ON CORONAVIRUS, CAMBODIA, AND CONFLICT: GRAPPLING WITH THE USE OF WAR METAPHORS TO DESCRIBE THE COVID-19 PANDEMIC

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It was March 13th, 2020, the day before I vacated my dorm in light of Columbia's strong recommendation to leave campus due to the COVID-19 pandemic. As I was hurriedly packing all the belongings I could salvage into my suitcase, my parents called. During our conversation, my mother said that the pandemic chillingly reminded her of living through the fall and forced evacuation of Phnom Penh, Cambodia's capital, by the communist organization Khmer Rouge and its genocidal rule. My father shared the same sentiment; while in a conference call, he likened the pandemic to the war, leaving the rest of the virtual room stunned in silence.

From that evening on, even when I arrived home in California the following day, I could not help but re-run their words in my head. My parents, both Cambodian refugees, are no strangers to war. They lived through the Cambodian Civil War (1967-1975), which was defined by the Chinese Communist Party-backed Khmer Rouge's guerrilla warfare and U.S. secret carpet bombings in support of the pro-American governmental forces (Longley). They survived the following tyranny of Pol Pot's Khmer Rouge regime, which killed upwards of two million people by forced labor, mass executions, torture, and famine during its four years-long genocide, before embarking on the perilous mine-filled trek out of the country to the refugee camps on the Thai border (from which my father and mother were respectively flown to America and France as refugees) amidst the Khmer Rouge's collapse in 1979 due to the Vietnamese invasion (Longley). War defined their childhood, but does it also define those living through the COVID-19 pandemic, including myself? I write this essay at the end of the spring 2020 semester, and so far, the COVID-19 pandemic's death toll worldwide is over 335,000 and over 95,000 in the US (COVID-19 Dashboard) and counting, already more than the 58,220 American deaths recorded in the Vietnam War (Shumaker). While the grim loss of life due to the COVID-19 pandemic is staggering and unprecedented, is it right to characterize it as a war?

On closer examination, there are legitimate and salient connections between warfare and today's pandemic. Max Rose, U.S. House Representative for New York's 11th Congressional district and a Purple Heart veteran, paints an analogy to his service during the War in Afghanistan in a phone interview with *Politico*'s Michael Kruse. Rose explains that the pandemic "reminds me in some ways of when I was in Afghanistan. Whenever you left the wire, you had to be hyper-, hyper-aware that an IED could be anywhere . . . But I do believe that if people leave their homes now, they're feeling this oddly similar sense—that the virus could be anywhere" (Kruse). Here, Rose links an army base to the home and compares IEDs (improvised explosive devices) to

coronavirus. The former pair share the role as safe bases of refuge insulating someone from the latter pair of invisible sources of danger, namely IEDs hidden in the ground or microscopic pathogens on a door handle. The unquestionable anxiety and fear that an undetectable threat elicits are thus normal. In fact, those sentiments, needed to gauge the scope of the COVID-19 pandemic, can better condition our responses. Khudejah Ali, a doctoral candidate and researcher on disease communication and fake news at the University of Miami's School of Communication, mentioned in a *Time* article that "a moderate level of fear-arousing sensationalism" along with information about symptoms and protection can "become a powerful and actionable health communication message, and result in wide sharing and engagement across populations" (Garza). Consequently, comparing the COVID-19 pandemic to war, highlighting its gravitas, can promote vigilance and urgent changes in individual's behavior for society's good and solidarity.

However, this knowledge of the potential benefits of war metaphors fails to explain my seemingly contradictory reactions of nodding in agreement when hearing my parents link the pandemic to their experiences in Cambodia and of raising my eyebrows in doubt when Donald Trump branded himself as "a wartime President" (Bennett and Berenson) in the midst of the COVID-19 pandemic. Perhaps, as a nineteen-year-old college student from California's Bay Area and a son of refugees, I am unfairly inclined to dismiss anything that Trump says due to political bias. But I am not alone in questioning President Trump's response to the pandemic. According to Steven Greenberg, the lead pollster for an April 2020 Siena College Research Institute poll conducted in the state of New York, New York Republicans and "self-identified conservatives" trust Democratic Governor Andrew Cuomo more than President Trump on "reopening the state and its economy," with a 57-34% and 56-36% advantage for the governor among those two groups, respectively (Greenberg). Given that the majority of even New York Republicans evidently distrust the leader of their own party, a native New Yorker, on his COVID-19 response, political and geographic bias are non-factors.

