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Diplomacy in the Time of Cholera

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Abstract:

Turning everyday ordinary happenings into struggling moments for existence—from breathing to socializing—is how the Covid-19 pandemic will mark history. What we ask here is not how the ordinary becomes abnormal but how it becomes political and diplomatic. We argue that the spread of the Covid-19 virus, which is measured through virologic and epidemiological models, overlaps with feverous diplomatic and political activities taking place among big geopolitical powers. Yet, this is not new in history of health. The first encounters between diplomats and health professionals were elicited by the social and economic challenges caused, on a global scale, by the cholera epidemics of the nineteenth century. Indeed, health sciences and diplomacy have been historically co-produced. Such a historical perspective on science and health diplomacy facilitates our understanding of international institutions such as the World Health Organization as highly political and diplomatic endeavors. The Diplomatic Studies of Science, a new interdisciplinary research field underpinned by a historical perspective on science diplomacy, sheds light on the multiple factors contributing to the worsening of the global COVID-19 crisis we are facing nowadays

Keywords: Health Diplomacy; World Health Organization; COVID-19; Diplomatic Studies of Science

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On February 6, 2018, a group of 30 world-renowned experts gathered on the outskirts of Geneva at the headquarters of the World Health Organization, in Avenue Appia. Their goal was to review the list of priority diseases. That is to say, the most dangerous viruses at present for which no effective diagnostic tests exist, nor vaccines or other treatments; those which have the highest potential to cause an epidemic. To assemble this list, the group compared facts, research data, number of outbreaks, possible responses, and more. At the end of their meeting, they had identified diseases like the Ebola virus disease, Middle East Respiratory Syndrome coronavirus (or MERS-CoV) and Severe Acute Respiratory Syndrome (also known as SARS). New to the list was disease X, representing “a serious international epidemic [...] caused by a pathogen currently unknown.” (WHO 2020; Kahn 2020)

The Disease X variable was a breakthrough in the way the WHO produces knowledge. Expected to work as a heuristic tool, disease x could accelerate research and help in developing medical responses to a potential pandemic. Yet the 2020 global outbreak of COVID-19 could not be prevented, and the WHO has been scrutinized harshly for its handling of the pandemic. On July 7, 2020, the U.S. administration notified the United Nations that the country was going to withdraw from the WHO. If nothing else, the pandemic has proved that the issue of health is central in national foreign policies and that health can be used as a powerful diplomatic tool in international relations. As the WHO argued in 2014, “the role of diplomacy in health is vital. Global health needs global health diplomacy” (WHO Regional Office for the Eastern Mediterranean 2014). But what could be the role of diplomacy in battling lethal diseases on a global scale? Moreover, how did the WHO become the key player in health diplomacy? Interestingly enough, the origins of a transnational organization for global health emerged in the shadow of a pandemic.

Whether smallpox or the plague, HIV, or even the flu, during the last centuries humans have experienced a series of pandemics with devastating health results. The cholera pandemic from 1817 is just one example. It was the first of six cholera outbreaks between 1817 and 1917 – just 100 years (Fidler 2001; Harrison 2013; Howard-Jones 1975; Huber 2006; McGrew 1960; Watts 1999; Hamlin 2003). It exploded in British India and spread through Russia, China, and the Middle East, across to West Africa. In India alone, it is estimated that one to two million people died. By 1832, during the 2nd pandemic, the disease had traveled across Russia to Western Europe and England, and had reached the Americas. The disease created and aggravated social issues. In Russia, the poor protested quarantine restrictions that hindered their ability to work

and survive (McGrew 1960). Paris, like many other capital cities in Europe, was growing fast at that time. So fast, actually, that it outpaced its administrative capacities and could literally not bury its dead (Commission sur le Choléra 1832, p. 58). Cholera spread especially easily in the crowded and deprived parts of the city – where the poorer residents lived. History indeed, shows us why pandemics need to be taken seriously. They do not respect national borders and affect more than just human health; they immobilize trade, amplify social inequality, and intensify political strains. In short, pandemics have a significant impact on political systems and economies (D'Abromo and Neumeyer 2020).

