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The Politics of Pandemics: A Comparative Study of the US and Pakistan

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| Article Information Received: March 14, 2022 Revised: May 14, 2022 Accepted: June 01, 2022 Available Online: July 30, 2022 | Abstract <i>This paper aims to comparatively analyze the politics of pandemics. The central question, it addresses, is how the governments of the US, and Pakistan tried to respond to the pandemic and how the ruling parties and oppositions in these states manipulated the crises for their respective political gains at the cost of citizens' health. This paper argues that the strategies adopted by the governments of the aforementioned states included medical care, quarantine, and the introduction of a culture of social distance. The medical strategies included funding medicinal projects to discover a cure for the pandemic. On the quarantine front, these states adopted a strategy to impose the lockdown and established quarantine centers. However, the opposition parties used the loopholes in the stated strategy to delegitimize the ruling parties. This paper found that the inconsistent approach adopted by the Trump administration in the US towards COVID 19 resulted in its decline and ultimate defeat in the recent elections. Similarly, Imran's strategy in the medical sector was not effective. There were many similarities in the strategies and discourses of the two leaders. The state in both cases distanced itself from the citizens and opted for herd immunity which led to a health disaster. The methodology adopted in this study is primarily descriptive and qualitative. This research will open new research avenues for political science students to enquire further into the relationship between state and society during pandemics.</i> |
| Keywords COVID-19 Politics America Pakistan Pandemic Response | |
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1.1 Introduction

Pandemics have always played a significant role in creating a space for abrupt social change in human societies. Though existing literature on the social and political impact of pandemics is yet to be studied and analyzed in greater depth, Covid-19 has created an opportunity for the global academia to analyze the dynamics of various changes, taking place at social and regime levels, associated with pandemics. The main objective of this study is to analyze the impact of the COVID-19 pandemic in an economically advanced country i.e. the USA and a developing state i.e. Pakistan. Comparing states' responses to COVID-19 and its implications for changing state-society relations would open up new avenues of theoretical insight and research in this particular field of study.

The COVID-19 outbreak was primarily perceived as a case of pneumonia of unidentified etiology. The first case was reported in Wuhan (China) in December 2019. Soon, after the report of a few cases, the virus quickly spread throughout the world (Sahin et.al, 2020). The Centre for Disease Control (CDC)" studied the respiratory samples and confirmed that pneumonia was caused by the novel coronavirus, dubbed "Novel Corona-Virus Pneumonia (NCP)" (Wang, et.al, 2020). The virus was given the name 2019-nCoV by Chinese researchers (Zu et.al, 2020). Later, the new coronavirus was named "Extreme Acute Respiratory Syndrome Coronavirus-2 by the International Committee on Virus Taxonomy (SARS-CoV-2)" (Zu et.al, 2020). World Health Organization (WHO) termed Pneumonia as Corona Virus Disease-19 (COVID-19) on February 11, 2020.

On January 30, 2020, the WHO designated the COVID-19 outbreak as the sixth public health emergency crisis (SPHEC). This was not the first corona-virus outbreak. "The Extreme Acute Respiratory Syndrome Coronavirus (SARS-CoV)" outbreak and the "Middle East Respiratory Syndrome Coronavirus (MERS-CoV)" outbreak are two previous corona-virus outbreaks (Zhou et.al, 2020a; Zhu et.al, 2020b). COVID-19 is estimated to be the third corona-virus outbreak, affecting almost 209 nations, including Pakistan. Until, March 20, 2021, a total of 122 million confirmed corona cases with 2.89 million deaths were reported by WHO (Meter, 2021). The spread of the COVID-19 pandemic shook the social and economic foundations of the international society and emerged as a global crisis.

Different states responded differently to the emerging social, political, and economic crises in the wake of this pandemic. This paper investigates the comparative responses of American and Pakistani governments to the COVID-19 pandemic with a special focus on questions such as: how has this global disaster changed the nature of the relationship between the citizen and state? How do political elites manipulate the crises for achieving their political gains? The paper is divided into three sections. The first section develops a theoretical context for explaining the politics of pandemics. The second section evaluates the American response to COVID-19 and the political controversies surrounding the politics of the pandemic in America. The third section analyzes Pakistan's response to COVID-19. Finally, a conclusion is drawn by comparing the politics of the pandemic in the two states.

