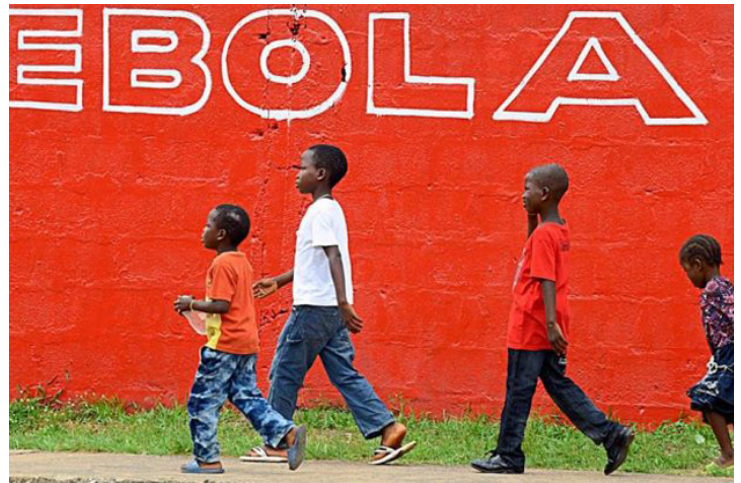


The Politics of Fast-Paced Epidemics

Bolstering Disease-Burdened States with Community Resilience

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P | I | P | S

The Project on International Peace and Security
Institute for the Theory and Practice of International Relations
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The Politics of Fast-Paced Epidemics

Bolstering Disease-Burdened States with Community Resilience

Developing governments lack the capacity to mitigate the effects of fast-paced epidemics. The rapid spread of highly pathogenic infectious diseases can precipitate state failure, which enables terrorism, illicit commercial activity, and further spread of disease. Typically, international responses to epidemics are health-based. However, medical intervention alone is insufficient to combat the political ramifications of disease. The United States should invest in community intervention and peer policing to improve local security and cooperation with disease protocol. These measures engage citizens and state officials on a community level to bolster trust and government legitimacy in fragile states plagued by epidemics.

Introduction

The Ebola epidemic has ripped through the societies of Liberia, Guinea, and Sierra Leone, breeding violence and panic and undermining state legitimacy. As of February 1, 2015, 8,981 people have died from Ebola, out of 22,495 who contracted the disease: a fatality rate of 40 percent. More than 800 regional health workers have also been infected.¹ There is insufficient international infrastructure to combat an epidemic of this scope. The WHO's resources were quickly overwhelmed by the outbreak as states with the ability to intervene failed to respond in its early stages.²

Virulent epidemics exact large tolls on human security, but their political ramifications are often overlooked. Epidemics weaken a state's political, economic, and social order. This internal disruption can in turn precipitate state weakness or failure. HIV/AIDS exemplifies the challenge that disease can pose to society; in sub-Saharan Africa, children are orphaned, economies are stunted, and politicians are vilified as a result of this devastating global pandemic.³ With an average latency period of ten years, the societal consequences of HIV have become apparent over decades.⁴ Thus, the international community has had time to identify and address the non-health effects of HIV. However, fast-paced epidemics like Ebola are easily transmissible and highly fatal. This type of outbreak causes mass panic and economic shock. And, in the rush to contain such diseases, aid organizations focus primarily on medical intervention. In doing so, they fail to tackle the political ramifications that contribute to state weakness.

The United States should instead encourage citizen-based policing and peer-networking strategies at the onset of dangerous epidemics to mitigate instability. These community resilience interventions not only increase the effectiveness of medical interventions, but they bolster government legitimacy and community trust during an outbreak.