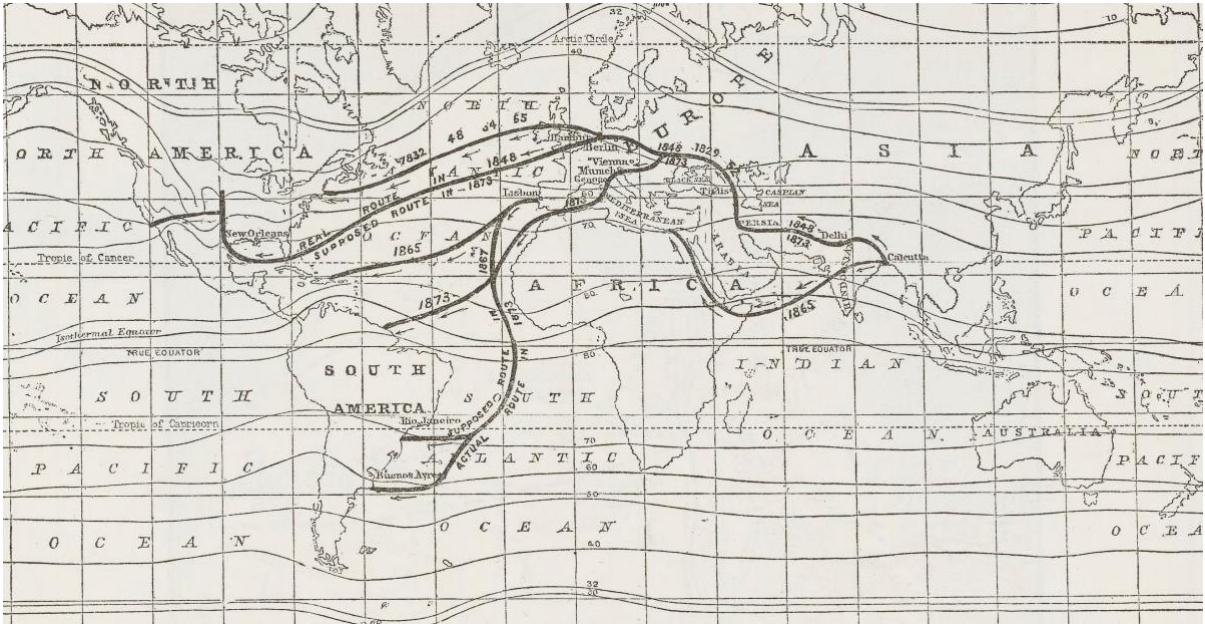


Fig. 1. Actual & Supposed Routes of Cholera from Hindoostan to Europe, 1885 – Wellcome Trust Collection

Gradually, scientific advancements offered a better understanding of cholera. In 1849, physician John Snow hypothesized that the cholera outbreaks had microbial origins. He also inferred that microbes spread via the sewage system – by leaking into the aqueducts’ clean drinking water. In 1854, Italian microscopist Filippo Pacini identified the microscopic *Vibrio* responsible for what was then called Asiatic cholera (Pacini 1854). He realized that the contagion needed an “organic living substance” in order to be able to cause, reproduce, and spread the disease (Pacini 1854, p.27). Scientists and diplomats joined forces during the pandemic in order to coordinate responses to cholera across country borders.

Between 1851 and 1938, a series of conferences known as the International Sanitary Conferences took place across Europe and the United States. Each country was represented by a diplomat and a physician. The goal was to standardize international quarantine regulations and negotiate preventive measures which eventually affected not only health policies, but reformed national economies and destabilized political systems (Watts 1999; Harrison 2013). While scientists continued their efforts to fully describe the disease, diplomats strengthened identification and documentation measures with visas, sanitary passports, and bills of health. These measures allowed border crossings by travelers and vehicles to be tracked (Howard-Jones 1975; Staples 2006, p. 123–129).

