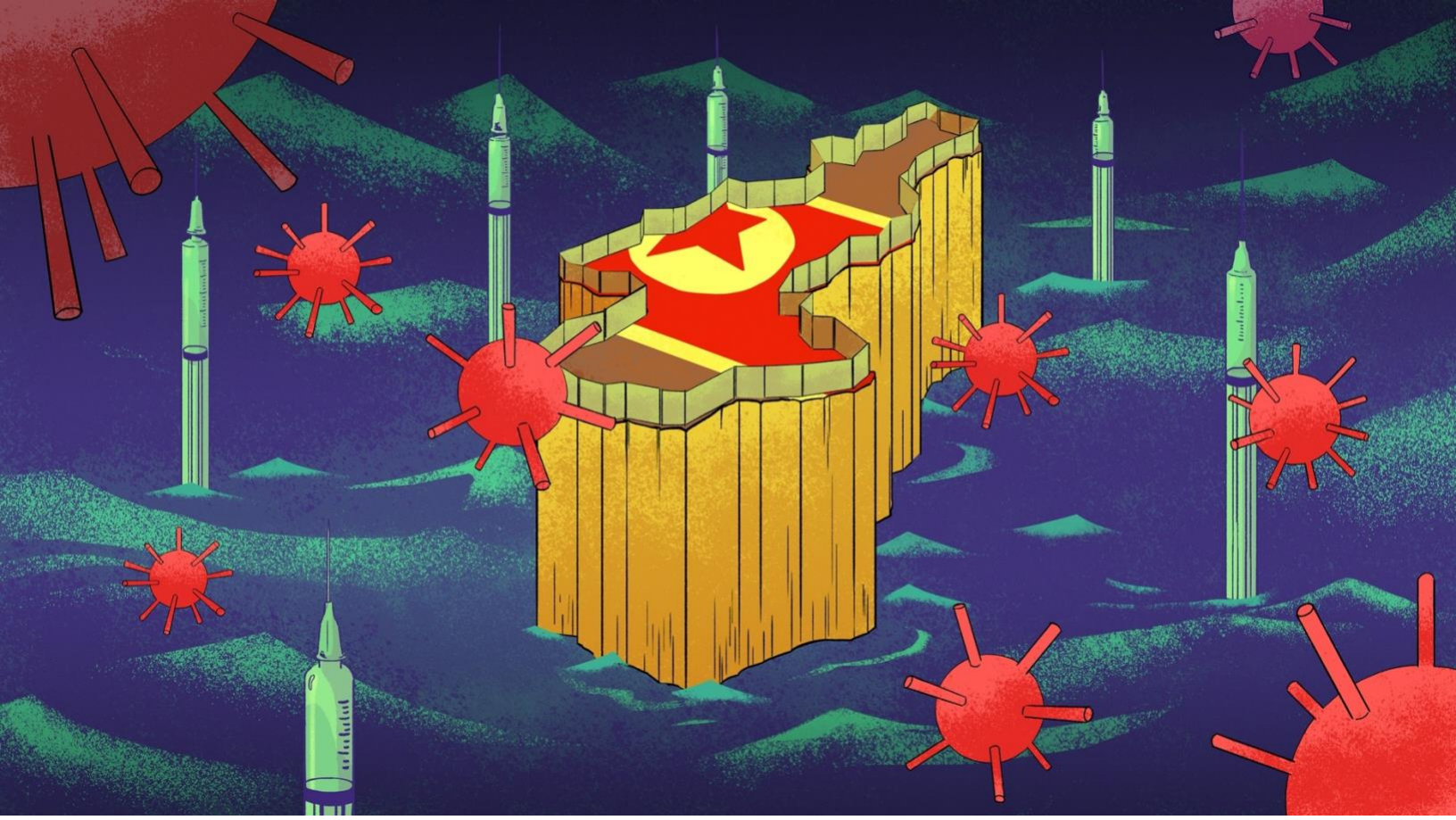

Illustration: Chuan Ming Ong

COMMENT

The Covid-19 Global Order

Rethinking the politics and public health of isolation

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Across the globe, Covid-19 pandemic discussions have shined up the word "isolation," bringing it to new prominence as a positive form of protection. Yet old and more negative connotations do not so easily disappear: *No man is an island*. So said John Donne. Yet it may be that the Covid-19 pandemic has left more than one wishing it could be an island. This is New Zealand envy.

Not coincidentally, the word isolation itself derives from the Latin *insula*, which means "island". In the case of New Zealand and many other nations that closed borders and pulled up drawbridges, state-level isolation has become a strategy not to keep the sick in and away from the healthy, but to keep the sick out. States have been choosing isolation as a means of shielding for centuries – witness the persistent fascination with wall-building – yet the political practice has

become more generally viewed in negative terms, a thorn of nonconformity in the side of our globalized international order.

The phenomenon of politically, as opposed to water-surrounded, isolated states raises interesting questions in these pandemic times. What has happened in places such as the Democratic People's Republic of North Korea (DPRK), Eritrea, or Turkmenistan? How does the varied nature of their isolations manifest in their various responses to Covid-19 and the impact of the disease on their populations? How does thinking about different kinds of isolation help us puzzle through the tensions between maintaining or even upping global collaboration on Covid-19, national self-interest and health security? And perhaps most importantly, what opportunities emerge in this pandemic to move beyond the soft power exercise of vaccine diplomacy to a more transformative vision of health solidarity? That tension brings us full circle to Donne, whose poem spoke figuratively of nations as he affirmed the transcending of political identities and politicized boundaries because we are every one of us *involved in mankind*.

Perils of Isolation

This paper began under lockdown, the media saturation of Covid-19 and Donald Trump rendering so much of the world more remote if not altogether invisible from our perches in Canada and the UK. From our self-isolation emerged questions about states that seemingly reside beyond the knit of the global community. What of the people and the virus in those places? How does their isolation relate to our newfound scientific-committee-backed isolations?

This paper briefly highlights the impact of the pandemic on people in isolated states, explores isolation, and the phenomenon of isolated states, and draws out points of interest for understanding how Covid-19 shapes and is shaped by contemporary international relations. Out of that foundation four core issues arise, one building upon the next:

- Isolationism, and its handmaiden self-reliance, are on the rise as forms of acceptable international practice.
- The positive revaluation of isolation in Covid times generates a paradox in an interdependent world where cooperation is essential to effective global pandemic response.
- The relationship between isolation and Covid-19 shines a light on the geopolitical determinants of health; and
- In failing to pay attention to the conceptually overlapping forms of isolation, we are failing to seize an opportunity to move beyond superficial health diplomacy to more radical forms of health solidarity in which the Covid pandemic enables the formation of real bridges between nations.

