were humanitarian gestures, as stated by the supplying countries, or purchases, which is the narrative preferred by the US. Claims even surfaced of donor countries faking evidence of gratitude from recipients.

As has always been known [10], and reinforced during this pandemic, disaster and humanitarian aid is fundamentally political. No matter how much aid organisations proclaim principles such as neutrality, independence, and impartiality -with detailed discussion of the resulting successes and challenges [11] – and no matter how often a noble ethos is espoused, such as “Do No Harm” [12], politicians and other power-brokers typically get involved and politicise the aid for their own purposes.

One consequence from disaster diplomacy analyses is that leaders seeking rapprochement and diplomacy will use disasters, including potentially Covid-19, and disaster-related activities, such as prevention and risk reduction, to support and achieve their pre-determined peace-related goals. Conversely, those preferring acrimony will use the pandemic for it. The question for researchers then becomes the roles which we wish to play in trying to convince leaders to reduce conflict and augment peace, not just during times of crisis, but also in tandem with avoiding crises.

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