How Exclusionary Nationalism Has Made the World Socially Sicker from COVID-19

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Abstract

COVID-19 struck a world already suffering under a scourge – a rash of right-wing populist, exclusionary nationalisms. Whether it is Donald Trump in the USA, Vladimir Putin in Russia, Bolsonaro in Brazil, Orbán in Hungary, Modi in India, the past decade the world has witnessed the rise of leaders claiming the nation for dominant ethnic groups, excluding and targeting ethnic minorities and immigrants. In this article I argue that this preexisting plague of exclusionary nationalism has made the COVID-19 pandemic more dangerous for our body politics than it might otherwise have been. Following from our evolutionary tendency to associate foreigners with disease, all epidemics hold the potential to raise boundaries between ingroups and outgroups and scapegoat the latter. Yet this noxious seed of division latent in all contagions has flourished in the case of COVID-19, as it was planted in the fertile soil of exclusionary nationalism where boundaries between countries, and majority and minority-group boundaries within countries, were already furrowed deep. I delineate how through the pandemic, right-wing, populist, exclusionary nationalist governments have further exacerbated both these types of us-them divides. In concluding, however, I point out how in line with its well-known Janus nature, nationalism has also played a more constructive role during the pandemic.

Keywords: nationalism; COVID-19; pandemic; divisions; boundaries

Pathogens like the novel coronavirus do not respect national boundaries. In their ability to transgress evermore tightly policed state borders, infectious diseases call for a response across individual nations. A multilateral effort driven by a humanitarian solidarity and universalism. As such, epidemics appear to undermine the importance of nations and nationalism. Yet as the ongoing COVID-19 crisis makes clear, in as much as they might initially appear to subvert, outbreaks of infectious diseases in fact do more to reinforce the salience of nation states and nationalism.

For a start, even though a pandemic by definition presents a global threat, COVID-19, as with previous pandemics such as Ebola, H1N1, and AIDS, was portrayed by political leaders and the media as imperiling individual nation states (BBC 2020b; Basnyat and Lee 2015; Abeysinghe 2016). This rhetorical casting of the pandemic in terms of nations is reflective of and reinforced by its statistical description. Key metrics of disease prevalence and control – testing, hospitalizations, deaths – are collated and broadcast in national terms. Even the World Health Organization’s (WHO) weekly epidemiological reports break down indicators, and issue transmission classifications per country.

At the root of this viewing of a global pandemic through national lenses is that nation-states continue to be the most important form of political community. Intellectuals have long craved and/or claimed a post-nationalist world (Hobsbawm 2012; Dasgupta 2018; Ohmae 1995). And to be sure, processes of globalization have led to some attenuation of the power of nation-states. Yet
nations remain the key units of administration and for provision of socioeconomic justice. This includes critically the provision of health care, both in everyday times and, equally and especially, during outbreaks of disease.¹

So, while the responses to the virus have operated at multiple levels – multilateral, subnational² – on the whole, across much of the globe, nations have been the primary political actors in the pandemic. This can be seen through the declaration of national emergencies or closing off national borders to more laissez-faire approaches such as those adopted by Sweden (Gustavsson 2020). Indeed, citizens have expected them to be such. Reflecting its status as the key conduit for voice and accountability for the people, nation-states have been the locus both of citizens’ demands for protection from the virus and the target of their despair and ire when it has not been forthcoming.³

Further, the pandemic has not only been a reminder of, and arguably, reinforced the abiding salience of nations, it has intersected with nationalism – in particular, an exclusionary nationalism evoked by right-wing populist regimes. The main argument of this article can be summed up as an analogy between the body and the body politic. A preexisting condition makes humans vulnerable to more serious complications from the novel coronavirus. Similarly, the preexisting plague of right-wing, populist, exclusionary nationalism made the pandemic more dangerous than it might otherwise have been.

We can argue that the antecedent scourge of right-wing, populist, exclusionary nationalism worsened the human toll of the pandemic, in terms of increased mortality and morbidity. First, many of these regimes had eroded state welfare institutions, including healthcare. This meant that their citizens, especially those from socio-politically marginalized groups, including ethnic minorities, were more vulnerable when the novel coronavirus struck. Further, many of these regimes took relatively limited steps to protect, and even showed willful disregard for the welfare of their most vulnerable citizens during the pandemic. Finally, building on their attack on intellectuals, scholars, and scientists as part of the demonized class of “corrupt elites,” right-wing populist leaders questioned and even rejected critical medical advice for controlling the spread of the virus, like wearing masks, avoiding large gatherings, and socially distancing, instead promoting scientifically unproven and even deadly treatments (Woods et al. 2020).