Global public health response through the lens of isolation

The Chinese authorities and the World Health Organization (WHO) jointly confirmed human-to-human transmission of Covid-19 on January 20, 2020. In the weeks that followed, as the exponential spread and significant mortality of the coronavirus pandemic became ever more apparent, many countries nonetheless adopted a wait-and-see attitude. Global engagement and intermingling continued (mostly) as usual. DPRK, however, is not like many countries. On January

22 it blocked Chinese tour operators and the next day banned all international flights, restricted internal travel, and began setting up quarantine facilities. Soon to follow were a world-beating 40-day isolation period, hermetically sealed borders (reportedly enforced with 'shoot-to-kill' orders) and official trumpeting of its "flawless" approach. According to WHO's website, there have been zero confirmed cases of and zero deaths from Covid-19 in the country. Not one. As noted, DPRK is not like many countries.

It is, however, like a very few countries. The information on WHO's website states that Turkmenistan, as well, has had no confirmed cases or deaths. In this regard, both DPRK and Turkmenistan dubiously claim to join the rare company of Tuvalu, Kiribati and a handful of island nations reporting zero confirmed cumulative cases whose geographic isolation offers the sort of protection that public health authorities in places like Brazil or Poland can only dream of. Or take the less extreme case of Eritrea, which has shut its borders, imposed months of stringent lockdown measures, and reportedly refused entry to a cargo plane full of personal protective equipment (PPE) being donated by Chinese billionaire Jack Ma and his Alibaba Group. According to WHO statistics, Covid-19 has produced a mere 10 deaths as of April 6, 2021. That led to this offhand yet revealing Wikipedia statement: "Eritrea is one of the few opaque countries to have reported the pandemic in contrast to Turkmenistan and North Korea."

An obvious question arises: what does it mean to be an opaque country or an isolated state? After all, no small differences can be spotted if one compares Donald Trump's America First disentanglement to the remote island nation of Kiribati to DPRK's militarized independence. DPRK researcher Nazanin Zadeh-Cummings explained in an interview [1], contrary to the plethora of frameworks which describe or measure state fragility or levels of authoritarianism, an equivalent framework does not exist for state isolation.

According to Tarık Oğuzlu, "Internationalism holds that states define their national identity and interests in a way that underlines the commonalities they share with others." Isolationism, on the other hand, emphasizes the need to avoid contamination and dependence and revels in the strength implied by self-reliance (even if paradoxically it might be motivated by fears of inferiority or weakness).

The writing of Deon Geldenhuys [2], born in the historic isolation of Apartheid-era South Africa, is helpful in understanding the Janus-faced character of isolation as essentially driven by the interplay of the internal ideologies and practices of self-imposed *seclusion* with the external ideologies and practices of internationally imposed *exclusion*. Seclusion in this sense is not simply, or even principally, a function of geography but rather involves a deliberate set of policies and a withdrawal from or non-conformity with prevailing norms of inter-state relations. Isolation brought about by seclusionist tactics is a means to an end and a calculated policy.

Geldenhuys helpfully establishes that isolationism/internationalism is not a dichotomous proposition. The objective status of a state as "isolated" warrants empirical analysis, not assumption. One may be on firmer ground thinking along an isolation-connectedness continuum as opposed to a binary, recognizing that one's placement along it is subject to change over time. Here, Geldenhuys delineates four useful dimensions of isolation: the political and diplomatic (e.g., participation in supranational institutions, agreements and bodies); the economic (e.g., trade, monetary, foreign aid); the military (e.g., alliances, cooperation); and the sociocultural (arts, sports) [3]. Isolation is therefore relational: disconnected from who or from what, in what ways, to what extent? Cuba, for example, a state considered by some as isolated (at least to these two

holders of American passports) may be politically isolated from the USA but maintains one of the most respected and far-ranging medical diplomacy initiatives deeply connecting it to many states around the world. The adoption of a transnational, as opposed to state-centric, conceptualization of world politics further complicates the picture. Even states disconnected from some of the more formal trappings of the international order may maintain extensive global linkages that transcend the state: the Eritrean diaspora's centrality to the economic and physical health of the country being a case in point. [4]

Our belief is that the pandemic highlights the ways in which isolation – both its seclusionist and exclusionist manifestations – may result from choice or an ideology, but it will be reinforced as a consequence of stigma and the maintenance of vested political power. This view understands an isolated state the way we might understand the 'weird' kid on the school playground, whose rejection by and rejection of the established playground order will result in his or her further ostracization which in turn will reinforce the need for seclusion and so forth. Isolation is thereby very much linked to perception and power, with one possible result being the label of 'pariah' or 'rogue'. Yet 'pariah' to one may be 'ally' to another.

In the absence of a universally agreed upon definition of an isolated state, any such designation or the attempt to create an objective list of them is bound to be somewhat arbitrary and subject to dispute. So here we wade into dangerous waters and devote our subsequent attention to DPRK, Turkmenistan and Eritrea as examples of isolated states in today's Covid times. We do not assert that they are the only states that might be so characterized: depending on which of Geldenhuys' criteria one chooses to emphasize, states like Venezuela, Cuba, and Iran, all subject to various forms of international sanctions, might be ripe for inclusion. What draws us to these three is the extent to which their isolation is characterized as much by their self-imposed and proactively pursued seclusion as it is by internationally imposed exclusion. Each of the three countries embrace a vision of their role in the world that is guided by some form of active pursuit of radical self-reliance. Whether it is Turkmenistan's constitutionally enshrined commitment to a principle of 'permanent neutrality,' DPRK's cultivation of an official philosophy of *Juche*, or Eritrea's liberation struggle infused sense that it can and should shrug off the chains of international dependency, each is a manifestation of the idea that the country must "remain separate and distinct from the world and dependent only on its own strength."

While we eschew simplistic renditions of Eritrea as "Africa's North Korea," we acknowledge these three states also may be usefully juxtaposed in terms of their actions in the face of the global Covid pandemic: severe responses rooted in extraordinarily high levels of social control; poorly resourced healthcare systems that would be swiftly overwhelmed by a significant outbreak; and resistance to sharing data or reporting on the internal situation. All three display a penchant to shroud the extent and impact of the outbreak and have limited international presence within their borders.