Epidemics Catalyze State Weakness

Beyond the threat to human life, there are numerous effects of disease that can contribute to state failure. Developing countries that have fragile economies and infrastructures are especially vulnerable.⁵

- *Economic instability.* Epidemics impose significant economic costs on afflicted regions. Disease responses like vaccination campaigns are expensive and divert state resources from other fiscal responsibilities.⁶ GDP declines as members of the workforce fall ill. Worse, families generate lower income levels while scarce commodity prices rise, contributing to widespread poverty.⁷ Mass containment and border controls reverse openness to trade and trigger the outbreak of military conflict.⁸
- *Societal unrest.* Disease destabilizes societies. Communities unravel as people are unable to engage in normal activities; businesses shut down, schools close, and families are separated. The psychological effects of severe epidemics are pronounced. Fear has the potential to drive conflict and precipitate stigmas against the sick as well as out-group scapegoating. Additionally, epidemics deepen social inequality as elites insulate themselves from disease, while average citizens are left vulnerable.⁹
- *Political degradation.* When a government is unable to successfully stem an outbreak, or maintain basic social services, regime legitimacy suffers. This breakdown of state authority leaves the government susceptible to domestic unrest, including coup and takeover.¹⁰ Additionally, governments struggling to maintain stability during an epidemic may resort to authoritarian practices, undermining democracy.

Disease also depletes available military and police forces. This erosion of military readiness contributes to the rise of lawlessness. While militaries focus on epidemic response, they are unequipped to address other security threats. Additionally, epidemics may affect the balance of power among states and precipitate regional power struggles.¹¹ Declining military power makes the state vulnerable to coercion or attack.

Epidemics can precipitate state weakness or failure, especially in developing states, by exacerbating economic instability, societal unrest, and political degradation.

West Africa at Risk: Instability as a Result of Ebola

If the outbreak is not contained soon, most of the economic and social gains achieved since peace was restored in Liberia and Sierra Leone and Guinea's democratic transition began could be reversed.

- United Nations Development Program¹²

The West African Ebola outbreak, which began in December 2013, demonstrates the ability of disease to produce widespread instability and state weakness. Liberia, Sierra Leone, and Guinea

were hit hardest by this epidemic. As post-conflict states that lack sufficient health infrastructure, these countries were ill-equipped to engage in effective disease response.¹³ Thus, Ebola has caused societal and political cleavages, violent conflict, and widespread economic decline in West Africa.

- *Regional economic losses.* The World Bank estimates a loss of \$32.6 billion dollars to West Africa over the next two years. Commodity prices are rising in Liberia, and the labor market is contracting.¹⁴ Women are particularly vulnerable to unemployment in Liberia, as they typically work in the hard-hit self-employment sector.¹⁵ In Sierra Leone, urban workers also experience unemployment, and business revenue has declined by 40 percent.¹⁶

Even uninfected states experienced these economic effects of Ebola. Nigeria avoided a large-scale epidemic, but spent significant amounts to achieve disease containment and has since seen a reduction in commercial activity. Senegal and Gambia are experiencing declines in tourism and foreign direct investment that could contribute to losses in GDP. International trade has also decreased in West Africa due to the perceived risk of transactions with Ebola-infected regions.¹⁷

- *Limited public services.* Post-conflict states lack the capacity to address epidemics. As such, they cannot provide normal public services while attempting to contain disease. In particular, non-Ebola health services have eroded in West Africa. While medical resources are poured into Ebola-containment efforts, pregnant women, as well as children with measles or diarrheal conditions, face difficulties finding care.¹⁸ In Sierra Leone, 90 percent of HIV patients are without treatment.¹⁹

In Liberia, where food insecurity was “unacceptably high” prior to the epidemic, the government has become increasingly reliant on food imports.²⁰ However, limited food production and disruption to trade have reduced supplies and increased food prices.²¹ Thus, citizens, especially those in isolated communities, face malnutrition and possible starvation.²² Other social programs have suffered as well; schools have closed for months in Guinea, and promises of new youth programs in Liberia have been unmet, fueling further discontent.²³