This article, however, focuses on how right-wing, populist, exclusionary nationalism intensified the social fallouts of the COVID-19 pandemic, especially as regards relations between insiders and outsiders, and the consequences for the latter. History provides plenty of instances of how infections have raised boundaries that separate the “us” from the “them,” who are blamed and shamed for the contagion. Social psychologists have traced this to an evolutionarily inherited adaptive tendency to distance oneself from foreigners because in our ancestral history, they were especially likely to be carriers of contagious diseases. Yet while it is latent in all contagions, this noxious seed of divisions has flourished in the case of COVID-19. This is because it was planted in the fertile soil of exclusionary nationalism where us-them boundaries were already deeply furrowed.

I begin by situating the present crop of regimes within an analytical framework of populism and nationalism. Subsequently, I briefly summarize the theoretical link between epidemics and us-them relations. I then delineate how right-wing, populist, exclusionary nationalisms worsened the fallout of COVID-19 for relations between countries and between different groups, including tragic consequences for minorities within countries. In the conclusion, I shift gears to draw attention to the Janus-faced nature of nationalism, pointing to the more positive role that nationalism has also played during the pandemic.

*Right-Wing, Populist, Exclusionary Nationalism*

From Bolsonaro in Brazil, Modi in India, to Trump in the USA, some of the largest countries in the world have witnessed the rise of leaders who fuse populism with nationalism. Populism and nationalism are analytically distinct phenomena, with a common conceptual core – a shared claim to represent an “us.” For populism, the “us” is a moral community of simple, virtuous people.
distinguished from a corrupt elite who control the levers of sociopolitical power. The key distinguishing feature of populism is its discursive, stylistic repertoire. It is usually not attributed with any fixed aims beyond the disruption associated with its aggressive oral, written, visual, and performative styles of communication (Kenny 2017; Moffitt 2016). In contrast, by its most influential formulation, the “us” for nationalism is an “imagined community” that seeks or exercises sovereign control of a historic homeland (Anderson 2006).

Since the treaty of Westphalia instituted nationalism as the legitimating ideology of rule, these homelands have as nation-states constituted the key units of the global political system. The defining characteristic of nationalism is not so much a specific tactical style as a set of aims: securing access to a nation-state, as in the case of secessionist movements; or advancing the interests of and/or bolstering allegiance to established nation-states.

Both populism and nationalism are best seen not as binaries but as matters of degree (Gidron and Bonikowski 2013; Hawkins 2009; Deegan-Krause and Haughton 2009). Indeed, many studies have sought to assess the strength of populism and nationalism across parties, movements, and individuals. However, the intensity of populism and nationalism can also be assessed in terms of the extent of their potential impact, which can in turn be seen as a product of their access to political power.

In addition to their intensity, a second key dimension along which both populism and nationalism vary is their inclusiveness. Insofar as both populism and nationalism are fundamentally about boundaries, a certain amount of exclusion is at the crux of both concepts. For populism, the outgroup is elites, and for nationalism, other nations. However, populists and nationalists also exclude groups, beyond these definitional “thems.” The most salient axis of exclusion here is that of subaltern groups. In broad terms these groups’ subordinate statuses can, depending on specific historical, geographical, and demographic characteristics, be attributed to some intersection of ethnicity (language, race, religion, indigeneity), class, occupation, sexuality, or immigrant status. Inclusion for both populism and nationalism can be conceptualized in ideational terms, as expressed in the political rhetoric – speeches and pronouncements of populist or nationalist leaders, as well as in the attitudes of individuals. It can also be captured institutionally, in terms of populist and nationalist regimes enacting laws and policies that prioritize and discriminate against particular groups.

