



American Health Security in the 21st Century: The Desperate Need for Improved Collaboration between National Security and Public Health Practitioners and Scholars

By: Danyale Kellogg

Danyale is a Master of International Affairs student and Women in Defense HORIZONS Scholar studying East Asia and pandemics and biosecurity in the Bush School, where she is also a graduate research assistant to Dr. Erin Snider. She is also a Global Health Graduate Certificate student in the Texas A&M School of Public Health researching joint ROK-USFK preparedness for a man-made or naturally-occurring infectious disease outbreak.

Over the past few decades, American health has been in decline despite the affluence and general improvements in life expectancy the U.S. has enjoyed. As [Muenning et al.](#) explain, by the mid-1990s, self-rated health of Americans was declining, the climbing life expectancy rates in the U.S. slowed relative to other countries, and the absolute survival rates of socioeconomically-disadvantaged white women were declining. These trends, the authors argue, eventually led to the soaring per capita healthcare spending we see in the U.S. today despite relatively marginal improvements in white populations and declines of various degrees in POC populations. Furthermore, the U.S. continues to grapple with the ongoing [opioid](#) and [obesity](#) crises, both of which pose serious risks to our youth, economy, future internal stability, and national security. As the COVID-19 pandemic rages on, it is critical that the U.S. begins to address health security as a top national security priority. However, therein lies a problem; what *is* health security and how can the U.S. treat it as a top national security priority without further damaging American healthcare?

Health security, as numerous scholars in the new [Routledge Global Health Security Handbook](#) explain, is a contested term referring to various elements of “global (public) health security, national security, human security, and biosecurity.” One need not ponder too much to see how this overlap between disciplines could very easily lead to contention and confusion. The ramifications of this can be seen in current biodefense plans which, as the ongoing COVID-19 pandemic has demonstrated, have proved relatively ineffective because they [lack definition](#) and practice. This also points to the type of interagency work that needs to be done in order to address critical gaps in American health security that cannot become yet another national security initiative that is haphazardly passed off to the Department of Defense to “solve.” Rather, this must be a [whole of government effort](#) that coordinates with academia and industry to provide adaptable solutions to constantly evolving threats. While organizations such as the [Bipartisan Commission on Biodefense](#) and HHS’s [Office of National Security](#) and [Center for Public Health Preparedness and Response](#) already exist and do fantastic work, they have been [discounted](#) and [underfunded](#).

At the very least, there must be greater, formalized collaboration between those in the public health and national security communities. A cornerstone of this will be funding programs targeted at reducing chronic disease, preparing for infectious disease outbreaks, and ensuring general biodefense and biosecurity systems of the United States. This is a tall order as the current



administration has more often than not chosen to [gut such programs](#) in favor of defense initiatives, including procurement of yet more [nuclear weapons](#). Furthermore, given the reputation of the Department of Defense and, to a certain degree, the Department of Homeland Security to commandeer whatever they touch, it is important to make sure the relationship between public health and national security in these initiatives is truly equal and collaborative. Finally, and arguably most importantly, we must support academics pursuing research in health security. As if it was not clear enough pre-COVID-19, it is abundantly obvious health security risks pose an immediate, grave threat to the vital national, economic, and human security interests of the United States. As such, it is critical to support the development of a robust body of scholarship in this field in order to better inform policymakers and help future generations cope with health crises better. Some good ways to begin working towards these goals is to better empower individuals and bodies like the [National Science Advisory Board for Biosecurity](#), the [Biodefense Steering Committee](#), and the [Biodefense Coordination Team](#) in order to reach the goals outlined in the [National Biodefense Strategy](#). Furthermore, an interagency program designed to bolster academics conducting research in fields relevant to biodefense and biosecurity, including public health and the social sciences, would help ensure multidisciplinary approaches to these challenges are better amplified by the government organizations involved in U.S. biodefense. Finally, and most importantly, the administration must be willing to act on recommendations provided by scientists, public health officials, and scholars in these fields.

The threat posed to the health of the American people and our most essential of workers is simply too severe to not act aggressively to combat. Furthermore, the relationship between chronic and infectious disease is important to remember. As chronic disease rates increase in our country, so too does our population's vulnerability to infectious diseases. Our military, critical infrastructure, economy, and most basic functions are at risk. It is imperative that we do not forget this pandemic, force ourselves to get over the inter-pandemic lag in concern, and build the necessary government and non-government systems to secure our health for the future.