- *Conspiracy theories and distrust.* Conflict has broken out among citizens in regions affected by Ebola. Groups in Guinea have attacked aid workers and journalists who were mistakenly thought to have brought the disease to the region. False narratives regarding Ebola are rampant and contribute to misunderstandings regarding the disease and its control.²⁴ In Guinea, resistance “follows” the virus; people spread rumors that the Red Cross is “spraying Ebola into schools.”²⁵ Unsafe local practices continue despite warnings from health officials.²⁶ Ebola is so stigmatized in West Africa that victims lie about their diagnoses, family members live in fear of one another, and communities shun survivors.²⁷
- *Instability exacerbated by government action.* In August 2014, the Liberian government quarantined the entirety of West Point, a slum in Monrovia, after infected patients

escaped and contaminated materials were stolen from a local victim-holding center. This desperate measure resulted in a series of escape attempts, food and medical shortages, rebellions, police brutality, and bribery, and was cut short after ten days.²⁸ The West Point quarantine was a failure of the Liberian government. It bred rampant mistrust of state authority and exacerbated violence in a slum already subject to police corruption.²⁹

The impact of Ebola on West Africa exemplifies how virulent epidemics can disrupt the economic, political, and social structures of a state.

International Significance of State Failure

Fast-paced epidemics, including Ebola, can create weak or failed states, which are characterized by an inability of the government to provide public services, maintain institutions, or control borders.³⁰ State failure presents numerous risks to the international community and the United States.

Terrorism

State weakness triggered by disease can leave governments vulnerable to infiltration from terrorist groups. Vacuums of authority in failed states allow terrorist groups to organize, train, and conduct operations with little threat of government intervention.³¹ These states become a source of potential recruits and weaponry. In particular, terrorist organizations may be attracted to “weak but functioning states,” because they provide access to banking services, transportation, and communications technology.³² Moreover, a lack of state capacity obstructs counterterrorism efforts.³³ Thus, weak and failing states provide the conditions under which a group may launch an attack against the United States, or thwart U.S. efforts to eradicate such groups.

- *Afghanistan: a hotbed of extremism.* Characterized by fragile institutions and instability, Afghanistan’s weak state created opportunities for terrorism. The Taliban, who are sympathetic to Al Qaeda, came to power as a result of civil war and acute poverty. Porous borders and ineffective law enforcement provided an ideal haven and training ground for Al Qaeda. A weakened Afghanistan allowed Al Qaeda to engage not only in terrorism, but also in illicit arms and drug trafficking.³⁴ The post-Taliban regime struggled to respond to the insurgency after 2001, and extremism continues to thrive.³⁵
- *Somalia’s power vacuum.* Somalia’s failed-state status allowed it to be infiltrated by terrorists. With no central authority to control borders or internal actors, Somalia is an ideal environment for terrorist groups to conduct untraceable transactions of goods and money.³⁶ Al-Shabab emerged out of the instability in Somalia, took control of Mogadishu in 2006, and was able to conduct attacks and kidnappings in Kenya until Ethiopian forces drove it out. Al-Shabab gained traction in Somalia by promising public services forgone by the collapsed government.³⁷

As these examples illustrate, state breakdown is conducive to terrorism. Terrorist groups can take advantage of the absence of authority in weakened states to organize attacks.

Illegal Commercial Networks

Epidemics can weaken states and facilitate social disorder. Private groups take advantage of this instability to vie for resources and criminal opportunities.³⁸ Thus, weak and failing states contribute to the proliferation of small arms and other weaponry. Additionally, these states may host illicit transnational enterprises, including money laundering and trafficking of drugs, people, and arms. The rise of illegal commercial networks can also facilitate the spread of nuclear, chemical, and biological weapons.³⁹

- *Commercial networks in conflict zones.* Criminal groups have exploited weak state capacity in conflict zones, such as the Democratic Republic of Congo. The DRC, lacking state infrastructure and social services, is a hub of conflict trade that occurs frequently in the form of natural resource exploitation. Elites benefit from these commercial networks and manipulate ethnic conflict to control resources; thus, elites within the government have little incentive to encourage reconstruction.⁴⁰
- *Access to international markets.* Criminals are attracted to states with greater economic capacity—access to financial services, transportation capabilities, and telecommunications—to sell and ship products. For this reason, Nigeria is host to organized crime on an international scale.⁴¹ Nigeria is the hub of a global methamphetamine trafficking network, specifically at the hands of the Igbo ethnic group, which began to seek financial opportunities abroad after the Biafran War.⁴² Government corruption prevents a concerted effort to end organized crime; in Nigeria, illicit economies are nearly legitimate.⁴³

Illegal commercial networks perpetuate arms trades as well as violent conflict; weak states provide havens and resources to sustain such groups.