This question of the inclusion of subordinate groups lies at the core of important dichotomies in the scholarship on both populism and nationalism. In populism this is the distinction between inclusionary and exclusionary populism (Mudde and Kaltwasser 2013; Fiori 2015; Font, Graziano, and Tsakatika 2021), which is in turn underwritten by differences in their left and right ideologies. For nationalism, it is implicit in the separation into liberal civic nationalism that emphasizes freedom, tolerance, equality, and individual and minority rights, as distinct from illiberal ethnic nationalism that is seen as hostile to minorities. The sorting of nationalisms into these arbitrary, artificial categories has been widely criticized as both a normatively problematic and an empirically fraught exercise (Brubaker 1996). Instead, nationalism is best seen as a unified phenomenon that can be assessed in terms of how inclusive it is of different groups, notably minorities and immigrants (Schulte and Singh 2020; Tudor and Slater 2020; Kymlicka 1995; Tamir 1995).

This analytical map allows us to identify the terrain in which COVID-19 broke out at the intersection of right-wing populism and exclusionary nationalism (Singh 2021). Across Brazil, the USA, India, Hungary, Russia, the Philippines, Poland, and Turkey, among others, in the early months of 2020, political power was vested in right-leaning political parties with personalized leadership structures that deployed anti-elite rhetoric and transgressive tactics, subverted institutions, shrunk the space for dissent, and increased polarization. These ruling parties also evoked a nationalism that claimed the nation for a dominant ethnic group – White Christians in the USA, Brazil, Russia, Hungary, and Poland, and Hindu Indians in Modi’s India – excluding and targeting immigrants and ethnic minorities.

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Epidemics and Us-Them Relations

These right-wing, populist, exclusionary nationalisms have not only been described in terms of disease metaphors – as a “leprosy” that has “gangreened” countries. Disease itself has figured as a prominent trope in their rhetoric. Right populist leaders have frequently framed ethnic minorities and immigrants as sources and vectors of disease. For example, the Polish president Kaczyński declared that immigrants carry “parasites and protozoa.” And Trump infamously accused Mexicans of being responsible for “tremendous infectious disease […] pouring across the border.”

This association of “foreigners” with germs and contagion is, sadly, not new. The discourse of public health has frequently been framed in terms of a virtuous “us” and a delinquent, even dangerous, “them” (Morone 1997). As a particularly egregious instantiation, in Nazi discourse Jews were described as a disease afflicting the German nation. Unfamiliar food habits and practices are portrayed as unsanitary or even morally deviant, linking specific groups, cultures, and practices to ill health and disease. Historians have described how at the turn of the century in the USA, various immigrant groups were stereotyped in terms of their (ill) health – Asians as feeble and infested with hookworm, Mexicans as lousy, and eastern European Jews as vulnerable to trachoma, tuberculosis, and “poor physique, which according to Markel and Stern (2002) was a favorite “wastebasket” diagnosis of nativists in the early 1900s. In fact, certain diseases, prominently HIV-AIDS, have become othered, as have public health issues such as liquor, drugs, and sexually transmitted diseases (Morone 1997).

Social psychologists have identified this connection between outsiders and disease as an inherited behavioral response. Through our evolutionary history, outgroups were more likely to carry novel and potentially lethal pathogens. In order to avoid these pathogens, we humans developed an adaptive predisposition to prefer ingroups and distance ourselves from outgroups (Faulkner et al. 2004; Fincher and Thornhill 2012). This tendency has informed theories of the epidemiological origins of ethnic diversity that link areas with higher parasite stress (Fincher and Thornhill 2012), and malaria in particular (Cervellati, Chiovelli, and Esposito 2019), to more ethnocentrism, xenophobia, and homogeneity.

This neurobiological impulse to tighten ingroup ranks and shun outgroups has been shown to be more intense, the more salient the threat of a disease (Faulkner et al. 2004). Indeed, our past is marked by examples of heightened international tensions and, within the polity, of groups being held culpable and targeted, often violently, in the context of epidemics. Scholars have noted the scapegoating of outgroups ranging from Jews during the bubonic plague in mid-14th-century Europe (Cohn 2012), to waves of immigrants in the USA for cholera and polio in the 19th and early 20th centuries (Kraut 2010), and more recently, “Africans” in Western countries for HIV-AIDS and Ebola (Ingram 2008; Dionne and Seay 2016). Thus, epidemics in themselves have the potential to raise us-them boundaries between polities and peoples and to scapegoat minorities. This is a dark shadow they share with nationalism. Yet, like nationalism, while the potential for divisions is inherent in it, it is not a necessary feature of infections. Instead, it is a dimension that they vary along.