1.2 Theoretical Context

The state is defined, in traditional terms, as a politically organized society consisting of four elements i.e. population, territory, government, and sovereignty. The most powerful critique of this definition came from Karl Marx who defined the state as a representative of bourgeoisie

classes with the purpose to oppress the proletariat (Draper, 1977). Thus, Marx in his critique alienated the state from the citizen and presented it as a separate entity and a tool in the hands of the bourgeoisie minority. Although, Marxist interpretation is rejected by liberal democrats in western democracies yet in situations of crisis his assumption proved to be relevant to a greater extent. To test the Marxist theory of the state, the present pandemic and the response of Pakistan and America could serve as interesting cases. The insight from the Marxist theory of the state in the context of COVID-19 may help in formulating the following premises:

- a. The state distanced itself from its citizenry during the pandemic and proved itself to be more loyal to the commercial interests of the bourgeoisie.
- b. Mixed messages from the leadership about the severity of the situation are reflective of the least concerns of ruling classes about the health and lives of the citizens.
- c. The influx of conspiracy theories and citizens' careless attitude toward governments' instructions to follow SOPs is reflective of widespread distrust among the citizens of state institutions.
- d. Both b and c together indicate the widening of the distance between state and citizens.

1.3 Methodology

This study is primarily qualitative, in nature. A description of COVID-19 infections in the two states is followed by an analysis of the political discourse on COVID-19. Both primary and secondary sources have been consulted. The primary data was gathered from the reports issued by World Health Organization, National Institute of Health, Ministry of Health Pakistan, and news reports published in national and international dailies. Secondary resources included research articles and books. Data gathered through primary and secondary sources is juxtaposed to develop and substantiate arguments. The Marxist paradigm is utilized to analyze the nature of state-citizen relations during the pandemic.

1.4 Politics of Pandemic in America

The United States of America is one of the most affected states by the pandemic. America's handling of the pandemic surprised many analysts around the world. The volume of disaster led to the emergence of two schools of thought on identifying the causes of America's failure in handling the pandemic. One group of critics alleged the leadership of Donald Trump, was a major cause of this failure. While for others the causes of this failure are embedded in the economic and political structure of the United States of America. In the following paragraphs, the two arguments are analyzed sequentially.

Luciana Borio, President Trump's Bio-Defense Preparedness adviser, warned in May 2018 at a conference that a flu pandemic was a grave health security danger to America. He also claimed that the administration was unprepared to face that challenge. Borio and some high-ranking officials left Trump's administration in 2019 after the National Security Council's global health security office was disbanded as part of a quick administrative reorganization. When questioned about his decision to disband the office, Trump said "I just think it's a nasty issue," he said, irritably. "So when you say, I didn't do it... I have no idea what you're talking about." The closed pandemic global health protection office represented the White House's misguided priorities. According to press reports, the Trump administration closed the early warning pandemic program, two months before the COVID-19 spread in China (CNN on April 3, 2020). The imminent crisis was foreshadowed in a December 2019 intelligence report from the United

States. The Trump administration initially dismissed the COVID-19 pandemic's magnitude. They called it a “hoax and a cook-up” scheme planned by the opposition to score political points. For over two months, Trump characterized the crisis as “controlled,” “not a concern,” “Chinese virus,” “flulike,” “we think we have it pretty well under control” and “it will go away.” He further termed, “we have very few issues in this country currently, and we believe it will have a very positive ending” (Greenberg, 2020). President Trump was alleged to spread lies and was declared the “war president.”

He was reluctant to use the full spectrum of powers given to him by the US constitution, but he proceeded to spread lies by blaming governors on the front lines of the epidemic of “playing political games with ventilators.” The Governors unsuccessfully tried to use the powers given by Congress to order “General Motors Company”(GM) for manufacturing ventilators. The grievances of Governors reached fever pitch levels, as the serious national deficiency of ventilators for COVID-19-infected patients loomed. Under pressure, President Trump surrendered to the public and ordered GM to manufacture the ventilators, urgently. Three weeks were lost in the COVID-19 battle, which resulted in severe health crises in the US.