International Spread of Infectious Disease

State failure caused by epidemics contributes to the international spread of disease. Health services collapse in failing states, increasing the population's susceptibility to the epidemic at hand, as well as to other infectious diseases.⁴⁴ States that are unable to control borders and deliver services also see high levels of migration. The migration of infected populations compounds the regional and international threat of disease.⁴⁵ Thus, weak states provide the conditions for epidemics to overwhelm a state and move beyond its borders. This spread of disease endangers the lives of U.S. citizens abroad and at home. Infectious disease may also threaten U.S. economic interests or key strategic regions.⁴⁶ In 2005, Nigeria's weak infrastructure contributed to its failure to implement polio immunization campaigns. Consequently, polio spread beyond Nigeria, as far as Yemen, Saudi Arabia, and Indonesia.⁴⁷

A Health-Focused Response to the Ebola Outbreak

The United States has made significant contributions to contain the West African Ebola outbreak. The United States committed \$921 million to fight Ebola, providing personnel, equipment, and epidemiological services in West Africa.⁴⁸ In addition to participation from organizations like USAID, the United States has deployed AFRICOM, the United States Africa Command Force, to the region.

- *Support for medical infrastructure and transportation.* AFRICOM has been tasked with conducting training and providing transportation in response to calls for military support.⁴⁹ The U.S. military contributed to the maintenance of clinics and labs, and constructed and staffed new health and community centers. The Public Health Service Commissioned Corps has also deployed officers to staff a DOD hospital to care for ill healthcare workers.⁵⁰
- *Epidemiological efforts.* The United States has operated burial teams, conducted research to identify transmission patterns, and trained healthcare workers in regions stricken by Ebola. Additionally, more than 3,000 health experts from USAID, CDC, and DOD have traveled to West Africa to confront the epidemic.⁵¹ USAID has also instituted a Community Care Campaign to provide protection kits and disease information to vulnerable households in Liberia.⁵²

These responses, though they contain the epidemic, lack a framework to prevent political degradation or internal disruption. Donations of infrastructure, equipment, and personnel are critical to disease response, especially in developing states with little capacity to provide such services. Such assistance, however, overlooks violence resulting from societal tension or decreasing state legitimacy. USAID's Community Care Campaign, for example, does not address the political factors that prevent dissemination of correct disease information or cooperation with disease protocol. The United States must expand its initial disease response to tackle the political dynamics that not only exacerbate epidemics, but also produce societal unrest.

