

Pandemic Preparedness from the Security Research Perspective

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Alexander Siedschlag, Ph.D.

Chair of Penn State Homeland Security Programs

Professor of Homeland Security, Public Health Sciences, and
International Affairs

Penn State Harrisburg – The Capitol College

Penn State World Campus



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Bottom Line Up Front (BLUF)

- Discussion of U.S. COVID-19 response, using the Commonwealth of Pennsylvania as a particular example.
- Although typically framed as a pandemic owned by the public health sector, the COVID-19 response falls directly within the homeland security mission space, whose core missions include “Ensuring Resilience to Disasters” (Quadrennial Homeland Security Review – QHSR – 2014).
- In some aspects, U.S. COVID-19 response is in line with security research recommendations.
- In other dimensions, it is neither in line with what research would recommend nor with what the National Preparedness System would foresee.
- The U.S. has yet to fully make the step from disaster to catastrophe as the characteristic challenge to U.S. emergency management in our century.
- Important to allow space for critical thinking on COVID-19 response during COVID-19 response
- Role of homeland security / security research studies in COVID-19:
Homeland security “requires an ongoing process of reflection, dialogue, and adjustment that embraces complexity and ambiguity” and should constitute “[a]n ongoing, iterative process of reflection that attends to the process of securing the homeland as it relates to the people engaged in and affected by the process, [and] the consequences of short-term strategies”.

Annette D. Beresford, "Homeland Security as an American Ideology: Implications for U.S. Policy and Action," *Journal of Homeland Security and Emergency Management* 1(3) (2004), Article 301, p. 18.

State of the Art Security Research - Examples

- Enrico L. Quarantelli, “A Half Century of Social Science Disaster Research: Selected Major Findings And Their Applicability,” *University of Delaware, Disaster Research Center*, 2003, <http://udspace.udel.edu/handle/19716/297>
- Mike Bourne, *Understanding Security*. New York: Palgrave Macmillan, 2014.
“Homeland security first and foremost seeks to secure not just survival but ways of life.” (p. 88)
- Richard T. Sylves, *Disaster Policy and Politics: Emergency Management and Homeland Security*, 2nd ed. Thousand Oaks, CA: Sage, 2015 (now 3rd ed).
“The ethos of U.S. emergency management” includes an “emphasis on grassroots local emergency management in emergencies and disasters with overhead governments providing help but not taking command or control of local emergency response and recovery operations.” (pp. 37-38)
- Claire B. Rubin and Susan L. Cutter, eds., *U.S. Emergency Management in the 21st Century: From Disaster to Catastrophe*. New York: Routledge, 2020.
→ *Thesis: Pennsylvania has yet to fully make the step from disaster to catastrophe as the characteristic challenge to U.S. emergency management in our century: response to a catastrophic crisis cannot be chopped into separate silos of responsibility.*

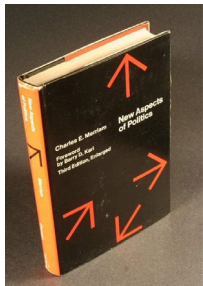
Legal Context



- Governor is “responsible for meeting the dangers to this Commonwealth and people presented by disasters.” *35 Pa. Code § 7301 (a)*
 - Pennsylvania Emergency Management Agency (PEMA) makes recommendation to the governor
 - Governor proclaims “disaster emergency”
- PA Department of Health has no statutory power to declare a public health emergency
- The Commonwealth’s constitution and public health law leads to a distributed and dispersed public health administration structure
 - 2013 report by the Joint State Government Commission of the General Assembly of the Commonwealth of Pennsylvania:
 - Pennsylvania Department of Health shall “determine and employ the most efficient and practical means for the prevention and suppression of disease,” including establishing and enforcing quarantines
 - Fully-service local health departments at the time of the study existed in only six of 67 counties and in only four cities.
 - In the remaining 61 counties and 2,563 municipalities, public health services were implemented through under municipal code, the form of a municipal board, or through the Department of Health using its six district offices and 60 health centers
 - 237 local boards or departments of health operating outside the structure and funding of local health administration law, instead governed by local regulations and ordinances
- As a result, the legal framework basically pre-defines the state response to a pandemic to be a quarantine order (focus on restrictions plus relief funding, with enabling/whole-community action to occur at municipal and local levels)

“Scientific Man vs. Power Politics”

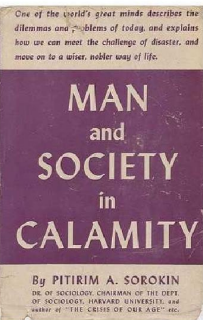
COULD/SHOULD Government COVID-19 Response (Morgenthau 1947)
 Even Be Guided by Research?



