

Code Quebec

Rate of Globalization	U.S. Economy	Perception of Threat to Security and Quality of Life	U.S. Concept of Sovereignty
Decreasing	Weak	High	Expansive



This scenario is incomplete. What follows is the narrative introduction, sometimes called the future history, of one of the USCG Evergreen scenarios. Its purpose is to introduce the scenario to the reader, provide a story context linking that future to today, and provide background for the endstate. The endstate includes the rich, detailed assumptions about the future that are used for strategic planning.

Summary

In 2025, the world has suffered through outbreaks of infectious disease that have killed millions. World trade is staggering back to its feet, under draconian health regulations and certification procedures. Although developing countries have been hardest hit, both health-wise and economically, the developed world has not been spared. A “second wave” of infection hit the United States in particular extremely hard. Experts now agree that overuse of antibiotics made the West, and especially the United States, uniquely vulnerable to the spread of drug-resistant tuberculosis.

The “new world order” is a far cry from that envisioned just after the end of the Cold War. It is still based on U.S. power, but the power of the U.S. to fund cures and to certify health – and

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therefore economic opportunity – has gained in importance relative to its raw military might. The world of 2025 is one of strict border controls, quarantines, and a two-track global economy, with those certified disease-free in the more privileged, but still suffering, camp, and the majority of the world in the other.

The United States government, under constant pressure from its beleaguered citizenry to revert to isolationism, has decided that its best chance of avoiding further outbreaks is to “push the borders out” by sending its best-trained people overseas to ensure that other countries do not become the breeding ground of further contagion, at the same time maintaining rigorous control of its borders.

This, along with new medicines, treatment regimens and government action, seems to be finally beating back this latest attack. But the outcome, in 2025, still remains in doubt.

A New Foe, or an Old One

Where did we go wrong? Why had the sense of collective good disappeared? On a microscale, it seemed that neighbors were less willing at the dawn of the twenty-first century to take minute risks or pay taxes on behalf of the health of the overall community. And on a macroscale, the wealthy world seemed in 2000 to be less willing than they in some cases had been during the days of colonialism a century earlier to come to the aid of African, South Asian, Eastern European and Latin American populations. Why?

One obvious answer – perhaps the answer – was the very success of the medicalized approach to public health. Antibiotics, vaccines, antivirals, pesticides, antiparasitic drugs – these had been triumphs when first introduced. And they had worked, pushing the microbes into retreat and allowing whole societies to relieve themselves of the collective burden of plagues and childhood deaths. For societies that had full access to these boons – these genuine scientific miracles – it was possible for individuals to shift their entire mindsets from concern for the collective well-being to personal concerns about cancer, heart disease, diabetes, and countless other noncommunicable chronic ailments and killers.

...But the individualized and medicalized approaches no longer made sense by the close of the twentieth century, amid global travel, international economic trade, rising drug resistance, and a widening wealth gap...

– Laurie Garrett, *Betrayal of Trust: The Collapse of Global Public Health*, 2000, p.587-8

In the year 2003, the United States went off to war with an unfamiliar and unexpected foe.

In the face of this foe, the United States put forward well-armed soldiers, high-tech weaponry and the most advanced military organization in the history of mankind. The results of the battle were not kind to these forces.



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The enemy managed to strike down the vast majority of soldiers sent against it within days. At first a quarter of the American force appeared to have been put out of action; within a week it appeared that the vast majority of the expedition had been struck down.

In another theater of battle, dozens more U.S. troops were struck down within a day, and several were killed.

If any opposing military force had succeeded in so efficiently destroying American troops with such total impunity, the American public might have been panic-stricken. But the “asymmetric threat” faced by the U.S. Marines in Liberia in the former case, and the U.S. Army in Iraq in the latter case, were not armies. Nor were they terrorists.

They were infectious diseases. Malaria struck down virtually every member of the force of Marines that waded ashore in Liberia in the late summer of 2003, and an unknown strain of pneumonia laid low several hundred Army soldiers after victory had been declared in “major combat operations” in Baghdad.

The vast majority of the earth’s population, certainly in its wealthier precincts, expected 2003 to go down, for better or worse, as “the year of George W. Bush’s war in Iraq.”

If you had asked them to name the single most important issue facing the world as 2004 approached, they might have answered “terrorism,” “U.S. unilateralism,” or “the presidential election.”

Few, especially in the United States, would have answered, “the beginning of the years of disease.”

“Ratcheting Down”

...[I]t will be easily understood that our fellow citizens had not the faintest reason to apprehend the incidents that took place in the spring of the year in question and were (as we subsequently realized) premonitory signs of the grave events we are to chronicle.