Developing a reliable picture of the situation inside these three countries has not been possible. Yet external praise is scarce even though news articles and conversations with various experts who closely follow them do not yet suggest a sizeable outbreak has occurred. They likewise align in their assessment that reports of zero or low case counts are highly unlikely to reflect the actual presence, and impact, of the disease on their populations. Whether it is an errant tweet from the British Ambassador to Turkmenistan that heralded his recovery from Covid or diaspora interviewees' mention of pneumonia in Eritrea, chances are high that official reporting of cases and deaths do not accurately depict the scale and scope of infection. Nevertheless, stringent

pandemic restrictions, among other factors, enacted on top of pre-Covid forms of international isolation may have offered protection to these countries for now. But for how long given the inability of other states which pursued national isolationist strategies to keep the virus at bay, and at what cost? For people who follow these countries from afar, the overriding concern is less the virus than the new hardship brought by the pandemic response piled on top of the longstanding hardship and oppression of the people.

Eritrea

At the time of writing in early April 2021, Eritrea ranks seventh in the world in terms of the stringency of the government's response to Covid-19, and has been similarly ranked since March 2020 despite (and perhaps leading to) there being comparatively little spread of the disease: As of April 6, 2021, the country had reported a total of 3,340 Covid cases. Indeed, research from Eritrea identifies this stringency and the country's low international connectivity as two key factors in this success. Long a country where all-powerful President Isaias Afwerki justifies the challenge of self-imposed adversity as a price to be paid for revolutionary self-reliance, members of the Eritrean diaspora now say that the situation is more desperately grim than ever. Across a number of confidential interviews, they speak of friends and former neighbors falling prey to pneumonia, of having to send aspirin to their family because such is the level of need, of the exorbitant price of bottled water, of adults begging house to house for food, of paracetamol being unavailable *in the hospital,* of subsistence farmers who cannot travel to markets to sell their goods. They also express fears that the soldiers fresh from the brutal war in Tigray, Ethiopia, have returned home risking the spread of Covid-19.

In an open letter a diaspora association of medical personnel, the Eritrean Health Professionals Network (EHPN), detailed the fragility of the healthcare system – a lack of basic prerequisites for implementing hygiene measures such as water, disinfectants and laboratory capacity, or the lack of functioning intensive care units. And while the government has imposed a stay-at-home order and prohibited private and public transport in order to curb the spread of the virus, Human Rights Watch and others report that the government has jeopardized public health by maintaining the much-maligned forced military training of students at the Sawa military school and its packed dormitories.

Stringent control in the form of national and family-level isolation is the only public health measure available to Eritrea.

For the people we interviewed, perhaps the most difficult question to answer is why. Why such painfully stringent lockdown measures? Why not submit an application to the COVAX initiative in order to procure free vaccines? Why reject a planeload of PPE? Or long before Covid-19, why refuse the entry of most international aid agencies to the country, why shut down clinics being run by the Catholic Church, or why (seemingly) deny the full impact of Covid-19? Their answers often recognize the ideology of self-reliance born in the spectacular Eritrean liberation struggle against a far greater enemy, and simultaneously point to the unlimited power held by President Isaias Afwerki; a journalist in Sweden, a doctor in California, a professor in England, and an international aid worker all express a terrible dismay at the current situation, a leader fanatical about self-reliance and unchallenged in his total control. Interestingly, control may have proven a useful resource in the Covid response. As a journalist and expert in the Horn of Africa observed,

stringent control in the form of national and family-level isolation is the only public health measure available to Eritrea.

Turkmenistan

If the journalistic narrative on Eritrea is one of prisons, abuse of rights, rigid authoritarianism and poverty, then the parallel narrative on Turkmenistan tracks that same lack of political freedoms and then zooms off towards the eccentricity of the state, a cult of personality centered on its President, Gurbanguly Berdimuhamedow, on a national scale. At zero declared cases despite sharing a border with Iran, the state's handling of the Covid-19 pandemic feeds into its positioning as an outlier. The authorities have boasted of keeping the country free from Covid-19, and the official government portal proudly points to how Turkmen researchers have contributed ideas to the United Nations on how to deal with the pandemic. At an official level, the Turkmen authorities appear to have engaged with the coronavirus pandemic out of beneficence, as a major concern for others. As a journalist covering Turkmenistan explained, the country values self-reliance and independence because they are necessary to its self-anointed role as the Switzerland of Central Asia, hence isolation in the name of positive neutrality. Policies of non-cooperation protect against external influence and dependency.

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A veritable case study in non-reporting, the public has not seen official healthcare data since independence in 1991, and, like the coronavirus, there has *never* been an official case of HIV in the country. Differing from Eritrea and DPRK, Turkmenistan's Covid response efforts focused on control of the narrative and did not include a rapid ratcheting up of restrictions: early on the tendency was to deny Covid-19, reportedly including a *prohibition* on wearing masks in public and even uttering the virus's name. Closure of borders and restrictions on internal travel were eventually put in place, and yet at the same time the government has maintained its position that there is no virus in the country.

In July 2020, after the WHO finally managed an official visit to the country, the government accepted the need to *act as if Covid were present* even if it were not, a logic that led to requiring masks in public, though explained by the threat of respiratory illness due to atmospheric conditions involving a dangerous blowing dust. Saglyk, an unofficial Turkmen-language health website run by an NGO, was critical: "We are deeply dismayed that WHO spent 10 days in the country and went along with the government's narrative that 'there are no confirmed cases of Covid-19.'" WHO has yet to secure agreement on a follow up visit despite pushing from Director General Dr. Tedros Adhanom Ghebreyesus. WHO's experience highlights the difficulty member-state organizations face when visiting countries that operate according to an 'eccentric' international engagement logic. China and WHO may be on different pages regarding details of the virus' early stages, but they are arguing within the same chapter. Turkmenistan is the author of a different book.