Whether and to what extent outgroups are scapegoated for diseases rests on how the epidemic is constructed (Ranger and Slack 1995). This sociopolitical construction in turn rests critically on the nature of the underlying nationalism, where nationalism is conceptualized as a pervasive, banal, and everyday phenomenon (Billig 1995; Fox and Miller-Idriss 2008; Goode and Stroup 2015). The present moment represents the unfortunate intersection of the most serious global public health emergency since the influenza epidemic of 1918 with the most powerful wave of exclusionary nationalism since the years leading up to the Second World War. As noted earlier, right-wing exclusionary nationalist regimes in power had already raised boundaries against outsiders conceptualized in terms of those outside as well as within national borders. These same leaders constructed the pandemic to deepen both these types of divisions.
Right-Wing, Populist, Exclusionary Nationalism, COVID-19, and Us-Them Relations across Countries

As noted earlier, a certain degree of exclusivity is the crucible of group identities. There is almost always some conception of the outgroup, either amorphous or more specific, against which the membership in the ingroup is defined (Walzer 2008). The outgroup for nations is, by definition, other nations. Because the nation, especially in its present Westphalian marriage with the state, is a territorial identity, the outgroup takes on a literal meaning. Those who are outside its geographic boundaries are also usually outside its boundaries of belonging. Those in other nation-states are, for the most part, seen to be a part of alternate claims to nationhood, and distinct systems of political, economic, social rights, and obligations.13 In general, people in Argentina do not consider residents of Brazil as conationals. People in Tanzania tend not to see those in Kenya as conationals. And vice versa. There is nothing to condemn in the presence of these national distinctions per se. Just because they are not seen as conationals does not imply that members of other nation-states are viewed as enemies. Empirical studies on nationalism have confirmed that there is no connection between love of one’s country and hostility toward foreign countries or foreigners (Doob 1964; Kosterman and Feschbach 1989). A quest for national distinctiveness has driven important contributions in art, literature, music, cinema, architecture, cuisine, and the protection of the environment, and has been the lifeblood of sports.14

However, the global rise of right-wing, populist, exclusionary nationalism perverted this healthy competitive drive to a toxic chauvinism.15 The “My country first and better” stance of right-wing, populist, exclusionary nationalist leaders, epitomized but by no means limited to Trump’s trademark “Make America Great Again” and “America First,” undermined the global, multilateral order forged by the Allied powers after their victory in the Second World War and strained bilateral relations. Under Trump, the USA essentially abdicated its traditional leadership of the so-called Free World. The isolationist agendas of Trump and his European, especially British, counterparts debilitating institutions such as NATO, the European Union, and the World Trade Organization. The growing trade protectionism of the USA alienated key allies and intensified rivalries, especially with China.

The pandemic unfolded as the next act in this ongoing play. It is from the stage of the aggressive elevation of one’s own country and denigration of others, and in particular, the sharpened tensions with China, that President Trump and other prominent Republicans proclaimed COVID-19 the “Wuhan virus,” “Chinese virus,” and the “Kung Flu.”16

Continuing his hostility to multilateral institutions, Trump pulled the USA out of the WHO17, and he shunned and crippled the global effort to develop a COVID-19 Vaccine Global Access Facility, or COVAX. These aggressive go-it-alone attitudes fanned the flames of vaccine nationalism, where countries have reached individual agreements with pharmaceutical manufacturers to gain preferential access to vaccines.

It is no doubt the responsibility of the state to provide vaccines for their own people. Yet such a jostling of “My country ahead of all others,” in place of a collective, coordinated global effort, will have potentially tragic consequences, notably the deepening of the stark disparities between rich and poor countries. We are beginning to see the beginnings of what could be a humanitarian tragedy as advanced industrialized countries rapidly vaccinate, and even revaccinate their residents, while there is no supply of vaccines in sight across much of the Global South, which is home to some of the marginalized populations in the world. We can imagine a scenario in which desperate developing countries might strike deals for vaccines, with possibly deleterious economic, diplomatic, and strategic consequences, thus further setting off a spiral of dependency and disadvantage.