– Albert Camus, *The Plague*, p. 6

Washington in the Fall of 2003 was embroiled in pre-election year conflict. The Bush administration was engaged in a furious effort to bring its Iraq war to some sort of successful conclusion; its critics at home were casting about for a credible alternative presidential candidate; and some allies abroad were casting stones at the “bullying,” “unilateralist” Bush foreign policy.

The U.S. was the “sole superpower,” or “hyperpower,” as the French insisted on calling it. Bush supporters accused their opponents at home of anti-Americanism, and emphasized their quick victory over Saddam Hussein’s forces. Anti-Bush forces in the U.S. advocated a more multilateral foreign policy, and were grimly satisfied by the Bush administration’s inability to turn battlefield victory into political advantage. And most allies overseas, much less enemies, were decrying



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America's sudden shift against international institutions and the world order it had spent so much time and effort constructing after World War II.

There were, therefore, all kinds of disagreements in 2003. On one issue, however, these mutual antagonists were certainly in agreement: the most important issue facing the world was United States power, specifically its conventional military power, and its attitude toward the global community.

When SARS burst onto the scene in early 2003, it was not taken seriously by many Americans. A few cases actually made it into the U.S., but the vast majority stayed conveniently in East Asia and Canada. Even the reaction of public health authorities in the United States to SARS was muted; they were, in many ways, "the dog that did not bark" in this episode. The apparently effortless squelching of the SARS epidemic lent credence to the idea that "public health" itself was a naïve and outmoded notion.

For three decades, Americans had been voting for candidates (of both parties) who promised to reduce the size of government, throw lazy welfare chiselers out on the street, and generally tax them less, while maintaining the same levels of services and middle-class safety nets as always. "Public health" was an area that stuck out as being self-evidently collectivist and socialist in nature, and very clearly for the benefit not of hard-working taxpayers, but rather of the unproductive parasites of society.

After all, there had not been an epidemic of any seriousness in the United States at least since polio in the 1950s. And Jonas Salk had cured that one, hadn't he? Didn't that prove that good old American private sector know-how was the answer to any sort of health problem? And so federal health facilities and programs were gradually cut, until they reached the point at which they obviously could not possibly be said to be capable of accomplishing any significant public good; then they were often quietly eliminated.

At the local level, things were even more daunting for public health officials. As federal dollars were cut, local officials took on more and more "unfunded mandates" with respect to disease and prophylactic measures. As states and local governments approached bankruptcy in the early 2000s, however, many of these responsibilities were simply not addressed. With war, economic dislocation, unemployment, and elections rearing their heads, the complaints of a handful of "public health experts" went almost completely unheeded.

Internationally, a similar mechanism was at work. The triumph of international capitalism over communism had, somewhat predictably, resulted in the increasing dominance of international bodies by capitalists. Their confidence in the mechanisms of the market, and their disdain for socialist or collectivist approaches, naturally caused them to demand cost-cutting and efficiency from the developing countries that came to them for loans.

The IMF and World Bank applied particularly stringent criteria to countries seeking their largess. Those regimes that radically cut back their social services and welfare payments could qualify for loans and aid with which to build up their industrial and military sectors. Those that refused would still have to cut back their social sectors, without the benefits. Most countries decided that intrusions on their sovereignty and foreigners dictating how much money could be spent on social



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benefits were a small price to pay for industrial development and military might. India spent 20 times more on its military than on health; and China's lauded public health infrastructure of "barefoot doctors," which had virtually eliminated deaths from infectious disease in rural areas, simply dissolved in the face of economic expansion and political corruption.

Simultaneously, then, public health spending had been squeezed at local, state, federal, and international levels, and for several decades. As the SARS epidemic was contained with massive local expenditures, international officials nodded their heads at the wisdom of their approach. Better to push responsibility for health down to the local level than to have a bunch of bureaucrats in Lausanne or Paris dictating one-size-fits-all solutions.

And for another year, as the U.S. went through another election cycle, it looked as though they might be right. It didn't much matter to public health officials who got elected president. The recurrent pattern of disinvestment, belt-tightening, and crumbling infrastructure was hard-wired into the political system. No-one could stop it; there was no downside that one could point to, except in the poorest and most desperate parts of the inner cities, where the numbers of cases of drug-resistant tuberculosis continued to rise, and some diseases that had seemingly been utterly eliminated in the nineteenth century began to be reported once more, to the disbelief of the few remaining "public health officials."