Maybe I felt that those who went through war are the only ones who could make war metaphors. However, there are well-meaning civilian doctors throughout the country utilizing war metaphors to inspire and strengthen the resolve of their colleagues and patients in the face of the pandemic. For instance, Dr. Craig Smith, the head of surgery at New York-Presbyterian Hospital/CUIMC, references pivotal American battles from the Civil War to Iraq War in a daily memo to his colleagues, calling their fight against COVID-19 "our Gettysburg, our Somme, our Iwo Jima, our Khe Sanh, our Fallujah" (Feuer). *The Wall Street Journal* deemed him "the pandemic's most powerful writer," and like his colleague Dr. Isaac George, I found that "Dr. Smith is able to depict the realism of the situation so that anyone, even non-medical people, can understand" (Cohen). Many sentiments associated with war—endurance, hope, determination—are universal to the human experience and indeed belong in the

hospital room. Consequently, war rhetoric alone, political affiliation, and whether or not the user has experienced war are all not reasons for why many find certain uses of war metaphors alarming. What makes some war metaphors inspiring and others threatening must be more complex.

War metaphors, especially when they are conflated with medical imagery, are often manipulated to extend the power of a ruler and the appeal of his ideology, and to justify the suffering and submission of that ruler's constituents. The literary critic Elaine Scarry, in her book *The Body in Pain*, warns that easily corruptible language of force "can even be intentionally enlisted for the opposite purposes, invoked not to coax pain into visibility but to push it into further invisibility, invoked not to assist in the elimination of pain but to assist in its infliction, invoked not to extend culture . . . but to dismantle that culture" (13). While I believe that the misdeeds of Trump's response to COVID-19 pale in comparison to the atrocities of war and totalitarian rule committed in 1970s Cambodia, both of these episodes in history demonstrate the manipulation of reality to satisfy a leader's oppressive rule, which comes in the three distinct yet linked mechanisms facilitated by war metaphors that Scarry identifies: to turn attention away from pain, to inflict pain, and to destroy civilization, the ultimate effect of pain. That uncanny parallel of the dehumanization of the sick and the pained by demagoguery is the reason my parents connected their childhood to today's COVID-19 pandemic.

Like any metaphor that fails to perfectly frame the meaning of a target, war imagery distracts us from the less familiar and comfortable truths regarding the pandemic. Instead, it too often disturbingly shifts unfounded blame onto victims of disease away from the mistakes of those responsible for protecting said population. In *Illness as Metaphor; and, AIDS and its Metaphors*, Susan Sontag asserts that war metaphors inescapably blame the patient: when disease is considered a war, the pathogens within a patient are seen as "an alien 'other,' as enemies are in modern war; and the move from the demonization of the illness to the attribution of fault to the patient is an inevitable one, no matter if patients are thought of as victims" (99). Victim-blaming is indeed rampant in today's COVID-19 pandemic, and it feeds into the underlying racism against minorities. CDC data from its COVID-NET surveillance program showed that black people made up 33.1% of hospitalizations in the four-week period studied, while forming only 18% of the program's catchment population (Garg et al.). While systemic racism, the resulting inequality, and the lack of immediate federal response are responsible for this statistic, in which "black people receive inferior care from hospitals and doctors" and "are less likely to be insured," many politicians like Senator Bill Cassidy of Louisiana "blame the choices made by black people, or poverty, or obesity—but not racism" (Kendi). As Sontag argues, war metaphors are indeed a form of myth that turns patients into either heroes or wrongdoers, in both cases condemning patients as irredeemable (102). By taking advantage of war metaphors,

governments misdirect attention from their mistakes, excuse their negligence, and cynically redirect any blame to the groups that suffer the most.