At the human level, the Covid-19 situation inside Turkmenistan is worrisome in details, and yet remains opaque in terms of scale. Reports by external Turkmen news agencies allege a worsening

pneumonia outbreak and death tolls amid rumors that many doctors were taking holiday time because of the lack of PPE. Later in the summer, the Turkmen News published further stories of the disruption, including articles naming people who have died of coronavirus. Others noted the signs of the dissimulation, such as the increase in fresh graves and the way those who died of Covid-like lung problems were being delivered to their families in body bags. Reports of the death of a Turkish diplomat and the infection of the British Ambassador by Covid-19 further undermine the official narrative of the disease's absence from the country.

Democratic People's Republic of Korea

As noted above, DPRK's Covid-19 response came swiftly and, it seems, comprehensively. The response is being coordinated by the security forces, which in and of itself reveals the perceived nature of the virus and the threat that it represents. This is not just a public health policy, it is a 'zero risk' policy. The response reveals how Covid-19 triggers *Juche*, the official ideology of the North Korean state, a belief in radical self-reliance and the importance of remaining distinct from the rest of the world. That separation reveals itself in the necessity of the state succeeding against Covid and in the degree to which success or failure and the cost of the Covid response will perhaps never be known: extremely few (perhaps two) international staff remain in the country, while the exchange of news that accompanied smuggling across the Chinese border has also disappeared. As the pandemic progressed, the government has reportedly turned down offers of Covid-19 aid from South Korea.

Very recent reports indicate that the closure of DPRK's borders in response to Covid, the concomitant almost complete halt to imports from China, and economic sanctions may have provoked the worst food insecurity since the 1990s famine (a crisis that led to an estimate of as many as three million deaths). The UN Special Rapporteur on Human Rights in North Korea has raised the alarm, as the response to the threat of COVID leads to the choking of the economy and agriculture, and hence shortages of food and essential goods. Worryingly, President Kim Jong-un has acknowledged the historical challenge. He has called upon North Koreans to prepare for another "Arduous March," while simultaneously signaling a new willingness to loosen border restrictions with China to enable some resumption of trade and the importation of Covid vaccines from COVAX [5]. Others are concerned that the regime may actually become accustomed to the increased seclusion, and may not seek to resume its "pre-pandemic openness".

The response within the country seems vigorous. One expert on DPRK's healthcare system told us that at a basic level, low-cost public health surveillance and control is quite functional and would likely pick up on outbreaks before they overwhelmed the fragile intensive care capacity of the system. UNICEF reports, for example, that despite the country's first ever stock out of polio vaccines in 2020, routine immunization remained very high and over 33,000 people underwent quarantine while over 26,000 people were tested for Covid-19.

These positive notes, however, contrast with ongoing concerns. First, even though sanctions have always claimed to exempt humanitarian activity, their profound impact hampers any North Korean response to the heath needs of its population, whether Covid and emergency related or in general (see below for a further discussion of sanctions). Second, representatives of humanitarian organizations said that they fear the impact of the response on food security and the capacity of the population to overcome shocks, such as those produced by the three typhoons that struck in 2020. Third, even post-Covid, there is the problem of overcoming damage to the health system and to humanitarian programming by this period of enhanced isolation. As one NGO official

lamented, the situation post-rupture, when organizations and international staff are able to return to DPRK, will be "unprecedented" because international cooperation is heavily dependent upon a trust that can only be built and maintained through years of painstaking, regular contact and small steps forward.

When organizations and international staff are able to return to DPRK, [the situation] will be "unprecedented" because international cooperation is heavily dependent upon a trust that can only be built and maintained through years of painstaking, regular contact and small steps forward.

Eritrea, Turkmenistan, and DPRK shared a common position in the community of nations prior to the pandemic, that of a problematic state on the fringes or outside of the established international order, even as broad as that may be. This perception forms part of a narrative in which they are ruled by highly authoritarian governments that exert near total control over political, economic and social life, and is part of the evolution of an international status that fluctuates between distrusted global outsider and evil pariah. These three states are paradigmatic in their paranoid isolation. New Zealand, in contrast, would be paradigmatic not in the way of isolation as a centuries-old political policy but is cast in a positive light of a public health effort to buy time (to develop a vaccination program), even if others still see isolation as a strategy to either completely insulate the country from the disease, or to reach zero domestic or community transmission. The point is that Covid-19 requires us to think anew about the multiple aspects of isolation in today's global order: if it is a part of the strategy by which we can get through the pandemic, perhaps it also requires us to moderate our traditional judgements about it?

Somewhat paradoxically, though, isolation can in some cases increase the stakes. In nations that already champion *Juche*, self-reliance or independence in relation to the international system of states, Covid presents a challenge not only, or primarily, to public health but to the governance of the nation. To be incapable of managing the outbreak or being dependent on aid to overcome it risks undermining the legitimacy of the state itself. We witness a similar logic at play in states in both the Global North and South pursuing the sovereignty of their supply chains: a feeling that the existing neoliberal global order has not lived up to its lofty promises of "just in time" delivery, that dependency on the manufacturing capacity of other states is a sign of policy failure or domestic economic weakness, that securing a country's health demands greater control over its manufacturing resources, or that to wait for the largesse of multilateral initiatives like COVAX to fully deliver is to languish at the back of the queue while one's people suffer.

Isolationism and its handmaiden – self-reliance

As the pandemic expanded in the middle months of 2020 Western media headlined calls for greater economic self-sufficiency, the repatriation of factories, 'strategic autonomy' (e.g., in the production of PPE), and supply chain sovereignty. For the US in particular, the Covid-19 subtext was clear: less dependence on China. Apparently, people and politicians alike had lost sight of just how much their cars or computers produced "at home" were not actually produced at home. In the US, for example, these calls for greater self-sufficiency joined calls for nationalism, less foreign aid expenditure and less international entanglement. On one level, Covid-19 thus accelerated pre-existing trends. As Charles Kupchan wrote in *The Atlantic*: "Isolationist pressures

[in the USA] are again building — and will only strengthen as the pandemic continues to wreak havoc on the global economy."

Critically, at a second level, Covid-19 is not simply an accelerant, but a new-fangled justification for resuscitating enduring isolationist dogma. This comprehends Covid as a disease of globalization itself, as a return of the feared contagion that must be kept out and through a rediscovery of the purported value of borders, leading to a (partial) reduction in the stigma attached to the isolated state. True enough, the air droplets which transmit the virus do not blow in the global wind, they are transported from country to country by people in airplanes, by businessmen, returning ski holidaymakers, and international aid workers. The transmission exemplifies what Adia Benton labelled 'border promiscuity', a mobility that is "presumed to be the natural order of things."