Vaccine nationalism tugs at the already frayed fabric of international relations: on the one hand, increasing resentment on the part of poorer countries against wealthier vaccine-hoarding countries; and on the other hand, intensifying tensions between more powerful countries. The USA’s rivalries with Russia and especially China have already been intensified by the vaccine race.
But in as much as it is deeply dangerous, vaccine nationalism is also eventually in vain. As has become clear with the crisis around the Delta variant, in our interconnected world, countries with immunized populations still remain vulnerable if the novel coronavirus is active and mutating into potentially vaccine-resistant strains in other parts of the world. Further, estimates suggest that up to 49 percent of the global economic costs of the pandemic will be borne by the advanced economies even if they achieve universal vaccination in their own countries (Çakmaklı et al. 2021).

Right-Wing, Populist, Exclusionary Nationalism, COVID-19, and Us-Them Relations within Countries

The outbreak of COVID-19 in the context of exclusionary nationalism has not only had a negative impact on international relations, but also on intergroup relations within nation-states. Military metaphors tend to figure prominently in descriptions of infectious diseases. A semantic link that has only intensified with the securitization of infectious diseases in the post-9/11 world. Indeed, across the world COVID-19 has been likened to a war. In line with their prepandemic vilification of minorities, right-wing, populist, exclusionary nationalists, however, took a further step of naming, blaming, and shaming two main sets of people as “national enemies” in this viral conflict.

First were those who, analogous to a military conflict, were identified and targeted as a fifth column because of their association with their “patron country” and held culpable for the attack (Mylonas 2013). In the case of COVID-19, in the USA but also in other parts of the world, this has been people of Chinese and, more broadly, of Asian origins (Dionne and Turkmen 2020). In political leaders’ speeches and newspaper reports, including the infamous “Yellow peril?” headline in a local French newspaper and “China Is the Real Sick Man of Asia” headline in Wall Street Journal (BBC 2020a; Mead 2020), the pandemic especially in its early stages, was effectively racialized as Asian. So much so that in the USA, the mayor of a Kansas county pronounced his community “safe from the virus” because of the low demographic representation of Chinese and Asian Americans (Kansas City Star 2020). This harkens back to racist accusations in the late 19th century, in the context of growing concerns over Chinese immigration, of Chinese laborers and migrants as bringing in smallpox, syphilis, trachoma, and the bubonic plague. Racialized ideas about disease were part of the reasoning used to pass the Chinese Exclusion Act of 1882 (White and King 2020). Since then, stereotypes of Chinese and Asian dietary habits, lifestyle, culture, and people as a whole as “dirty” and vectors of disease have remained prominent (Trauner 1978; Reny and Barreto 2020b). Exemplifying such sentiments Texas senator John Cornyn, for example, brazenly declared that China was to blame for COVID-19 because it was a “culture where people eat bats and snakes and dogs and things like that” (Shen-Berro 2020). Such stigmatization has led to a marked increase in discriminatory attitudes and violent behavior toward, including the killing of, people of Asian origin during the pandemic in the USA and beyond (Reny and Barreto 2020b). The hostility documented has ranged from verbal assault, being denied services including public transport, being spat on, and physical assault, usually with direct or indirect reference to COVID-19 (Bieber 2020). In the most tragic example of anti-Asian hate, eight people, including six women of Asian descent, were killed in shootings at massage parlors in Atlanta in March 2021.

Relatedly, a second broad category of people that right-wing, populist, exclusionary nationalist regimes targeted in the context of the pandemic have been those on the margins of their constructions of the nation. As noted earlier, right-wing, populist, exclusionary nationalist regimes across the globe have been united in their attempts to define and claim their nations exclusively for dominant ethnic groups. Prior to the pandemic, they sought to exclude, occasionally violently, ethnic minorities, including immigrants, whom they often branded as traitors to the nation. These minorities made for convenient scapegoats when the pandemic broke out. Handily proclaimed as
culpable for COVID-19, these groups that were already victimized by exclusionary nationalist ideologies and policies now became even more “fair game.”

Following on from their anti-immigration stances, leaders such as Trump and Orbán in the USA and Hungary, for example, associated COVID-19 with immigrants and used this (unsubstantiated) link to crack down on asylum seekers, refugees, and immigrants. Far-right parties in Europe, such as the Alternative for Germany (AfD) and the Austrian Freedom Party (FPÖ), linked the pandemic to, and called for more stringent measures aimed specifically at migrants (Bieber 2020). Across Europe, the Roma, who have long been at the margins of especially right-leaning understandings of who belongs to the nation, have been blamed for COVID-19 and targeted, often violently. In Bulgaria, Roma communities were sprayed with disinfectant from crop dusters. In Slovakian Roma villages, the armed forces and police singled out the Roma for testing and deployed disproportionate force to enforce lock downs in Roma towns, even evicting them from cities. In India, Muslims have long been viewed as the ‘other’ by the Bharatiya Janata Party (BJP) government’s Hindu nationalism. COVID-19 broke out during widespread protests against the BJP government’s policies to institutionally exclude Muslims through the National Registry of Citizens and Citizenship Amendment Act. Unsurprisingly, the BJP and the media did not skip a beat in placing the blame for the pandemic on the shoulders of Muslims, terming them “super spreaders” (Perrigo 2020; Turaga, Kandathil, and Jacob 2020).