What are these shortcomings that the Trump administration seeks to hide? The U.S. suffers a lack of testing kits, in that it "tested about 11,000 people during the first seven weeks of the outbreak—roughly as many as South Korea is testing each day" (Oprysko). Likewise, healthcare workers are concerned about the "shortages of PPE," "shortages of ventilators," and "a lack of drugs needed for patient care" (McCammon). However, Trump, when asked about this meek and delayed response to COVID-19, proclaimed, "I don't take responsibility at all" (Oprysko). In his view, "nobody could have ever seen something like this [COVID-19] coming," as the virus is an invisible, "hidden enemy" ("Remarks by President Trump"). By characterizing the virus as a calculating, stealthy soldier capable of temporarily outsmarting the American government, Trump further absolves himself of blame. Instead of his administration's lack of urgency and preparation in dealing with the pandemic—failing to protect healthcare workers, set up testing sites, and provide adequate relief for people most affected by the virus—Trump attributes the dire loss of medical and economic well-being that America has suffered so far to the virus being "tough and smart" (Moore). Given that "military metaphors contribute to the stigmatizing of . . . those who are ill" (Sontag 99), such language dangerously implies that victims of COVID-19, disproportionally people of color, are not as "tough and smart" as the virus or as those who do not get infected. War metaphors do not simply shift blame and hide mistakes. They also divide society, casting certain groups as inferior based on social markers.

By rendering pain invisible with distractions propagated by war imagery, leaders are then able to impose unwarranted hurt on groups of people deemed dangerous to their ideological view on what constitutes a pure, homogeneous, and healthy society. This abuse of power is seemingly justified by the perceived otherness and inferiority of the target. Unfortunately, Trump is already utilizing this next level of oppression in an effort to maintain his power. President Trump's use of the misnomer of "the Chinese virus" (Bennett and Berenson) and his bellicose characterization as a "wartime president" have dangerously incited anti-Asian American hate crime incidents. "More than 1,500 reports of anti-Asian hate incidents since mid-March" were received by the Asian Pacific Policy and Planning Council (Campbell and Ellerbeck). By stirring anti-Chinese sentiment, Trump hopes to energize his base to propel him to victory in this year's presidential election, especially given that he has waged a protectionist trade war against China and has cast his opponent Joe Biden as soft on China, claiming that "China and other countries will take our country" if an allegedly lethargic "Sleepy Joe" Biden becomes president (Mason and Spetalnick). Compounding racist "tropes that have associated Asian Americans with illness and the consumption of 'weird' foods" since the 1800s, Trump's scapegoating wrongly instigates the public display of anti-Asian American sentiment, with verbal and physical pain inflicted on innocent

persons, such as the "family at a grocery store [who were] spat on and accused of being responsible for the coronavirus" (Zhou).[1]

The above strategies of victim-blaming and scapegoating that Trump utilizes are nothing new. In the contexts of weaker congressional oversight, as in Nixon's America (Burr and Kimball 105), or rule by fear and starvation, as in the Khmer Rouge's Cambodia, the conflation of medical and war imagery during the Cold War was used to rhetorically endorse the killings of millions in the name of rooting out perceived enemies, maintaining ideological purity—be that of democratic capitalism or autocratic communism—and consolidating the ruler's power (Leopold 9; Locard 188). The communist regimes and the capitalist Western nations sought to cast the other as alien. In *Under the Radar: Cancer and the Cold War*, Ellen Leopold notes that "Cold War propaganda did not hesitate to use cancer," linking together ideology and disease with the phrase "cancer of communism," in which there was "no 'human face' that might tether the disease to lived experience" (8). This dehumanization of ordinary citizens living in countries ruled by Communists, reducing them from people to a tumor, must have contributed to Nixon's reasoning for bombing Cambodia. Nixon's Secretary of State, Henry Kissinger, believed that "military usefulness was secondary to the psychological principle of 'always keeping the enemy guessing,' which was, of course, the uncertainty effect inherent in Nixon's Madman Theory" (Burr and Kimball 104). Such so-called psychological warfare does not just kill the enemy's morale. In this case, it also resulted in the "range of 50,000 to 150,000 deaths" (Kiernan, "The American Bombardment of Kampuchea, 1969-1973" 32), provoking previously apolitical villagers to join the Khmer Rouge (9). The euphemism of psychological warfare exemplifies Scarry's claim that "while the central activity of war is injuring . . . the fact of injuring tends to be absent from strategic and political descriptions of war" (12). Psychological translates to non-physical, deceitfully suggesting that its namesake type of warfare involves no physical harm and is thus morally acceptable. Sontag's thoughts on the cancer treatment of chemotherapy, considered "chemical warfare" where "nearly any damage to the body is justified if it saves the patient's life" (65), readily apply here: no matter how many innocent people die, the "cancer of communism" must be eradicated.