Our intention is not to imply an equivalence in the drives for self-reliance between the extreme forms of social control employed in DPRK, Eritrea or Turkmenistan with, say, Canadian efforts to resuscitate domestic vaccine manufacturing capacity. But it does beg the question whether Covid is strengthening the political appeal of isolationism as we move beyond the pandemic. Does it rehabilitate the value of pulling up the drawbridges? Sophie Harman's research into national leadership during the Covid crisis identified five traps, one of which is the trap of isolationist tendencies. Her examples? The United States pulling its membership and its funding from WHO and the now-praised United Kingdom going it alone in vaccine purchase.

As more and more states exhibit isolationist tendencies and strive for forms of self-reliance in the wake of the Covid pandemic, we may be at the early stages of the division of the world into competing forms of isolationism: a new isolationism, grounded in the reassertion of sovereignty over one's economic resources without the wholesale withdrawal from other aspects of the global community, that gains increasing international respect as the smart response to supply chain weaknesses exposed by Covid, and the old isolationism of the so-called pariahs. The exceptionalism of DPRK, Turkmenistan and Eritrea may be increasingly muted in fact as more and more states pursue new visions of self-reliance. Yet one can imagine that their stigma and attendant exclusion will persist. For isolation is more a contingent, contradictory socially-constructed political concept than an absolute empirical state of existence.

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Furthermore, Benton's ideas dovetail with this view of the social determinants of stigma. She argues that border promiscuity is in fact linked to racialized identities of blame. Harking back to a conceptualization of isolationist policies as preventing contagion writ large, be it to the race of a nation, its political ideology, its industrial productivity, or its culture, history is rife with examples where we conflated disease with people with race. Tracing this history, Duncan McLean noted how one San Francisco newspaper put it in 1901: "The germs from China represented 'a peaceful invasion more dangerous than a warlike attack'" Enter Donald Trump with his knowing use of 'Chinese flu' or Kung Flu.

Covid-19 has also revealed the bias in how state capacity is assessed, with isolated states suffering from the stereotype. In short, experts got it wrong. The rankings of states in terms of

their response preparedness for epidemic outbreak has been upended by the pandemic. They reveal a deep and wrong-headed bias toward understanding epidemics as medical crises that privilege attributes like healthcare capacity and scientific know-how in order to respond to them. How else, then, to explain the prominent failures of states that were deemed, pre-Covid-19, as the most prepared, on paper, for such a pandemic? The USA and UK are both ranked second out of 195 countries in terms of the ability to rapidly respond to and mitigate an epidemic, while Brazil is ranked ninth. Just those three countries have produced over one million deaths. Another 15,000 people have died in China, South Korea and Japan. Together DPRK, Turkmenistan, and Eritrea claimed a grand total of 10 by early April 2021. Even accepting that this is likely a gross understatement, it is a figure the experts should smile at *only* if they are willing to smile at their having in 2019 rated Turkmenistan, Eritrea and DPRK as 147th, 194th and 195th, respectively, in the ability to respond to and mitigate an epidemic.

The juxtaposition of these seemingly incongruous health outcomes signals that there are other factors above and beyond the more easily quantified metrics of "preparedness" which must be taken into account in our analysis. On the one hand, extant capacity and technical expertise may offer little protection in the midst of poor leadership. On the other, social cohesion and national solidarity built under conditions of international isolation may represent forms of hidden strength that can be leveraged in the absence of the traditional infrastructure of "preparedness." As we have learned from the US, a country where large numbers of people believe that wearing a mask is solely an individual decision, blind spots related to social cohesion or civic duty and the capacity to expect or ensure compliance with emergency public health measures exist in many places. It is not that social cohesion trumps healthcare capacity, or that the authors laud a strong, authoritarian state apparatus being able to subordinate people's rights in the interest of protecting the collective. It is that both healthcare and social capacity are required. Hence, politically isolated states like DPRK and Eritrea, even if they may decidedly lack the healthcare capacity to deal with anything more than a relatively small number of seriously ill people, certainly possess the capacity to establish an effective 15-day circuit breaker shutdown. It is in these states where, in the midst of epidemic outbreak and even where comparatively flimsy in their capacity for independent action, the self-reliance of the collective has been demonstrated to be built upon the capacity of individuals to be (self) sufficient with less, even if forced to do so. In an 18-month feed of headlines, Covid-19 has shown their quiet, heart-wrenching power to endure hardship, a resolve that is seemingly lacking in many Western countries.

Covid times and the dilemmas of isolation

We detect an inherent paradox at the heart of the global Covid response. On the one hand, successfully combatting the pandemic requires, in theory, international cooperation and the free flow of (scientific, health) ideas and supplies (liberal free trade). Multilateralism, global cooperation, international collaboration, and "openness" are essential to getting the pandemic under control and saving lives lest states are forced to revert to forms of economic self-reliance as noted previously. The WHO General-Director was emphatic early in the pandemic: do not close borders. "Closed" states such as Turkmenistan, DPRK, and Eritrea would thus seem to represent inherent obstacles to the successful global response to the pandemic. However, the shutting of borders – the more hermetically sealed the better – and investment in "domestic capacity" (to manufacture vaccines or PPE, to launch massive relief programs for citizens) have proven successful strategies to protect states and keep their citizens healthy.

Critically, even as it rehabilitates one kind of isolationism, the Covid-19 pandemic will shape the contours of future isolation. The pandemic joins other global threats (e.g., terrorism, cybersecurity, the climate emergency) that cannot be defended by geographic distance to illustrate the need for international cooperation. The risks of unilateralist exercises of isolation are clearer, meaning isolated states are paradoxical states. Therefore, this new isolation for public health reasons will also include forms of (defensive) economic and political alliances. And as new variants circulate, seclusion that may seem like sound policy from the public health perspective of an individual state will, on a global basis, prove inimical to the eradication of the virus and hence health security in all states. The dilemma replicates itself in the tension between the health of the individual and the health of the public and the health of the economy.

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Let us not also forget that isolation is a troubled term of public health rhetoric even whilst its enaction plays a key role in efforts to stop Covid transmission and to fight the disease. Just as political isolation is typically associated with stigma and has contributed to negative health outcomes for populations residing in states occupying such positions within the international order (see the next section on geopolitical determinants of health), the adoption of "social isolation" within states as a public health strategy to combat COVID has had stratified impacts on the rich and the poor. While the rich are able to isolate in prosperity, the poor are unable to isolate or are becoming poorer as a result of it. Difficult choices emerge from Covid, and it would be useful to situate these more deliberately in the entanglement of Covid-19, national isolation, international collaboration, global governance, and global interdependency.