In this section I have delineated how exclusionary nationalism intensified the social fallouts of the pandemic. This is, however, a vicious cycle. In as much as its intersection with the ascendancy of exclusionary nationalist regimes across the world has worsened the us-them divisions that might otherwise have been wrought by COVID-19, the pandemic itself has added fuel to the raging fire of exclusionary nationalism. Exclusionary nationalist leaders across the world have interpreted the pandemic as vindicating their call for tightly policed borders. Trump, whose immigration policy is exemplified by the “Muslim ban” and construction of a border wall with Mexico, for example, tweeted on March 23, “THIS IS WHY WE NEED BORDERS!” (Trump 2020). Far-right leaders who have espoused exclusionary visions of their nations across other parts of the world have used COVID-19 to call for more stringent border controls, including temporarily shutting borders and more restrictive immigration policies. Further, in line with prior research that showed that increased prejudice and xenophobia led to greater anxiety about infectious diseases such as Ebola (Kam 2019), the deepened divisions that have emerged from the confluence of COVID-19 with the high tide of exclusionary nationalism have also been shown to increase fear about COVID-19 (Reny and Barreto 2020a). As noted earlier, this increased concern about disease is in turn likely to further breed anxiety about those seen as outsiders, continuing to push forward a toxic juggernaut of fear, divisions, and exclusions around contagion.

Conclusion

Nationalism is marred by a negative reputation. Yet its most seminal definitions describe it as a community, unity and solidarity that generate a spirit of “fraternity,” a feeling of “attachment” and “love” (Anderson 2006, 7, 141, 143; Mill 1875; Renan [1882] 2002). Nations answer both a basic biological need for group living and a psychological need for community as a source of validation. Belonging to a national political community has been shown to protect people from feelings of alienation and solitude.

Indeed, that nationalism can serve as a buoy has been evident in how it has been invoked to lift sagging spirits and boost morale to help cope with the many sacrifices necessitated by COVID-19. Whether it is the playing of the national anthem on public radio broadcasts and at quarantine centers, the communal singing of patriotic songs on balconies and porches, or the virtual, synchronized socially distanced celebration of national days18, people across the world have “performed the nation” as a source of comfort, security, and solidarity (Goode, Stroup, and Gaufman 2020; Kearney 2020).
Furthermore, nationalism is not only a source of ontological security but also a powerful motivating force. Through history nationalism has brought people on to the streets to mobilize against repressive regimes, whether they be colonial or communist. It has been the lifeblood for the organic functioning of states. Nationalism has been shown to motivate citizens to engage in essential tasks that demand sacrifices of time and effort when they vote and participate politically; of money when they pay their taxes honestly; and most supremely, of their lives when they join the army and fight for their country.

Following the semantic militarization of the pandemic noted earlier, the rhetoric of popular sacrifice for the nation has suffused state and societal responses. As noted at the outset, across the world the COVID-19 pandemic has been framed as a national crisis. Accordingly, governments have used the language and rituals of nationalism to mobilize citizen cooperation for the “war against COVID-19.” Communist states like China and Vietnam have evoked their history of fighting revolutionary wars against foreign powers in designating each citizen a soldier in the “people’s war” against the virus (Le 2020). In almost all countries, doctors, nurses, other medical personnel, volunteers, and workers involved in a range of essential services have been depicted as “warriors” of the nation fighting at the frontlines of the epidemic. They have been celebrated as “national heroes” through the synchronized banging of pots and pans, applause, and posters. Governments, media, and community organizations have presented compliance with public health advisories as patriotic. Social distancing, mask wearing, and staying at home have been framed as necessary sacrifices to support the country’s viral battle and as acts of solidarity with one’s fellow country people, especially those from higher-risk groups. Indeed, as Goode, Stroup, and Gaufman (2020) point out, mask wearing had already become a performance of national solidarity and the “uniform of a patriot” in response to similar nationalist framings during earlier infectious disease outbreaks, such as SARS, across much of East Asia.