Community-Based Approach to Mitigate Political Degradation

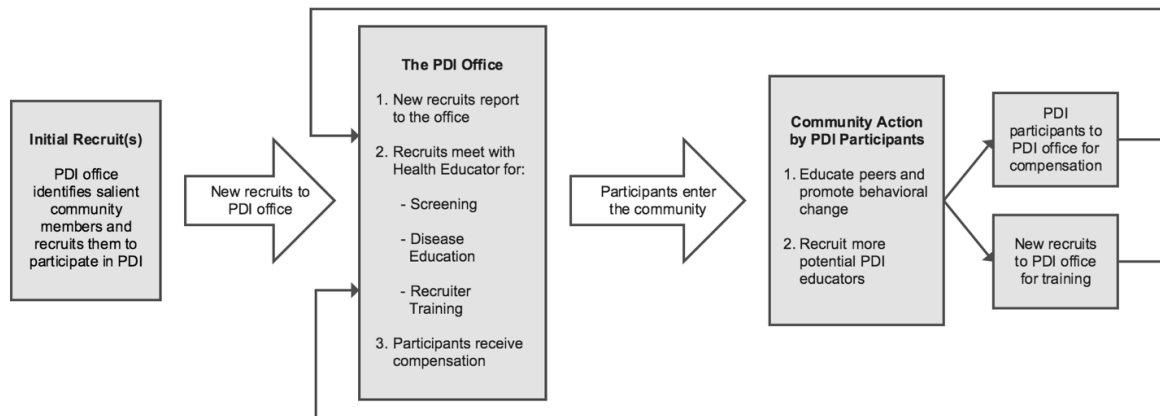
The United States should address the political consequences of disease with community networking programs to encourage resilience during and after the epidemic. These programs circumvent weak state capacity and leverage existing community structures to increase trust and state legitimacy. They also produce greater cooperation with disease protocols and other medical interventions. I propose two programs to be implemented through USAID: peer-driven intervention and proximity policing. These measures will strengthen communities in the face of disease by improving security and citizen relations.

Peer-Driven Intervention to Produce Behavioral Change

Peer-Driven Intervention (PDI) models establish an incentives structure in which community members are tasked to encourage peers to carry out a desired practice. An implementing organization surveys members of a targeted community to determine the individuals from whom peers would welcome help or guidance. They then recruit and train these respected community members in a preferred health behavior or area of information. Recruits are paid to communicate this information to their peers. They are also tasked to enlist other community members to become PDI workers.

PDI outreach is cost-effective and successful. When compared to traditional educational interventions, it targets more people, achieves higher rates of compliance, and does not rely heavily on expensive professional staff.⁵³ In many cases, traditional healers or other community leaders have already engaged in peer education to facilitate more effective disease response. The United States must institutionalize the use of such education networks to increase resilience to an epidemic.⁵⁴

Figure 1: Peer-Driven Intervention in Action⁵⁵



- *Internal community monitoring.* PDI operates on the premise of group accountability by emphasizing that one's behavior will result in either collective reward or collective punishment. Thus, individuals adopt desirable practices not only out of personal preference, but also out of fear of retribution from their social circle. Recruited community members are better able to influence others than trained professionals; they are well equipped to relate to their peers and are more familiar with community conditions.⁵⁶ In this way, PDI may be effective where communities are wary of outsiders. Additionally, in the context of an epidemic, traditional practices may contradict disease protocol or be resistant to change. Here, peer interventions provide sufficient impetus to produce behavioral change.

- *Strengthened social capital.* PDI bridges societal divisions by fostering connections among members of different groups. This exchange of information helps to build community consensus and an inclusive institutional structure.⁵⁷ A greater sense of community obligation is especially important during an epidemic, where it is essential that disease control procedures are uniformly understood and followed.⁵⁸ Social bridging can produce greater community trust, less wariness of foreign disease response organizations, and closer adherence to disease protocol. Additionally, bridging networks may alleviate tensions and increase cooperation in areas riven by ethnic tension or other divisions. Without active integration of these groups, individuals may rely on local traditions and norms and resist behavioral change if these practices are at odds with disease protocol.

PDI has proven very successful in altering health-related behaviors.

- *Combating HIV.* In the 1990s, Robert S. Broadhead and Douglas Heckathorn of the University of Connecticut developed a “chain-referral outreach methodology” to prevent the spread of HIV among drug users. They reasoned that infected drug users are more capable of communicating with each other than paid professionals or outreach workers. They recruited and trained drug users from the community; these recruits were then directed to educate and train their peers. Injectors responded extremely well to the Broadhead/Heckathorn intervention. Drug users practiced “risk-reduction” behaviors in greater numbers following this intervention than after traditional outreach efforts. Peers reinforced the community’s desire for HIV prevention and encouraged each other to engage in behavioral change. The entire outreach was conducted for \$20 per recruit.⁵⁹
- *PDI in the developing world.* PDI has also been tested in the developing world to address HIV in commercial sex workers, youths, and injection drug users. Influence from peers can successfully alter health behaviors and “complement the services of health workers.”⁶⁰ In Malawi and Mozambique, peer educators have reduced risky sexual behaviors and increased community knowledge about HIV. In Botswana, PDI studies demonstrate the long-term sustainability of peer education interventions.⁶¹ Such studies also lend insight into practices that increase the effectiveness of PDI. For instance, peer educators nominated by community members appear to have greater impact than volunteers or recruits chosen by program staff. Additionally, retention rates increase when PDI is implemented in schools.⁶²