President Trump also declined to enforce a nationwide policy requiring a “stay at home” order, instead encouraging states to make their own decisions. On March 30, 2020, during his telecasted press conference on COVID-19, Trump confirmed that hospital masks were going out the back door. He declared that health workers were stealing “personal protective equipment (PPE).” Such as protective face masks, goggles, gear, helmets, and other jobs safely objects. The Center for Disease Control (CDC) in the USA now recommended wearing scarves in public, which was once criticized as an “overkill prevention technique.” Many countries around the world, as well as several American cities, have adopted the practice. “I am choosing not to do it,” President Trump said at a press conference that “wearing a mask in public is optional and not mandatory.” Critics say that President Trump's actions contradict the CDC's science-based guidelines (Woodward & Gould, 2020).

When COVID-19 awareness was changing, the Trump administration's contradictory comments created uncertainty not only in the United States but around the world. Illinois Governor, Jay Pritzker who was frustrated by the response of the Trump administration said that “indecision and mixed messaging will go down in history as a profound failure of our national government” (Tollefson, 2020, pp. 192-194).

The aforementioned discussion clearly illustrates that during the pandemic American administration under the Trump presidency distanced itself from society. The pandemic was politicized and corporate interests were safeguarded at the cost of citizens' health. Despite numerous warnings, the Trump administration not only issued mixed messages but also was responsible for spreading lies. During the election campaign, Donald Trump and the ruling Republicans organized huge public gatherings violating all the necessary safety measures. An increasing number of infections, the mounting death toll, and the poor performance of the health care system added to anti-Trump sentiment in America. All this resulted in a landslide victory for the Democrats in the 2020 Presidential election, a rare episode in American history where an incumbent in office failed to win his second term.

1.5 Politics of Pandemic in Pakistan

Pakistan's neighboring countries were hard hit, by the COVID-19 outbreak. The Ministry of Health, on February 26, 2020, reported the first case of COVID-19 in Karachi. Within 15 days,

there were 20 confirmed cases. Many of the reported cases had a travel history to London, Iran, and Syria (Shah & Siddiqui, 2020).

With the constant upsurge in COVID-19 positive cases, Pakistan's geographical position required a high degree of planning, intervention, and management. On the 12th of February, the Ministry of National Health unveiled a strategy titled "National Action Plan for Preparedness and Response to Corona Virus Disease (COVID-19) Pakistan." That plan aimed to control the spread of virus and fortify the community's emergency preparedness and ensure an effective and efficient response to potential events (NIH, 2020). To date, the government has taken many measures to combat COVID-19, including quarantine centers, treatments, designated hospitals, public awareness, testing facilities, and the local community's response.

According to Pakistan's Ministry of Health, there were 619,259 reported positive cases in the country till March 19, 2021. Pakistan's leadership has been split on the scope and severity of a lockdown since the crisis began. Despite the Prime Minister's opposition to lockdowns because of the negative effect on the vulnerable and everyday wage earners, all regional governments adopted varying degrees of lockdowns. The government slowly pushed to a countrywide partial lockdown before launching plans for a "smart lockdown." It allowed the "low-risk industries" to reopen and work. Since the federal government is liable to formulate national policy, an unending lack of cooperation between the federal and provincial governments, undermined Imran Khan's image as a nationwide leader in a time of crisis. Furthermore, as cases continued to increase, the currently disjointed response initiative risks worsening the health crisis and devastating Pakistan's health system, creating more concerns and worries about governance.

Pakistan's administrative structure is at the root of the existing federal-provincial divide in healthcare response. Following the passing of the 18th amendment (2010), provincial administrations were given control of their regional healthcare sectors. The central government, on the other hand, is in charge of interprovincial cooperation and wider health policy, among other items. It was critical to provide a coherent national strategy because the response to COVID-19 regularly comprises cross-sector decision-making on financial management, border control, and several other federal government sectors.

The central government's reaction to COVID-19 moved from denial to confusion. Although PM's worry for the poor was understandable, his vocal rejection of the lockdown policy appeared to be a strong challenge to Sindh's PPP government which had begun shutting down markets, public spaces, and public transportation. However, the PTI-led provincial governments in KPK and Punjab rapidly started partial lockdowns, triggering public uncertainty about whether to follow the lockdown or not.