Merriam, *New Aspects of Politics* (1925)

Idealist behaviorism: Political decision-making can, and should, be based on scientific insight. Crisis management by “intelligent social control.”

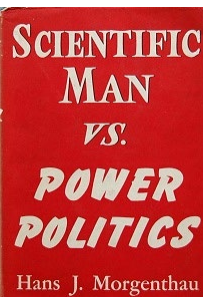
! “Data-driven pandemic response”



Sorokin, *Man and Society in Calamity* (1942)

! “Unprecedented times”

Calamitology: Theoretical study of disaster. Disasters can have different effects on different parts of a society: social diversification goes together with polarization of a disaster's effects (“Sinners and Saints in Calamity”). Disasters reinforce political power as a consequence of the strong need to regulate and control social relationships. “Calamities promote scientific and technological progress also by creating new situations for observation and experimentation.” Focus on case inventory, little focus on scientifically guided preparedness.



Morgenthau, *Scientific Man vs. Power Politics* (1947)

! Crisis mgt by Exec Order

Liberal rationalism: Emphasis on science and reason as routes to peace [→conflict resolution, crisis management] means that states are losing touch with historic traditions of statecraft. Science deals with probabilities but politics [→politics of crisis management] require prudent leadership. Demonstrates the risk in the belief that science is unpolitical and enables salvation. *Animus dominandi:* crisis power risks becoming an end in itself.

The Preparedness & Prevention Gap

- If the COVID-19 response is research-based, it cannot claim to have been unexpectedly confronted with the unprecedented, as the “Reopen Pennsylvania” campaign and national and other state’ and countries crisis communication framed it.
- COVID-19 is neither beyond imagination nor beyond expectation: “As with famines and hunger, however, major epidemics and pandemics (international epidemics) of diseases represent only dramatic periodic escalations of an underlying and persistent threat.” (Hough, “Health and Security,” in *International Security Studies: Theory and Practice*, 2015, pp. 254-66).

EXAMPLES (U.S.) OF MISSED ACTION UPON RELEVANT STRATEGIC ASSUMPTIONS/ANTICIPATION

- *National Biodefense Strategy* of 2018, Goal : “[T]he United States will build risk awareness at the strategic level, through analyses and research efforts to characterize deliberate, accidental, and natural biological risks” to “ensure decision-making is informed by intelligence, forecasting, and risk assessment.”
- *National Planning Scenarios* of 2005, “Scenario 3: Biological Disease Outbreak—Pandemic Influenza,” casualty figures within COVID-19 dimension as of summer 2020.
- Rockefeller Foundation’s “*Lock Step*” scenario of 2010, where a new influenza virus kills 8 million people worldwide and some governments’ overbroad response starts to threaten civil liberties and democratic values, evoking mass protest.
- *Pandemic influenza preparedness study* of 2007 by the National Infrastructure Simulation and Analysis Center (NISAC), founded in 1999 and incorporated by the Patriot Act into the new Department of Homeland Security: A catastrophic pandemic overwhelms the nation’s healthcare capabilities in seven to ten weeks, with the healthcare sector going out of capacity and having to reject 3 to 4 million patients.

Pennsylvania Response Characteristics

– also indicative of broader U.S. COVID-19 response characteristics

- Governor and Secretary of Health led the response, with little to no visible involvement of county and local-level emergency management agencies.
- The narrative centered on the “flatten the curve” slogan, with the rationale changing over time from a flattened curve buying time to prevent the health sector from being overwhelmed with an influx of COVID-19 patients to a flattened curve actually reducing the total number of infected people and saving lives.
- A characteristic of the response was, as also evident elsewhere in the U.S. as well at the federal level, that the Department of Health quickly assumed ownership of the crisis and developed from the coordinating agency (in line with Emergency Support Function [ESF] 8 according to the *National Response Framework*) to the lead agency.
- As has been the case in the United States’ COVID-19 response overall, public health sector leadership was vociferous early on with its claims and interest in massive protection of its own sector of critical infrastructure, preferring a total disaster risk reduction approach over the risk management approach that characterizes homeland security policy and strategy (Bullock, Haddow & Coppola, *Introduction to Homeland Security. Principles of All-Hazards Risk Management*, 5th ed., 2015)