There is a need in particular to examine these difficult choices through the lens of the impact on people and their communities, whose resilience in the face of the coronavirus may depend as much on transnational power dynamics and interstate politics as on their personal and local capacities. Is playing it safe actually playing it risky? Does successful isolation increase the risks to the population once borders reopen? On this point, Professor of Infectious Disease Epidemiology David Heymann expressed his concern that if coronavirus becomes endemic, there is a value in states having acclimated themselves to it. Absent national vaccination, can DPRK ever open its borders and rejoin the community of nations (excluding, for the sake of argument, that small matter of its nuclear program)? For those states like Turkmenistan which continue to deny the presence of Covid, will their isolation and stigma deepen as they are increasingly shunned as the potential inception points for new variants of concern? Such scenarios are not far-fetched as the world advances towards a new normal of vaccine passports, effectively relegating the populations of these countries to the ravages of their impoverished health systems and all controlling regimes.

Covid-19 and the geopolitical determinants of health

At the center of the steep rise in our understanding of how Covid-19 affects nations, communities, families and individuals sits a lopsided analysis, a sleight of hand now rendered more visible by the situation of isolated states. To wit, consider how much we have heard and learned about the

social determinants of health. This marks a critical enhancement in our comprehension of how societal factors like race and inequality impact on health. Now, ask yourself how much we have heard and learned about the geopolitical determinants of health. Google results quantify the discrepancy, with search totals of 5,600,000 versus 1,150, respectively.

Literature on the social determinants of health tend to ascribe differences in health to differences within society. As we have seen, the impact of COVID-19 is heavily skewed by factors such as housing, transport, job security, poverty, race and class, even if at an individual level the virus has reached some of the most powerful heads of state in human history. But the social determinants of health "do not yet account for […] cross-national economic, social and political trends in shaping health [… and] may be considered an incomplete conceptualization of the distribution of socioeconomic power." The case of many of isolated states spotlights the least subtle of geopolitical determinants of health: sanctions (and other exclusionary measures designed to extract a change in regime or policy). While Iraq and Venezuela offer examples, DPRK defines the current archetype.

A focus on DPRK's practices of seclusion and self-imposed restrictions is relevant yet insufficient in understanding the country's response to the pandemic. Geopolitical factors must be taken into account to fully understand the complex interplay between international security and humanitarian flows that impact the health of the North Korean people.

The current sanctions regime applied against the DPRK is the most punitive in the history of sanctions. These coercive actions, both unilateral and multilateral, have their roots in the failure of the US and the DPRK to achieve a peace treaty after the armistice which suspended the Korean War in 1953. However, as the DPRK began the nuclear weapons program in 2006 and built upon its missile technology, the international community responded by passing progressively restrictive sanctions resolutions that eventually became a de facto economic blockade.

Since 2017, all major export sectors, textiles, seafood, and minerals are banned – decimating these industries and leaving the workers without a source of income. The energy sector has also been targeted with the import of petroleum capped at 500,000 barrels/year, just 10% of pre-sanctioned levels. Further, UNSC Resolution 2397 prohibited transfer of all industrial machinery, transportation vehicles and iron, steel, and other metals. While every one of these UNSC resolutions explicitly state that they are not intended to harm the ordinary people of DPRK or hinder the delivery of humanitarian assistance, the negative humanitarian impact is undeniable. Humanitarian NGOs must seek exemption on a case-by-case basis from the UNSC DPRK Sanctions Committee, an administratively and financially burdensome process that is illogical and immoral during a global public health emergency. UN and NGOs claim that the fear of breaking the sanctions already creates an obstacle.

Furthermore, even if the exemption has been obtained, financial sanctions which require banks to perform extensive due diligence on the sources and beneficiaries of the funds for humanitarian work inside the DPRK mean there is currently no approved banking channel to process transactions that involve transfer of goods or funds for legitimate humanitarian activates inside the DPRK.

The sanctions do much more than harm the most vulnerable and hinder the humanitarian aid organizations in delivering critical aid. They also block the DPRK government in its ability to care for its people. For example, in theory, the government is unable to purchase medical supplies such as ventilators, oxygen concentrators and other medical countermeasures in the open market. No

international vendor will do business with a DPRK entity out fear of reputational, legal and financial risks.

While the UNSC DPRK Sanctions Committee has drastically shortened the exemptions approval process since the pandemic began, by not offering general exemptions to humanitarian organizations the UNSC has prioritized security concerns over the plight of the most vulnerable in the face of the pandemic. A promising development has been the announcement of the Biden Administration to review the unilateral and multilateral sanctions as they relate to the ability of the sanctioned countries to respond to the pandemic.

Time will tell if the review results in removal of the most harmful parts of the sanctions as they relate to pandemic response. Isolation may be a product of seclusion, exclusion, or a mixture of both, with stigma and ostracism adding fuel to the fire of states not playing according to international norms. Covid's impact on politically isolated states like DPRK has thus further peeled the veneer off international sanctions to expose the harms they can and do cause to civilian populations.

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A related and even potentially more fundamental question is whether the Covid pandemic undermines the very logic of sanctions against DPRK in the first place. Essentially, sanctions seek to impose hardships that will force a county to capitulate to the demands of the sanctioner. And yet even the severe cost of sanctions pale in comparison to the hardship of the state's own self-imposed Covid lockdown measures. Putting aside the civilian harms they cause, it begs the question whether sanctions have any reasonable chance of being effective in advancing their intended foreign policy results, or whether they are more clearly exposed as tools offering domestic benefits to the sanctioning government at home.

Health diplomacy and the global response

Dr. John Nkengasong, director of the Africa Centers for Disease Control and Prevention, phrases it well. There are essentially two paths before us. One is the path of international collaboration and cooperation, of sharing between old friends and new connections of generosity between old enemies. And then the other path: "There is absolutely no need, absolutely no need for us as humanity to go into a vaccine war to fight this pandemic," he said. "We will all be losers."