PDI outreach has produced health-related behavior change in both developed and developing contexts. The United States should incorporate PDI into its disease response framework. In the communities recently stricken by Ebola, for example, PDI could have encouraged proper disease protocol and greater community trust.

- *Reducing ethnic tension in Guinea.* If PDI had been applied early to the Guinean Ebola outbreak, the approach could have reduced internal tensions. Ebola emerged in Guinea in the isolated, “conflict-burdened” forestière region.⁶³ The Guinea forestière is far from the capital, highly independent, and populated by many ethnicities. Already characterized by

inter-ethnic power struggles and competition for resources, Guinea forestière succumbed to violence as a result of Ebola.

Citizens of forestière villages, particularly marginalized youths, are wary of outsiders and unfamiliar practices.⁶⁴ When a well-known pastor and local NGO met with officials to discuss Ebola containment in August 2014, a group of young people arrived. This group was incensed by rumors that the NGO was distributing Ebola-infected bleach and killed several members of the team.⁶⁵ Here, PDI might have prevented this senseless violence. If community members had been educated in Ebola practices prior to encountering unfamiliar disease containment procedures, they may not have feared their own community members. PDI may also have bridged ethnic communities, allowing disease-prevention information to disseminate more uniformly.

- *Harnessing community leadership in Liberia.* Survey research conducted by Will Smith, a scholar at Oxford University, indicates that the West Point, Point Four, and Banjor communities of Liberia are insular and are governed by community chiefs. Ninety-three percent of surveyed community members reported that they would turn to their community chiefs, rather than the police, for help with a community issue.⁶⁶ PDI is adaptable to differing community structures in that recruits are selected based on their prominence in the community. In the case of West Point, the influence of community chiefs could have increased adherence to disease protocols or trust in outside health organizations.

Understanding community composition is critical to successful disease response. PDI, if implemented at the onset of an epidemic, conforms to community structure and alters group behavior to produce positive behavioral change and combat disease. This intervention addresses issues of community trust that contribute to violence and tension in the face of epidemics. The United States should make use of PDI, alongside traditional medical responses, when addressing epidemic; at little cost, PDI contributes to community stability and enhanced disease containment.

Restoring State Legitimacy and Community Trust Via Proximity Policing

Police are the most visible representatives of the state. Thus, their behavior is critical to ensuring effective disease response and community cohesion. Proximity policing models establish small local police units to respond to community issues. Recruits are drawn from the community and trained in human rights, sociology, and intelligence techniques.⁶⁷ These units are responsive, accessible, and citizen-oriented police forces that can improve state-society relationships.⁶⁸ Proximity police forces are typically used to combat short-term crises, but can continue to serve in the long term to bolster community resilience.⁶⁹ In the context of an epidemic, these forces may mitigate violence, collect intelligence on the extent of the outbreak, and serve as reliable sources of disease information. In this way, proximity police forces increase community trust and more effectively represent the government in its disease response.

