



Salvador Herrera // In a White House press briefing on Wednesday, April 1st, 2020, the Trump administration and the Coronavirus Task Force announced their “enhanced counter-narcotics operations” under U.S. Southern Command (USSOUTHCOM). [1] Commander-in-Chief Donald Trump explained that these measures would include a doubling of USSOUTHCOM’s capabilities to surveil, disrupt, and seize drugs shipped overseas from South America to the United States. Here, the allocation of additional personnel for military operations in times of world crisis brings to light the racial anxieties of political leaders. The Trump administration, in order to assuage the panic of U.S. citizens during a global health pandemic, diverts our attention to another player in their wargames: the “narco-terrorists” and socialists of Venezuela. [2] The administration’s attentional avoidance is meant to convince the public that there are greater threats to our safety than a virus we cannot see, a virus our nation is otherwise ill-equipped to combat from the perspective of public healthcare and social welfare programs. “Attentional avoidance” is the allocation of “attention towards locations opposite the location of threat,” and it is one of the psychological mechanisms of attentional bias in national security systems that I will explore in this article. [3] By diverting the public’s attention to another crisis during these tumultuous times, the administration can garner support for strategic military efforts aimed at defunding our supposed enemies and spreading democracy by force.

Attentional avoidance operates at many levels of wartime rhetoric. Six days earlier, Attorney General William Barr and the Department of Justice (DOJ) charged Nicolás Maduro—the current President of Venezuela who succeeded the late Hugo Chavez of the United Socialist Party of Venezuela (PSUV)—with violating U.S. law by facilitating “narco-terrorism and international cocaine trafficking.” [4] During the press conference on April 1st, Barr assured the public that although the coronavirus disease (COVID-19) remains their top priority, it is essential that our nation’s law enforcement and military forces protect “the American people from the full array of threats.” [5] This is the essence of attentional avoidance: if the state cannot mitigate the virus because its public health care systems have been entirely neglected, it can direct everyone’s attention to something they *can control* by expanding the “array of threats” and garnering popular support for military action in the process. [6] For Barr, the issue is primarily a question of economics.

After collaborating with Mexican officials, he realized “that we can obtain the most immediate results, the best bang for the buck, where we increase the assets involved in interdiction.”[7] The recourse to militant interventionism directly reflects the nation’s budgetary concerns, just as the inadequate funding of our public health care system reflects poor investment decisions overtime. The short term, “immediate results” of beating the nation’s enemies are crucial in an election year. The “interdiction” of socialist narcotics at sea can be spun into a win for the administration as it continues to divert funds away from more pressing causes.

General Mark A. Milley, the Chairman of the Joint Chiefs of Staff, made the racialization of attentional avoidance clear during these proceedings when he proclaimed, “We’re at war with COVID-19, we’re at war with terrorists, and we are at war with the drug cartels as well.”[8] In this case, as with many others, the easiest national health metaphor is “war.” The confluence of militant, biopolitical metaphors with racist attitudes toward migration, on top of their reinforcement by official rhetoric as public health policy, is genocidal; national biases against the threat of perceived enemies lie in the continued alignment of migrant bodies with pathogens and narcotics in order to subject them to violence and terror.[9] These biases mark migrants as carriers of germs and drugs alike, and therefore as existential threats to the body politic of the United States under the guise of fighting “narco-terrorists.”

Such threats, where they do arise, are then used as evidence to justify continued militarization of the border and violence against non-Americans. “This is the United States Military. You will not penetrate this country. You will not get past Jump Street,” Milley states.[10] The difference here is that the military has expanded the Southern border from the physical wall to the Pacific Ocean (“Jump Street”) across which drugs are smuggled from Venezuela to allegedly bolster its socialist government. Profound levels of fear and anxiety accompany visions of being “penetrat[e]d” by drugs and drug traffickers sailing in from the Southern hemisphere. That the American imaginary can simultaneously subscribe to both a rugged individualism and paternal protectionism as it sees fit is yet another systemic contradiction: we are a free people, and yet we need to be sheltered from the moral, sexual, and racial “degradation” of the outside. Or perhaps it is not a contradiction at all, that our freedom and well-being rest on suppressing difference.

Another speaker at the press conference, Secretary of State Mark Esper, summarized the administration’s aim of “combating the flow of illicit drugs...and protecting the American people from their scourge.”[11] While it is true that some order of “tens of thousands of Americans die from drug overdose” annually, it is also true that of those deaths, “128 people in the United States die [every day] after overdosing on opioids” in particular.[12] Prescription opioids were originally synthesized and mass marketed by U.S. pharmaceutical companies in the 1990s, proving themselves highly addictive and fatal shortly thereafter. In this case, it is easier to blame external drug suppliers for longstanding domestic issues, which is why neither the FDA nor the military have declared an all-out war on Big Pharma. This is not a straw man argument, given that the overall geopolitical coverage of the U.S. military’s combatant commands knows no borders.[13] In other words, if protecting American lives at all financial costs is the mission of the military, why do they stop at intervening in Latin American affairs? Why do they shy away from the negligence of

pharmaceutical industries and policy makers in the United States, which are arguably a greater threat to Americans on a daily basis?