In these Covid times, even prior to the issue of vaccine distribution, the development of connections between old enemies and connections across the barriers of seclusion and exclusion have been patchy. And now, as the discussion over global vaccination and what many call 'vaccine diplomacy' takes center stage of the international pandemic response, we see that DPRK duly applied for and has indicated it will open its borders to receive almost 1.7 million vaccine doses by June through the COVAX facility. Meanwhile, neither Eritrea nor Turkmenistan has yet applied for COVAX support underscoring the complexity and variation among isolated states. Sidestepping the more general (and well-discussed) issue of vaccine distribution inequity, the question of opportunity (or not) emerges with regard to isolated states. Does this fluid moment,

with the waxing value of isolation and self-reliance, represent an opening for the crossing of international political and ideological barriers in the interests of global health or the health of people living in those countries? Do efforts to extend vaccination into sub-national spaces outside the reach of the state in places such as Taliban controlled areas of Afghanistan represent a jumping off point for extending engagement with the so-called pariahs of the world to promote a more comprehensive response to the pandemic? They might.

There are historical precedents of leveraging natural disasters in a comparable fashion: Cyclone Nargis in 2008 was the entry point for large scale international humanitarian engagement in Myanmar and the earthquake in Armenia in 1988 led to the resumption of Western humanitarian aid in a Soviet Bloc country for the first time in decades. Even in war, precedents exist: polio vaccinations that crossed the frontlines of the Angolan Civil War in the 1990s, the Pan American Health Organization's (PAHO) immunization campaigns in Latin America in the 1980s that covered Peru despite the Sendero Luminoso (Shining Path) insurgency, and successfully negotiated one-day truces for immunization at the height of the El Salvador's civil war are just a few examples.

Vaccine diplomacy and vaccine nationalism are flip sides of the same coin, with heads or tails determined first by the political value of the vaccine, and only second in its value in service to that platitude "none of us are safe until we are all safe."

The current situation offers glimmers of hope as well as shadows of entrenched positions and a political addiction to othering. We saw India donating vaccine supply to neighbors Bangladesh, Myanmar, Sri Lanka, the Maldives, and Afghanistan, at least before the current overwhelming wave of infection forced it to prioritize its supplies for its own population. Conspicuously absent from that list, however, was Pakistan. So deep is the hostility between the two countries that even in the midst of its current horrific shortage of medical oxygen it is reported that India's Prime Minister has rebuffed appeals from the Punjab government to facilitate creation of an "oxygen corridor" with its neighbor. Opportunities missed. Exclusion reinforced. In the Middle East, we see Israel donating vaccines to various countries that recognize Jerusalem as the capital but only a token, "symbolic" amount to the Palestinian Territories. Already in February, the Chinese donated half a million vaccines to Pakistan as a "manifestation of our brotherhood" while Russia has used its Sputnik V vaccine to cultivate relationships far and wide.

Western countries, hitherto vaccine hoarders (and seekers), have recognized the power of these donations and criticized them as cynical ploys (or doubled down on the stereotyped superiority of its medical technical prowess despite concerns about the safety of AstraZeneca and Janssen vaccines). Is there any doubt that the 'generosity' of Russia and China sparked the conspicuous 'generosity' of the West? [6] Yet as the increasingly multipolar world is slowly divided along new fault lines based on the nationality of one's vaccine donors, not one of the three isolated states we have been examining has been a recipient of bilateral vaccine largesse from the "Quad" (USA, Japan, Australia and India) or Russia, although surprisingly Covid denying Turkmenistan has commenced vaccination thanks to support from China. Eritrea, Turkmenistan and DPRK's isolation is replicated under the emergent world order, DPRK's COVAX application notwithstanding.

These examples illustrate that even in a truly global crisis, politics remains dominant, and the exceptional nature of the pandemic conceals business as usual for international relations. But to their credit, the consistent and early position of WHO throughout the pandemic has been to bravely drumbeat the internationalist case: fixing it within a nation's borders was no fix, just a temporary reprieve. To little or no avail given Covid-19's (clever) transmission of the isolationist discourse, even by uber internationalist countries in Europe and North America.

So, vaccine diplomacy has become just another way of conducting the business of the state, and in this case the business of soft power. In comparison? A new incarnation of our humanity. "Vaccine diplomacy is when you use a scarce medical resource — in this case, a vaccine — to further your diplomatic influence, and particularly in areas of geostrategic importance, for the country," explains Lawrence Gostin, director of the O'Neill Institute for National and Global Health Law. Another way of looking at it is that vaccine diplomacy and vaccine nationalism are flip sides of the same coin, with heads or tails determined first by the political value of the vaccine, and only second in its value in service to that platitude "none of us are safe until we are all safe." Even if we must consider exponentially increased hardship in countries like DPRK (or Turkmenistan, or Eritrea) it is difficult to imagine them softening their antipathy towards international support beyond the limited scope of COVAX given how deeply politicized the distribution of vaccines has become. As vaccines evolve into an unabashedly new front in the soft power contest between nations in an increasingly multipolar world, used as incentives for drawing allies into new spheres of influence and tools to discredit enemies, is it any wonder that already isolated states might be standoffish?

What does it really take to *feel* a shared human vulnerability? What does it take to see an opportunity to mend or build, rather than to win or leverage? It takes a different starting point. It takes our commitment to the health of all for the sake of health, not domestic political gain. Too many of us involved in the Covid response – the fees for this article included? – are being paid with the wages of the securitization of health. The foundational ideas of humanitarian health offer the solution. We need to shift from the securitization of health and vaccine diplomacy to health solidarity.

Conclusion

Human health begins as neutral, palpable, universal and an evolutionary necessity that transcends national borders. In this strangest of times, it calls for attention. The recent news from DPRK of Kim Jong-Un urging citizens to prepare for difficult times should awaken us to the specter of an enormous loss of human life, even if that remains conjecture from beyond the veil of isolation. Re-engagement with health solidarity is thus urgent: it is pragmatic rather than utopian. As long-time humanitarian workers, neither author is given to easy optimism. Our faith in health solidarity lies not in its aspirational nature but in its demonstrated record.

The magnitude of the pandemic boosts its potential to change fundamentally unsustainable political and social conditions. Like the examples of Latin America or Angola above, demonstration abounds of the possible if we collectively embrace greater ambition. Vaccination and immunization were often the foundation upon which political differences were and can be put aside, with results that are far more than symbolic. Days of tranquility negotiated between warring parties allowed for 11 million Congolese children to be immunized in 1999 and 2000. We do not have to find global solidarity so much as release it from the status quo.