The success of nationalism as a motivating force is also evident through the COVID-19 pandemic – whether it is the Tunisian factory workers “spurred on by patriotism” to manufacture 50,000 face masks a day and other protective medical gear after opting to go into lockdown at work (Jawad 2020) or the rise in community service and volunteering across Europe (Johanson 2020).

As the rollout of vaccines encounter hesitancy, receiving a shot is being presented as a patriotic duty, an obligation to one’s fellow citizens (Biden 2021; Bregstein 2020). This is reminiscent of how Chinese citizens were encouraged to vaccinate against diseases like smallpox during the patriotic health campaigns of the 1950s and 1960s.

But inasmuch as nationalism has mobilized support in favor of public health measures, it has also been evoked by those resisting and opposing public health advisories and restrictions to economic life. This was captured vividly by the coverage of rallies against lockdowns and mask mandates in which unmasked protesters held aloft American flags and signs proclaiming “American values” that they believed were being compromised (La Ganga 2020).

Nationalism is, after all, following political theorist Margaret Canovan (1996), best seen as a “battery” that can power progressive, but also the most dangerous and destructive of political projects.

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Disclosures. None.

Notes

1 Historically the control of disease was an important driver for the development of nation-states. Following Tilly’s famous dictum, in as much as war against an invading army, it was war against an often more deadly foe – disease – that prompted the extension of the state into previously
autonomous societal realms and encouraged the development of key institutions including bureaucracies and civilian law enforcement agencies. Health care gradually passed from being perceived as a private matter under the primary jurisdiction of social, especially kin-based and religious institutions, to being recognized as a key responsibility of a state toward its people. State capacity, going back to mercantilist approaches in the 18th century, is often assessed by the ability of a state to protect the health of its population against disease.

2 Even when subnational units such as provinces and cities have stood out for their effective control of the virus, it is in contrast with more feeble national responses. See, for example, Singh (2020) on the Indian state of Kerala.

3 In Italy, a man whose sister had died of COVID-19 and who had been waiting for days for funeral services to collect her body from their home declared in despair, “Italy has abandoned us” (de Fazio 2020), a sentiment echoed by doctors, frontline workers, and the families of COVID-19 victims across the world, including in the USA (Yong 2020), India (Krishnan 2020), and the UK (Elliott 2020). Additionally, as a further spoke in this cycle of how infections have influenced state-society relations, states have used contagious diseases to further deepen their control over their citizens. This is exemplified by Russia and China’s expansion of surveillance over their citizens during the COVID-19 pandemic (Woods et al. 2020; Goode, Stroup, and Gaufman 2020). This increased control of citizens over infections – an instantiation of Foucauldian biopower – has been furthered by the securitization of health in the post-9/11 world.

4 Scholars have deployed a battery of content analysis techniques on speeches of leaders (Hawkins 2009; Armony and Armony 2005), as well as on manifestoes and other documents associated with populist movements and parties (Pauwels 2011; Jagers and Walgrave 2007; Caiani and Graziano 2016), and conducted comparative case studies to capture the strength of their populist discourse (Deegan-Krause and Haughton 2009). Some studies have also examined the strength of “populist attitudes” among voters (Oliver and Rahn 2016; Akkerman, Mudde, and Zaslove 2014). Within the scholarship on nationalism, there is a growth industry of studies using attitudinal surveys to capture individuals’ national attachments (Dekker, Malová, and Hoogendoorn 2003; Bonikowski and DiMaggio 2016; Lieberman and Singh 2012). Analogous to the studies on populism, content and case analyses have sought to assess the intensity of nationalist movements and parties (Halikiopoulou and Vlandas 2019).

5 For measures of the inclusiveness of nationalism, see Bonikowski (2016), and Schulte and Singh (2020).

6 Left populists in Latin America define the “us” in economic terms as the working class and the poor but in a world of intersecting inequalities. Contingent on a diverse demography, left populists’ working class “us” are likely to include linguistic, racial, religious, indigenous, sexual, and other minorities, those from stigmatized occupations and migrants. Right populists in Europe frame the “ordinary” people in cultural-ethnic terms, as religious, ethnic, or racial majorities pitted against a cultural elite – who are distant from, and fail to back the cultural concerns of, the ethnic majority (Brubaker 2019, 11). Prominently excluded from the nation are various ethnic minorities – racial, religious, linguistic, indigenous – but also potentially sexual and other minorities.