The short answer to these questions lies in the racialized perception of white drug users as consumers versus non-white users as threats to the civic order, as well as the power that large medical corporations wield in our country by virtue of their concentration of wealth and the authority bestowed onto them by our nation's state apparatuses.[14] As historian Suzanna Reiss argues in *We Sell Drugs: The Alchemy of US Empire* (2014): "the ability to...police drugs, and to influence the public conversation about drugs, has been central to projections of US imperial power since the middle of the twentieth century." [15] Secretary Esper pivots on exactly this point when he attacks "the illegitimate Maduro regime in Venezuela," whose power is allegedly bolstered by "the sale of narcotics." [16] He claims that the Trump administration's efforts will "deny our adversaries the financial resources they depend on," cementing the fact that the maneuvers of the United States are those of military aggression meant to destabilize socialist countries. [17] Furthermore, while the mechanisms by which the military has decided to fight "our adversaries" are primarily economic, their rhetoric draws its power from underlying racial logics of drug enforcement endemic to President Ronald Reagan's expansion of the so-called "War on Drugs," an operation extending from U.S. inner cities to cartel operations in Latin America and other locales globally. Here, a similar core-peripheral relationship allows the military interests of the United States to racialize the country's enemies in Venezuela as the alleged source of the drugs its citizens metabolize. Taken together, these facts would indicate that the USSOUTHCOM operation is, from a political standpoint, more about stopping the "scourge" of socialism than it is about halting the "flow" of deadly drugs.

As this article has made clear, one of the hallmarks of attentional avoidance is that it is easier to blame an external, racialized threat than our own nation's shortcomings. As anthropologist Leo Chavez points out in *The Latino Threat: Constructing Immigrants, Citizens, and the Nation* (2013), the "hyper-demand for immigrant labor" and foreign goods is subject to the ebbs-and-flows of capitalism's boom-and-bust cycles. [18] This demand, or lack thereof, coincides with political debates on immigration reform which cycle between moderate positions and scapegoat tactics. What remains consistent, however, is that from the immigration reforms of the 1920's—when the Border Patrol formally developed, surveillance measures heightened, and Mexicans were prototypically ascribed the category of "illegal aliens" and subjected to delousing—to the Reconquista invasion myths of "flooding" by Mexicans of the American Southwest in the 1960's-1990's, "the discursive history of Mexican immigration" in the United States has narrated Latinx people *writ large* as unassimilable "threats to national security." [19] "The Latino Threat Narrative" has only heightened post-9/11 when those crossing the U.S.-Mexico border were marked as potential terrorists, and in more recent years with the rise of Donald Trump and the resurgence of white nationalist populism across the world. [20] All of this is to say that the life or death of American citizens, whether by the passive will of coronavirus or drug addiction, appears to matter significantly more when the sovereignty of the nation's borders are violated. And if we have failed

to control the virus, we can avoid responsibility by redirecting the public's attention to a longstanding enemy in the public imagination.

The implications here are that, both rhetorically and literally, a “war” on COVID-19 and a war on the cartels is a *de facto* war on Latinx people. In truth, there is no waging war on COVID-19 because there are no victors in a global pandemic. Pathogens are not enemies that can be fought, and this reality requires the U.S. military to divert our attention to a host of racialized enemies: “narco-terrorists” working with and for socialist regimes. The attentional avoidance of our nation's administration comes at the end of a four-year presidential term that has all but eradicated our national fabric. Their rash military actions and near-sighted policy decisions, neither of which are related to COVID-19, represent a need to stamp out anything resembling communism during a global health crisis—one that has revealed the systemic fault lines of the United States.

Endnotes

[1] See Trump et al.

[2] Ibid.

[3] See Cisler and Koster.

[4] See Rashbaum et al.

[5] See Trump et al.

[6] Secretary of State Mark Esper says as much when he notes how timely it is “for this operation to begin, as nations around the world shift their focus inward to deal with the coronavirus pandemic, many criminal organizations are attempting to capitalize on this crisis” (Trump et al.). And yet, if the United States had turned its focus inward decades ago, we might not have as many enemies around the globe for our military to engage, and we might have a more robust public healthcare system.

[7] Ibid.

[8] Ibid.

[9] In my article on the 2019 El Paso murders, I define the “immunologics of whiteness” as a set of instrumental rationalizations that allow white supremacists to conceive of the nation's borders in terms of immunity (Herrera).

[10] See Trump et al.

[11] Ibid.

[12] See National Institute on Drug Abuse.

[13] Under the Department of Defense, there are eleven military combatant commands. Each command operates over a geographical region and/or performs a specialized function. Each command is comprised of personnel from across the U.S. military's branches. The Navy and Coast Guard of U.S. Southern Command in particular exert dominion over the Caribbean Sea and Eastern Pacific Ocean.

[14] Doctors Helena Hansen and Julie Netherland make the connections clear in their 2016 study on race, opioids, and public health: "racialized differences between heroin and prescription opioid control resembled those created by the 1986 law distinguishing crack from powder cocaine that lead the United States to the highest incarceration rates in the world, with Black and Hispanic men six and three times, respectively, as likely as White men to serve time...In the United States, where insurance coverage and access to physicians are racially stratified, opioid prescriptions disproportionately went to White patients, whereas non-White patients, even those with access to a physician, were less likely to be prescribed opioids, which increased racial differences in opioid use." Here, the racialized distribution of drugs and punitive measures is a double-edged sword for white Americans who have legal access to a highly addictive substance.

[15] See Reiss 1.

[16] See Trump et al.

[17] Ibid.

[18] See Chavez 36–37.

[19] Ibid. 25, 29.

[20] Ibid. 3, 38.

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