Similarly, the government's attempts to foster national unity were disorganized. On March 25, a parliamentary session regarding COVID-19 was held in response to mounting public pressure. The Prime Minister, on the other hand, intensified political pressures by signing off, after his initial speech, without listening to opposition parties' viewpoints. The federal government also turned down the opposition's request to convene a meeting of the Council of Common Interest (CCI), which is in charge of interprovincial coordination and harmony. Meanwhile, PTI leadership continued to criticize opposition parties, especially the Sindh-based PPP. Even though Sindh was the first province to respond to the crisis, it has been accused of fomenting discord, inadequate crisis management, and running a mudslinging operation against the federal government.

The central government disclosed an economic relief fund worth USD \$5.66 billion. The purpose was to help people and industries affected by the pandemic. It launched USD 595

million preparedness and response plan, built new laboratories, and purchased testing kits and protective equipment. The politicization of the COVID-19 relief fund in Sindh, on the other hand, demonstrates that coordination is essential for these initiatives to succeed.

In Sindh, PPP government has taken the lead in emergency response. Sindh government instantly closed educational institutions and went from a partial to a complete lockdown, just after the increase in cases. The Chief Minister (CM) of Sindh has received applause for his handling of the outbreak, which includes the early testing and an emphasis on the crisis as a public health emergency. In the meantime, PPP Chair Bilawal Bhutto has taken a more conspicuous leadership role in the issue, holding the first multiparty virtual meeting and criticizing the central government for mishandling early lockdown steps.

CM has also chastised the central government for sending “mixed messages” and for resisting pressure from the capital to lift the lockdown restrictions. Sindh set itself apart from the rest of the country by barring congregational prayers in mosques during Ramadan, a strategy that Punjab and Baluchistan ultimately adopted, restricting congregation sizes to five. Likewise, the Sindh government criticized PM’s proposal to create a volunteer youth force for relief efforts. It claimed that it would be made up of party workers who should not be part of the government’s relief efforts.

Political squabbles between the PPP and the PTI have hampered COVID-19 response efforts. Due to Islamabad's slow response, the Sindh government has reportedly had difficulty importing testing kits. Disorganized implementations of such efforts are unlikely to yield successful results, as two governments continued to challenge each other's policy imperatives, deteriorating healthcare governance and nurturing grievances about how the crisis is being treated.

Karachi has suffered from a lack of cooperation between the central and provincial governments in Sindh. Although, PPP is in charge of Sindh's government, PTI has powerful support in Karachi, securing 13 of Karachi’s 21 National Assembly seats in 2018. As Pakistan's most populous city, any attempts to stop the virus from spreading in Karachi would be unsuccessful unless they are implemented effectively. However, the political fallout between the PTI and the PPP is causing a schism in the region, leading to uncertainty and difficulties implementing the provincial lockdown orders. Political turmoil in Pakistan's main economic center exacerbates the country's already failing economy, undermining the federal government's attempts to restore investor confidence.

Where the Pakistani state showed little concern about the citizens health, the majority of citizens violated the COVID SOPs. An influx of conspiracy theories terming this virus as manmade reflected the deeply held distrust of the people on any information or instruction coming out of the state institutions. The low testing rate showed the people’s unwillingness to go for testing and accept COVID as a health challenge. Among many other conspiracy theories, one was very interesting. A rumor spread out in KP that those who tested positive for COVID are admitted to hospitals to inject poison. For each dead body, Pakistan was receiving a million Pakistani rupees. There were cases reported in some local newspapers where some people fled from hospitals and quarantine facilities to avoid the perceived threat of death. A well-educated bank manager refused to go to the hospital after being tested positive. An analysis of social discourse in the wake of this pandemic could be interpreted as people believing the state as an alien body, a source of oppression, and public hospitals as tools of the state to kill people. The start of the vaccination drive in Pakistan is a continuity of the aforementioned distrust. Despite a

large-scale campaign by the government, the people are not willing to go for vaccination. Some new conspiracy theories are trending leading to a low vaccination rate in Pakistan.