7 This section draws on Singh (2021).

8 Here it is important to flag that while this is not the only way in which populism and nationalism can intersect because exclusionary, right-leaning populists define the people in cultural, ethnic terms, they teeter closer to (an ethnic/exclusionary idea of) the nation than their inclusive, left counterparts.

9 During the Syrian refugee crisis European news outlets erupted with reports, including graphic photographs, of how Syrian refugees were bringing deadly diseases including a “flesh-eating disease” into Europe. According to the reports these diseases would infect populations across Europe and strain publicly funded medical systems. So prominent was the fear that the WHO’s Regional Office for Europe issued a statement clarifying that Europe has a long history and
continues to experience a range of communicable diseases independent of the recent influx of refugees, that Leishmaniasis (the “flesh-eating disease”) is not transmitted from person to person and can be effectively treated, and that the risk for importation of exotic and rare infectious agents into Europe from the Middle East was very low.

In the UK foreigners are believed to eat “disturbingly unclean foods” such as roots, frogs, haggis that is “fit only for dogs” and this is linked to anti-immigrant attitudes (Stat, 1995: 192, cited in Faulkner et. al. 2004).

The othering of HIV-AIDS was brought out by its initial clinical labeling as GRID (Gay-related immune deficiency) and its association with the so-called 4-H Club – hemophiliacs, homosexuals, Haitians, and heroin users (Goldin 1994). But it is not only HIV-AIDS; it is worth noting that within China, SARS was internally racialized because of its origin in Southern China as a non-Han, Cantonese virus (Mason 2015).

An alternate mechanism for our proclivity to perceive different others as pathogen threats is a byproduct of a tendency to be hypervigilant against anything and everyone that appears to be unfamiliar (Aarøe, Osmundsen, and Petersen 2016).

A clear exception is those who leave their country of origin either to seek better opportunities (as an immigrant) or to flee political, social, or economic conditions/persecution (refugees and asylum-seekers) and retain attachment to and remain included – for example, by retaining citizenship – in their native countries. But even with unprecedented mobility, only 3% of the world’s population lives outside the country where they were born. Most people live in their country of origin.

Dutch nationalism of the 19th century, for example, helped shape a canon based on the idea that authentically Dutch art is realist. Dutch painting of the golden age by the so-called Dutch masters, such as Vermeer and de Hooch, was distinguished from other national traditions by its realism (Barker 2013).

It is this dimension of nationalism that comes to stand in for the concept as a whole as distinguished from a positive patriotism.

Bieber (2020) points out how an iconic image of the global pandemic was a close-up of the daily press briefing of Trump. The word Corona had been crossed out and replaced by Chinese (Cillizza 2020). This association of particular regions, countries, and races with diseases is explicitly discouraged by the WHO’s new regulations that outlawed such previous naming patterns that coined Middle East Respiratory Syndrome (MERS-CoV) and West Nile virus.

Citing “corruption” and bias including abetting China in covering up the scope of COVID-19 (Solender 2020).

The UK government and various charities disseminated resources for celebrating VE Day at home with “stay at home street parties,” including decorating homes in red, white, and blue and a nationwide sing-along with the Royal British Legion (Goode, Stroup, and Gaufman 2020; English Heritage 2020).

Critics’ accounts pointed out that such depictions risk normalizing deaths among healthcare workers by presenting them as “martyrs” or “acceptable losses” (Goode, Stroup, and Gaufman 2020; Van Rythoven 2020; Oprysko 2020). On the dangers of war metaphors for infectious diseases more broadly, see Nie et al. (2016), Van Rythoven (2020), Musu (2020), and Ross (1989).

In Vietnam, a common slogan has been “To stay at home is to love your country”. In May, the New York Times Editorial Board published an article titled “The Most Patriotic Thing You Can Do Right Now,” referring to social distancing, mask wearing, and the donation of stimulus checks (NYT 2020). Days before the 2020 presidential election, Joe Biden tweeted, “It’s not political. It’s patriotic. Wear a mask. Period” (Biden 2020).
References