- *Citizen-based policing for heightened security.* The United States should introduce proximity policing into communities facing epidemics that have a history of police brutality or corruption. By recruiting and training local community members in proximity policing, the United States enhances trust between citizens and officers, and thus, trust between the citizen and the state. This measure incentivizes citizens to cooperate with police and take advantage of the services they offer.⁷⁰
- *Police as a source of accurate disease information.* Proximity policing models, though often successful, have been criticized for their lack of social agenda.⁷¹ By including disease protocol in police training, local police can serve as trustworthy reporters of accurate disease information. Additionally, they may implement state disease responses with greater legitimacy, increasing their effectiveness. Local defense forces also have great value in intelligence procurement.⁷² Trained police units that are highly integrated into local communities can not only provide information to civilians, but they can also conduct epidemic surveillance for the government.
- *Strengthened public services with institutional bypass.* The use of proximity policing represents an example of institutional bypass. Institutional bypass mechanisms mitigate government obstacles to reform, creating an alternative pathway to deliver services. In developing states, institutional deficits may be so severe that government capacity building would not work quickly enough to combat an epidemic. Here, proximity policing can provide services without necessitating an overhaul of existing bureaucracy. Overtime, this approach may prompt broader institutional change.⁷³

Proximity policing models have proved extremely effective in practice. In 2007, drug trafficking dominated Rio de Janeiro. As social protests became increasingly violent, police began to respond with excessive force, and panic spread prior to the State Public Security Secretary's implementation of proximity policing. Pacification was welcomed by local communities and triggered new forms of cooperation between local forces and civilians.⁷⁴ This program was designed to bring communities plagued by criminal influence under control by pacifying a targeted area, conducting intelligence, and providing permanent proximity policing after the crisis ended.⁷⁵

As in Rio de Janeiro, a proximity policing intervention may have proved effective in combating violence and destructive police-citizen interactions in Liberia.

- *Bolstered government legitimacy via trustworthy police.* Liberia's failed quarantine exemplified counterproductive relations between citizens and police. The government, as well as local police forces in West Point, implemented the quarantine without the consent or cooperation of the community. Police forces arrived heavily armed to contain groups of unarmed citizens, and open fired after a mob began to throw rocks. Police failed to inform community members that they would receive food and medical screenings until the second day of the quarantine. A number of escape attempts followed, many of which were facilitated by police bribery.⁷⁶

A proximity policing intervention would have improved the outcome of the West Point quarantine; citizen-police forces would have been more transparent with members of their own community regarding the conditions and purpose of the quarantine. Such forces are also thoroughly trained and monitored to limit corruption and police brutality, which could have prevented escapes and violence. If the police force were also instructed in Ebola-containment procedure and epidemic information, it would serve as a trustworthy source to dispel rumors and Ebola conspiracies. A proximity police force would have improved the circumstances of the Ebola epidemic in Liberia by increasing government legitimacy in the form of effective security.

As the most visible emblem of state authority, police behavior can determine a citizen's view of government legitimacy. Effective policing is a critical component of disease response; police must be able to maintain order, prevent violence, and carry out disease containment protocols. Proximity policing produces a police force rid of unnecessary violence and corruption: one that is capable of serving as a trustworthy source of information and of state authority during epidemics. By identifying communities at-risk of police violence and instituting proximity policing, the United States can reduce conflict and bolster state legitimacy in disease-burdened states.

Conclusion

The Ebola epidemic in West Africa has claimed tens of thousands of victims since its onset in December 2013. Without a sufficient international response, this disease raged through the region and spread to the United States and Europe. In addition to the staggering death toll, Ebola has produced devastating societal consequences. This crisis has weakened the economic, political, and social fabric of West Africa and hampered its development. Disruption will continue in the long term and may weaken states after the epidemic has ebbed. The response to date has paid too little attention to the political consequences of Ebola to the detriment of West African societies as well as to epidemic containment.

Community-networking programs not only ameliorate the societal tensions imposed by disease, but they also contribute to disease control. These interventions are cost-effective and rely on communities, rather than on the already strained resources of developing states. Disease containment is the primary goal of preliminary disease response; however, medical intervention alone will not achieve complete containment. In an increasingly globalized world, the threat of infectious disease cannot be overlooked. The United States must address community resilience alongside medical response to combat fast-paced epidemics and ensure stability.

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