U.S. COVID-19 Response Assessment

- Giving the public “clues” to make sense of the situation and appreciate the real threat posed by an invisible hazard
- The challenge of concurrently responding to the evolving and fluctuating COVID-19 situation and maintaining a fair civic discourse about whole-community response can lead into a dilemma
- Pennsylvania and other parts of the U.S. have been leaning to resolving it by prioritizing state-level public health response that it believes is evidence-based and asking the rest of the community to follow
- Seeking objective legitimization for emergency response measures
- Following the Lenny Kravitz principle in emergency management: “It Ain’t Over ‘til It’s Over”
- Establishing one single crisis communicator, the Secretary of Health (*who however is a stakeholder in the public COVID-19 response conflict*)
- Heavy politics of crisis management, response sometimes suggested a pre-presidential election political agenda involved
- Anthropomorphizing the virus and using of martial metaphors in public crisis communication
 - harmful impact on public risk perception
 - militarization of homeland security and emergency management
 - sacrificing the whole-community approach
- Governors in Pennsylvania and elsewhere had not established themselves as a credible crisis communicator during the “normal phase”
- Not well calibrated public communication and sending of logically contradicting messages, e.g. flatten the curve to buy time (area under curve does not change) vs. lockdown to save lives
- Governor’s Offices in Pennsylvania and elsewhere, although not necessarily qualified to do so, did official review of external research and data, selling expectations from modeling-based research as if they were scientific evidence of already proven facts

Yellow Tape Phenomenon

COVID-19 response in the US. and elsewhere has been quite directional, putting the public on the receiving end: they were advised to follow orders and only be acknowledged as part of the response by boilerplate truths like “My Mask Protects You, Your Mask Protects Me.”

- Known in disaster research as the “yellow tape” phenomenon (stay out of the emergency, sit still, leave it to the experts), such an approach may limit response capabilities.
- Members of the public are able to bring in very helpful volunteerism as well as applicable subject-matter expertise based on their educational and professional backgrounds.
- Opportunities for involvement however can improve compliance.
- Example (in the picture): City of Chicago “Keep Moving” campaign.



The Public: The Partner or the Problem in Preventing the Spread?

Yellow Tape Phenomenon as seen in Pennsylvania (left picture) vs. Encouragement of Whole-Community Crisis Ownership as seen in New York,



The public health sector must not be a yellow-taped area of experts but include cross-agency training and communication, community involvement, with the response building on pre-disaster routine.

Allen, "Public Health Readiness," in Kemp (ed.): *Homeland Security: Best Practices for Local Government* (2010), p. 116-120 (p. 120)

COVID-19 & Security Culture

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HOMELAND

ENHANCING VALUES

SECURITY

WHILE FOSTERING RESILIENCE

CULTURES

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EDITED BY ALEXANDER SIEDSCHLAG
AND ANDREA JERKOVIĆ

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Andrea Jerković: “Homeland Security Cultures to Foster a Resilient Nation while Safeguarding the ‘Blessings of Liberty’” (Ch. 15)

Four descriptors for security cultures:

- Knowledge and interpretation
- Common symbols
- Action repertoires
- Normative values

“Since the foundation of the American nation, finding and maintaining the balance between union and federalism and between security and liberty has been a cultural marker. As George Washington, then President of the Federal Convention, indicated in his Letter of Transmission of the United States’ Constitution to the President of Congress in 1787, finding the right balance between security and liberty is a cultural accomplishment: since a written constitution itself cannot set a perennial standard for a republic and democracy to maintain equilibrium between the two guiding values of security and liberty [...]:

It is obviously impracticable in the Federal Government of these States to secure all rights of independent sovereignty to each, and yet provide for the interest and safety of all. Individuals entering into society must give up a share of liberty to preserve the rest. The magnitude of the sacrifice must depend as well on situation and circumstance, as on the object to be obtained. It is at all times difficult to draw with precision the line between those rights which must be surrendered, and those which may be preserved; and, on the present occasion, this difficulty was increased by a difference among the several States as to their situation, extent, habits, and particular interests.”