In the time the US and countries in Europe made major health and sanitation reforms in their respective countries and struggled to deal with the resulting social agitation, cholera proved that nations had to collaborate on an international level if they were going to effectively address infectious disease. Thus, several international health organizations were established before the First World War. However, only after the end of the war, in 1922, the League of Nations was formed as the world's first intergovernmental organization with its own Health Committee and Health Section (Borowy 2009). To paraphrase Gabriel García Márquez, “diplomacy in the time of cholera” indeed demonstrated to have an astonishing power. This spirit of cooperation in health proved beneficial in the second half of the 20th century as well.

In 1948, the WHO was established as one of the earliest specialized agencies of the United Nations. The UN started with 55 Member states and today represents 194 states and two associate members. All member states belong to the WHO's General Assembly, which approves and supervises the organization's budget and also elects its director general. According to the WHO's Assembly, “the World Health Organization is by its nature a technical organization whose objective is the attainment by all peoples of the highest possible level of health.” (WHO 1953) – in short, the WHO's goal is to ensure health for everybody and on a global level. The WHO presents itself as technical and apolitical: an organization that welcomes membership universally. Accordingly, staff members are considered, “international civil servants”, with no national responsibilities, and no national attachments (Farley 2009). A special focus of the organization is on epidemic diseases. Working on both regional and global levels, it helps to trace disease outbreaks, recommends preventive policies, and offers guidelines on medicines, diagnostic tests, and regimens.