Unlike the Nixon and Trump administrations, which function as part of the structure of American democracy, the Khmer Rouge made use of medically-infused war metaphors as part of its justification for the ultimate goal of "the suspension of civilization," where the two phases of human action, "making-up (mental imaging) and making-real (endowing the mental object with a material or verbal form)," were annihilated (Scarry 21). This resulted in not just the mass killings of millions but also a forced attempt to destroy whatever culture Cambodia had prior. In a step further than Cold War America, which killed to stymie Communism's spread, the Khmer Rouge sought "the unmaking" (Scarry 22) of the entire country. According to David Chandler, the Khmer Rouge was "the purest and most thoroughgoing Marxist-

Leninist movement" (qtd. in Kiernan, *The Pol Pot Regime* 26). The family structure was shattered, with families being forcibly separated and children being manipulated to spy on adults for the Khmer Rouge (Locard 142). Those with "the disease of the old society" were urged "to take a dose of Lenin as medication" (Locard 188). Cambodians suspected of adhering to the ways of the prior society, also known as "those who imagine they are ill," (Locard 188) namely "professors, public servants, students, petty bourgeois, traders, national and comprador capitalists," (Kiernan, *The Pol Pot Regime* 99) were constantly at risk of torture and execution. Deemed "tapeworms gnawing out the bowels of society" (Locard 171) by the Khmer Rouge, one such singled-out social group was Buddhist monks, who consequently "disappeared from 90 to 95 percent" (Kiernan, *The Pol Pot Regime* 100). The Khmer Rouge weaponized hunger, calling it "the most effective disease" (Locard 289) to extinguish personal identity and exact control. By abusing metaphors imbued with military and medical tropes to portray their tyrannical rule as necessary for "healing" a supposedly impure, diseased society to its liking, the Khmer Rouge actively destroyed any form—intellectual and emotional—of individual expression (Chan 25). Arn Chorn-Pond, a Khmer Rouge survivor, describes how the regime forbade emotion, even in the face of death: "They would kill us if we reacted . . . if we cried, or showed that we cared about the victims. . . . So I had to shut it all off" (qtd. in Chan 25). Rather than simply dismissing or administering pain, the Khmer Rouge made it simultaneously omnipresent and inexpressible, erasing memories of the society prior, thus silencing the slightest outcry of resistance and conditioning the people to follow the only ideology that they would remember and feel: its "utopic" vision.

Given that the war metaphor has been used by both benevolent individuals to boost morale needed in society's campaign against COVID-19 and by demagogues to divide and conquer society, should we still use such a potentially dangerous form of expression? While there are individuals with enough tact to make them empowering like Dr. Smith, I believe that a less corruptible and less maintenance-heavy metaphor would better serve us. The journey metaphor is one such alternative, as suggested by Dr. Nie, a biomedical ethics professor at the University of Otago (Nie et al. 9). As I told my parents about it, I could see their faces relax, and my dad began to reminisce on how "the first five years in the U.S. was one of the happiest times" in his life, even though his large family lived crowded in a tiny apartment and relied on food stamps. Like how my parents faced peril during their journey out of Cambodia to Thailand and then to the U.S., all Americans are now facing the real uncertainty that COVID-19 poses to our medical and economic well-being. However, unlike the war metaphor, journey imagery is "devoid of confrontational references," such as gunfights, and instead looks forward "to new positive opportunities" (Nie et al. 9). At the same time that Nie's imagery resonates with my family's history, images of the Golden Gate Bridge and the Statue of Liberty, symbols of my first and second homes, also blaze into my mind. The former was constructed during the Great Depression, and the latter

was a gift from France symbolizing the universal values of freedom, sanctuary, and justice. They have weathered nature, from California earthquakes to Hurricane Sandy (Pawlowski). Likewise, I am optimistic that the infrastructure being forged in response to this pandemic will provide the foundation for a resilient future, where monumental creations protect, heal, and empower more. I do not know the date of when I will return to New York. However, I do know that the time of resumed normalcy for all Americans will come as we remain considerate of one another's health, persevere day-to-day, and hold faith in the growing glimmers of hope.

NOTE

1. After I wrote this essay, Li Zhou's article "How the Coronavirus Is Surfacing America's Deep-Seated Anti-Asian Biases" was updated in 2021 to reflect the continued rise in anti-Asian hate crimes. The first quotation that I draw from Zhou remained the same in the updated version; the second quotation, which contains the anecdote about a hate crime against a family in a grocery store, was replaced with a different anecdote in the updated version.

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