One key target should be political isolation – tackling seclusion and exclusion as the vectors of suffering that they are – and one key tool to employ is the universality of human health. In this direction, our inquiry into the phenomenon of isolated states during the Covid-19 pandemic leads us to three conclusions.

1 A human-to-human engagement built on health can bridge isolation only if the stigma attached to the *other* or the *outsider* is dismantled

A Call for Humility

At the state level, calls to build supply chain self-reliance and domestic Covid response capacity that promote new forms of isolation offer a common ground. But we must guard against the risk that stigma against existing isolated states may push them even further to the periphery of the international community as we herald our own 'good' self-reliance and shun theirs. Closer to home we in the foreign aid community who propagate the image of the corrupt, incapable and the hopelessly dependent in the discourse of our good intentions should take a step back. As dedicated humanitarians, we see the necessity of breaking from the logic of humanitarian succor via charitable handouts and call after well-intentioned call for vaccine donations to help the poor. [7] Without passing judgment, we must simply admit that the national embrace of *Juche* in DPRK (or self-reliance in Eritrea, or Turkmenistan's 'enlightened' neutrality) means that aid and charity are likely to be rejected because they carry within them the hierarchy of savior vs. beggar. The bargain of *our* saving *your* lives in return for your gratitude and dependence provides footing for no bridge and belongs to a bygone era.

A Call for Originality

We must develop a narrative of two-way solidarity – an admission of mutuality that rejects both the virtuous mask of charity and the instrumentalization of health to advance national self-interest – to guide our future engagement. Might we recognize (at least acknowledge?) the accomplishments of isolated states in holding the virus at bay more effectively than many Western nations? Should we request the help of Eritrea in reducing the Covid-ravaged Western nations' fears of future variants, for instance by accepting support for the mass vaccination of its people? Can we imagine offering food or some other form of reparation for the spectacular global damage caused (in part) by the West's bungled handling of the outbreak? These ideas are decidedly imperfect, and that is the point – to open up the discussion because the status quo is not less flawed but simply more familiar.

2 The social determinants of health push health solidarity at home; the geopolitical determinants of health require solidarity to end *our* exclusion of *their* health

A Call to Protect the Sanctity and Inherent Value of Health

Some 20th-century examples of cross-frontline immunization do not appear driven by the instrumentalization of health, contrary to current vaccine diplomacy initiatives. Importantly, these examples worked because health was not co-opted and made the handmaiden for political gain, economic advantage or naked enrichment. They thus illustrate ways of working that potentially surmount the barriers of self-reliance, pride and independence because they neither seek zero sum advantage nor imply failure in the guise of begging for help. These examples initiated

connection on the basis of shared interests – often to the health needs of children (who should not suffer the iniquity of the father) – in ways that have the potential, if replicated, to overcome the pariah stigmatization of isolated states.

A Call to Redress the Punishment Accompanying Exclusion

DPRK's seclusion and its attendant stigmatization cannot justify the embrace of sanctions that harm the health of its people. It is horrible enough that the severity of DPRK's lockdown has seemingly brought great hardship; economic sanctions should not further contribute to this suffering by obstructing healthcare in that country. The condemnation of DPRK's restrictive Covid measures smacks of hypocrisy, as we have knowingly imposed sanctions based on a theory that hardship will force their hand even if we now witness their strength in the face of far greater levels of self-imposed suffering. Even so, let us stop debating divisive pragmatics, instead choosing (rather than proving) an ethics in which health solidarity outweighs our fears of and anger with DPRK and other states facing international sanctions. Now is the time for implementation of a real humanitarian exemption that is grounded in the recognition that sanctions contribute to harm, obstruct the global effort to combat the pandemic, and have increasingly dubious potential to affect the kinds of political change that are proclaimed as their objectives in the first place. Now is hence the time to damn the risks and find another way.

3 Radical health solidarity requires bold new leadership and the courage of vision

A Call for Learning from and Embracing the Hardship of Others

Today's gap is not simply a lack of ambition at the level of global leadership, it is an inability to sustain investment in the painstaking efforts of negotiation, social mobilization, and the acceptance of risk without the potential payoff of partisan political gain, as evidenced in the erstwhile efforts of PAHO in Latin America.

A Call for New Leadership

Perhaps it is the restricted focus that comes in crisis or perhaps the narrow lens of our sector-siloed standpoints, but the result is unmistakable from the historical perspective. In the past immunization was perceived in terms of its promise of a ceasefire or corridor of tranquility, and health in terms of sanctuary or a bridge to peace. We need bold leadership today that has a courage of vision to imagine health in terms far beyond the way vaccines can be used to gain national advantage, or as a neutered and technical response to profoundly political problems.

Now well beyond the novelty of our isolation, it is past time to stop thinking about curing the pandemic and time to recognize how the ideology and practice surrounding isolated states may contain geopolitical and social determinants that harm health.

Notes

[1] Personal interview. 16 February 2021.

[2] Geldenhuys, Deon, Isolated States: A Comparative Analysis. Cambridge University Press, 1990; Geldenhuys, Deon, The Diplomacy of Isolation: South African Foreign Policy Making Macmillan South Africa, 1984.

[3] As we write this paper, DPRK announced its withdrawal from the Tokyo Olympics to protect their athletes from Covid-19. Note that this comes after several years of IOC President Thomas Bach using the Olympics and particularly the 2018 Winter Olympics in PyeongChang, South Korea, to engage in sports diplomacy with DPRK. It worked to some extent, and the two Koreas marched together in the opening and closing ceremonies, raising hopes of a potential bridge across the peninsula's 38th parallel.

[4] A covert 2% tax imposed on the Eritrean diaspora, estimated to raise possibly hundreds of millions of dollars annually, has been described as the "most significant source of revenue" for Eritrea's ruling party, the PFDJ. See Plaut, Martin, "Eritrea: a mafia state?" Review of African Political Economy, Vol. 44, Issue 154, 2017.

[5] As one expert interviewee noted, DPRK has a long history of working with GAVI.

[6] And we should not overstate this generosity, which included the maintenance of exclusionary (and profitable) patent policies, as well as refusals of technology transfer and practical know how on the vaccines in the midst of global catastrophe.

[7] Researchers in poor nations also recognize the need to take responsibility, while equally calling out the inequalities that undergird global differences in the capacity to fight Covid.

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