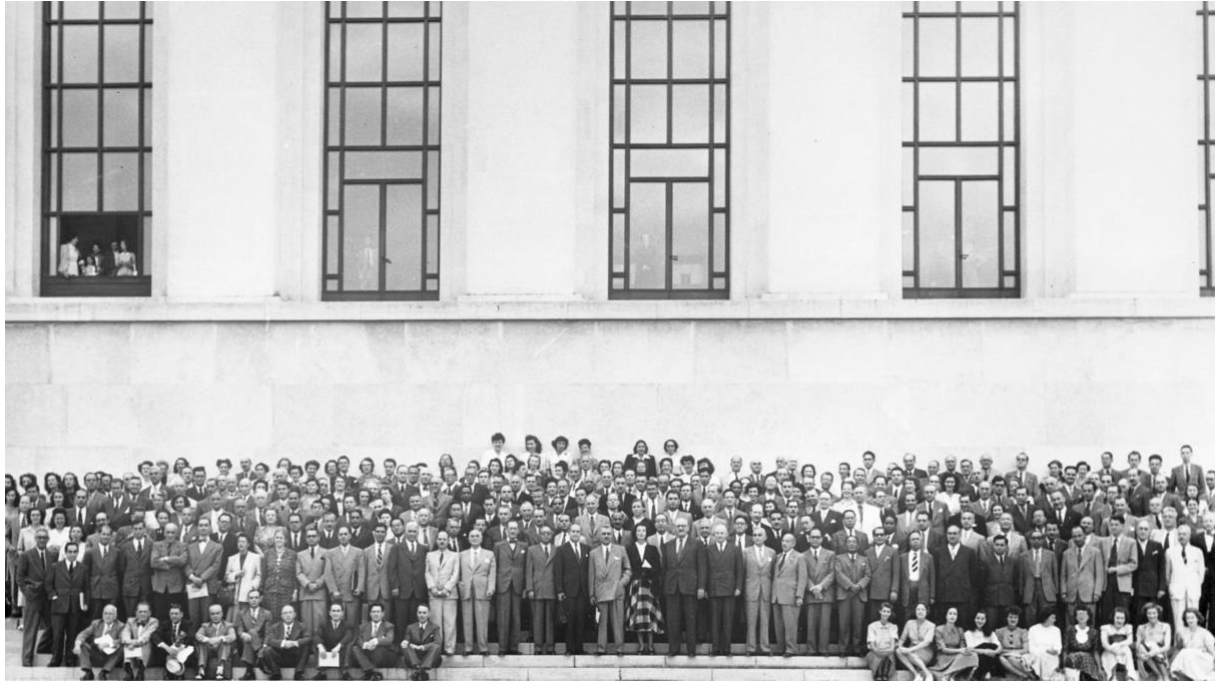


Fig. 2. World Health Organization, founding assembly in Geneva, 1948 – Library of the World Health Organization.

During the Cold War, the organization attained a global leadership status in matters of health and disease. But it also suffered from Cold War tensions between the United States and the Soviet Union. Throughout the postwar years, the WHO decisively shaped the dissemination of medical knowledge, practices, technologies, and materials across the globe. It standardized therapies for common diseases, procedures of drug approval, and health data collection processes. For example, the WHO has facilitated the international use of antibiotics and vaccines, and has tried to eradicate epidemics such as syphilis, small pox, and polio. Yet, it lacks an explicit authority to enforce its recommendations. Our point is that the WHO is far from being just an apolitical and technical organization. Instead, the WHO has been a product of the global political, social, and economic context throughout its history. The most influential member states push for their own interests and mobilize their diplomatic channels within the organization to achieve their goals (Cueto et al. 2019).

As was clearly stated in a 2011 WHO report, “WHO’s scientific and technical aspirations for global health are constantly conditioned by the multiplicity of views, needs, and preferences of its member states” (WHO 2011). In the same report, the WHO warned that the world was ill-prepared to respond to a pandemic. Politics and diplomacy strongly conditioned health policies and international actions. This is how Peter Daszak, one of the experts who created the new

priority list for dangerous diseases in 2018, explained this issue: “the problem is not that prevention was impossible. It is very possible. But we didn’t do it. Governments thought that it was too expensive. Pharmaceutical companies operate for profit” (Kahn 2020). In other terms, the WHO owns not enough power and funding to establish a global collaboration to prevent the emergence of new pandemics.

In 2020, COVID-19 spread across the whole globe. So far, it has infected more than 70 million people and lead to more than 1,6 million casualties. The pandemic’s impact on social and economic structures worldwide is ongoing and devastating. The international race for a vaccine reveals the blatant economic and political interests of individual countries. In addition to complex diplomatic negotiations over who is going to use it first there are enormous economic and scientific underpinnings at stake. The vaccine has become a diplomatic tool in the hands of individual states while they deploy it for strategic political gains. It is not then an exaggeration to speak about “vaccine diplomacy” (Strangio, 2020).

After all, health is not a technical issue to be managed by allegedly apolitical institutions. It is a matter of political priority that demands publicly informed health diplomacy (Holzscheiter 2017). The recent pandemic made obvious that the spread of the Covid-19 virus might be measured through virologic and epidemiological models and controlled through quarantine. Most important, however, it overlaps with feverous diplomatic and political activities taking place among big and emerging geopolitical powers and directly influencing the functioning of the United Nations international organizations. As historian of science Maria Rentetzi has argued “a single most significant event for science diplomacy occurred with the development of the United Nations system of specialized agencies and organizations.” (Rentetzi, 2019). It was the moment that the entanglement of the political to the epistemic led to the understanding of science and, obviously health, as constitutive of diplomacy. Such a historical perspective on science and health diplomacy facilitates our understanding of international institutions, the World Health Organization among them, as highly political and diplomatic endeavors. The Diplomatic Studies of Science (Rentetzi, 2019), a new interdisciplinary research field underpinned by a historical perspective on science diplomacy, sheds light on the multiple factors contributing to the worsening of the global COVID-19 crisis we are facing nowadays (Adamson and Lalli forthcoming; Rentetzi 2017, 2019; Ito and Rentetzi forthcoming).

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