1.6 Conclusion

An analysis of governmental response to COVID-19 in the USA and Pakistan reflects that there were many similarities in their dealing with the pandemic. The ruling and opposition parties, continuously tried to maximize their political gains by disengaging and sending mixed messages to the mass population. The lack of serious response in USA made it the leading infected state in the world. The losses in Pakistan are still a controversial issue, as many critics even doubt the figures of infections and death toll reflected in the official reports. President Trump alleged his opponent Democrats for creating fear in society and distressing American economic growth during his tenure. He openly criticized the demands of lockdown in the USA as well as violated SOPs during his election campaign. Similarly, Pakistan's PM, Imran Khan, also criticized the demands of opposition of imposing a lockdown as an effort to arrest his efforts to rebuild the economy. Some interesting parallels could be drawn between the messages coming from the two executives during the year 2020. Both termed COVID-19 as minor flu and not a serious threat, both were reluctant to impose lockdown, and both alleged opposition to exaggerating the threat. Along with the mixed messages from the political leadership, several conspiracy theories dominated the social discourse in both states.

This pandemic has resurfaced many contradictions between the state-society relationships in the two states. Some important questions that need further exploration are: What were the most popular conspiracy theories in different societies, and how are these theories rooted in the cultural and political orientations of those societies? How has social media contributed to the propagation of conspiracy theories? How has corporate competition affected the vaccination drives in different societies?

References

- Draper, H. (1977). *Karl Marx's theory of revolution*. New York: Monthly Review Press. https://monthlyreview.org/product/karl_marxs_theory_of_revolution_vol_v/
- Greenberg, J. (2020, March 20). *Timeline: How Donald Trump responded to the coronavirus pandemic*. Retrieved March 05, 2021, from Politifact: <https://www.politifact.com/article/2020/mar/20/how-donald-trump-responded-coronavirus-pandemic/>
- Meter, W. (2021). *World Meter Coronavirus pandemic*. Retrieved March 28, 2021, from https://www.worldometers.info/coronavirus/?utm_campaign=homeAdvegas1?
- NIH. (2020, February 12). *National action plan for preparedness and response to Coronavirus disease (Covid-19)*. Retrieved March 2021, 20, from National Institute of Health Islamabad Pakistan: http://https://www.nih.org.pk/wp-content/uploads/2020/02/NAP-covid-19_AL@version-3-date-12-2-202
- Sahin, A. R., Erdogan, A., Agaoglu, P. M., & Tasdogan, A. M. (2020). 2019 Novel Coronavirus (COVID-19) outbreak: A review of the current literature. *EJMO*, 4(1), 1-7. <https://doi.org/10.14744/ejmo.2020.12220>
- Shah , S. A., & Siddiqui, N. (2020, February 26). *Pakistan confirms first two cases of coronavirus, govt says 'no need to panic'*. Retrieved March 25, 2021, from Dawn: <https://www.dawn.com/news/1536792>
- Tollefson, J. (2020). How Trump damaged science and why it could take decades to recover. *Nature*, 586, 190-194. <https://doi.org/10.1038/d41586-020-02800-9>
- Wang, L., Wang, Y., Ye, D., & Liu, Q. (2020). A review of the 2019 Novel Coronavirus (COVID-19) based on current evidence. *International Journal of Antimicrobial Agents*, 56(3), 106-137. [10.1016/j.ijantimicag.2020.105948](https://doi.org/10.1016/j.ijantimicag.2020.105948)
- Woodward, A., & Gould, S. (2020, March 10). *One chart shows how many coronavirus tests per capita have been completed in 6 countries: The US has finally caught up*. Retrieved March 20, 2021, from Businessinsider: <https://www.businessinsider.com/coronavirus-testing-covid-19-tests-per-capita-chart-us-behind-2020-3>
- Zhou, P., Yang, X.-L., & Shi, Z.-L. (2020). A pneumonia outbreak associated with a new coronavirus of probable bat origin. *Nature*, 579, 270-273. <https://doi.org/10.1038/s41586-020-2012-7>
- Zhu, N., Zhang, D., & Wang, W. (2020). A Novel Coronavirus from Patients with Pneumonia in China, 2019. *The New England Journal of Medicine*, 382(8), 727-733. <https://doi.org/10.1056/NEJMoa2001017>

Zu , Z. Y., Jiang, M. D., Xu, P. P., Chen , W., Ni , Q. Q., & Lu, G. M. (2020). Coronavirus disease 2019 (COVID-19): A perspective from China. *Radiology*, 296(2).
<https://doi.org/10.1148/radiol.2020200490>