HOMELAND
ENHANCING VALUES
SECURITY
WHILE FOSTERING RESILIENCE
CULTURES

Culture as a security domain/ securitization factor

“Cognitive standards”

Katzenstein, ed., *The Culture of National Security* (1996)

Culture as a security governance/ operationalization factor

“Evaluative standards”

Katzenstein, ed., *The Culture of National Security* (1996)

Culture as a factor in the perception/definition of threat

Constitutive norms - Searle, *Speech Acts* (1969)

Knowledge and interpretation

Geertz, *The Interpretation of Cultures* (1973)
 Douglas & Wildavsky, *Risk and Culture* (1983)

- Attribute meaning to COVID-19
- Cultural selection of risk
- Clash of competing worldviews in pandemic response
- Normative struggle and “normative arbitrariness”
 Luhmann, *Social Systems* (1996)

Common symbols

Wuthnow et al., *Cultural Analysis* (1984)
 Wuthnow, *Be Very Afraid: The Cultural Response to Terror, Pandemics, Environmental Devastation, Nuclear Annihilation, and Other Threats* (2010)

- Security culture as shared symbols on which the whole community orient their action
- Problematic anthropomorphization of “the virus” that we need to “combat” and “defeat”
- Understand COVID-19 response as a public good, provided for in joint responsibility of all members of the security community
- Focus on observable facts regarding security needs of society, as opposed to bureaucratic and political construction or reality
- Use symbols that represent a nation’s founding values

Culture as a factor in the response to threat

Regulative norms - Searle, *Speech Acts* (1969)

Action repertories

Swidler, “Culture in Action” (1986)
 Johnston, “Strategic Culture” (1995)
 Sylves, *Disaster Policy and Politics: Emergency Management and Homeland Security* (3rd ed., 2019)

- Existing strategies and courses of action determine which policy goals are developed in addressing COVID-19
- Security cultures are fragmented and contested
- A national preparedness goal is unrealistic
- Implementation may differ across security cultures
- Security strategies may create or reproduce uneven distribution of security in society

Normative values (including affective commitments)

Almond & Verba, *The Civic Culture* (1963)
 Wolfers, “‘National Security’ as an Ambiguous Symbol” (1952)

- COVID-19 response as safeguarding society’s commonly acquired values
- Analysis focused on factors that shape the normative arena in which homeland security takes place, reducing decision-making complexity
- Homeland security response to threats may be more focused of saving traditional values than responding to present threats
- Balance security with other societal values, such as liberty and freedom., nurturing security cultures rooted in a view of the citizens being the ultimate owners of homeland security, vested with inalienable democratic rights

Take-Home Message

- Prevention and protection should be based on a balanced risk management (not total risk reduction) approach and balanced across different relevant and impacted sectors of critical infrastructure.
- COVID-19 response in the U.S. and elsewhere has been built around public health sector protection. Security research would recommend to base it on a balanced risk management approach that proactively takes other critical infrastructure protection and whole-community needs into account.
- Prevention and preparedness are not sandbox exercises. They should deliver to planning scenarios that represent the greatest risk, such a global pandemic.
- Disaster prevention and response should not be driven by a law-and-order but by a whole community approach.
- Good homeland security cultures reflect an ability to see the world in the eyes of one's partners and identify shared perspectives that can lead to common goals and shared objectives.
- The “sentimentalization of local differences” never makes sense in an era where peoples and their governments around the world are presented with similar challenges Lasswell, *Politics: Who Get What, When, How?* (1958), p. 162.

Contact information

Alexander Siedschlag, Ph.D., M.A.

Chair of Penn State Homeland Security Programs

Professor of Homeland Security, Public Health Sciences, and International Affairs

The Pennsylvania State University -- Penn State Harrisburg

School of Public Affairs

160W Olmsted Building

777 West Harrisburg Pike

Middletown, PA 17057

Phone (717) 948-4326 -- Fax (717) 948-6484

E-mail aus50@psu.edu

Program Websites

[http://www.worldcampus.psu.edu/
degrees-and-certificates/homeland-security/overview](http://www.worldcampus.psu.edu/degrees-and-certificates/homeland-security/overview)

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