A New Sort of Terror

No human wisdom or foresight had any value: enormous amounts of refuse and manure were removed from the city by appointed officials, the sick were barred from entering the city, and many instructions were given to preserve health; just as useless were the humble supplications to God given not one time but many times in appointed processions, and all the other ways devout people called on God; despite all this, at the beginning of the spring of that year, that horrible plague began with its dolorous effects in a most awe-inspiring manner, as I will tell you....Because of all these things, and many others that were similar or even worse, diverse fears and imaginings were born in those left alive, and all of them took recourse to the most cruel precaution: to avoid and run away from the sick and their things; by doing this, each person believed they could preserve their health.

– Boccaccio, *Decameron*

A variant of the supposedly beaten SARS corona virus made its way into the United States in early 2005. At first the new virus was downplayed by public officials. When voters started dying in western port cities, however, "SARS 2" became a hot political issue. Massive expenditures on medicines and treatments kept the death toll from the virus initially fairly low, but public officials who had urged calm and who had insisted that there was nothing to worry about were suddenly in deep political trouble.

As evidence came to light that linked the new virus to China once again, a wave of xenophobia swept across the United States. Incoming international flights were restricted to the handful of airports that had enough space to examine and quarantine large numbers of entrants. Both the



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Mexican and Canadian borders were subject to heightened surveillance. New restrictions were applied to ports; inspections of cargoes multiplied. Predictably, closer inspection revealed that previous estimates of the number of illegal entrants by sea had been far short of the actual volume, adding to the mainly China-targeted anti-immigrant sentiment.

And yet, even with these restrictions, the disease could not be halted. The infrastructure that had been dismantled over the decades might not have been able to contain such an outbreak, but the total lack of such infrastructure now made its spread to pandemic status inevitable. SARS 2 made its way from coastal cities to large interior cities within weeks. After two months, only the most remote areas of the United States had been spared. Deaths were, by international standards, fairly low; just 2% of victims who came down with the disease died in the U.S. Still, this was far beyond the experience of any but the oldest citizens, and it spurred a whole range of changes in the American way of life.

Prior to the outbreak, the hottest issues in the United States were the economy, which had yet to regain its pre-millennial health; and war and terrorism, which were seen as one issue by many Americans, but as two separate issues by many others.

Few Americans could have foreseen that any event could possibly overshadow the outrage of 9/11/2001. But SARS 2 took a hundred times as many lives as 9/11. Some politicians pointed out that this was still fewer than the number dying from smoking-related illness, and others pointed out that, bad as SARS 2 was, terrorism was still in many ways a deeper threat to Americans. But the public had had its attention, so long focused on Osama bin Laden and Saddam Hussein, riveted on a new threat. For New Yorkers and Washingtonians, 9/11 had been an awful reality. But SARS 2 was killing people from Key West to Seattle, and from Hawaii to Maine.

Xenophobia was an undeniable if distasteful reality, and politicians who did not pander to this fear did not remain politicians very long. Asian Americans were suddenly under a level of suspicion that made the distrust of Muslims after 9/11 look tame. Communities pulled in their horns and patrolled their streets, and schools emptied for months. Outsiders were not welcome.

Technology became an invasive force in American society. The “Land of the Free” became “the land of ten million cameras,” and twice as many security sensors. Border security systems and massive databases tracking the movements of suspected infected people were just a couple of the “borrowings” of the new disease-control legislation from USAPATRIOT Act Two. Large majorities favored their passage; equally large majorities, paradoxically, lamented them; and small minorities took action to evade, impede, or destroy them.

Air travel collapsed, and along with it, almost all the major U.S. airlines. Only a series of loan guarantees backed by the U.S. government got two of the largest carriers back into the air, with radically scaled-down schedules. The thought of sharing constantly recycled air with a hundred or more fellow travelers was not acceptable to any but the rashest or most desperate. All “unnecessary” air travel was halted, and teleconferences, so long predicted as the inevitable substitute for travel, finally became an everyday reality.

Global trade, brought to a virtual standstill in the months after the initial outbreak, staggered back to its feet, at far lower levels, with new restrictions on handling and stringent new certification



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procedures. America was inconvenienced by this; much of the rest of the world was mortally threatened. Countries that were not self-sufficient agriculturally faced famine and mass death. Hundreds of thousands died from hunger in developing countries; millions more died of SARS 2, and from the previous gutting of their public health infrastructures in order to finance military and industrial spending.

Among the worst off was China. Deprived of access to export markets just as it was suffering from an explosion of SARS 2 cases, the regime in Beijing at first attempted to shift blame offshore, onto Taiwan. Indeed, millions of Chinese were convinced that Taipei was behind the epidemic and also behind the international blame that had been directed against China. This tactic of blaming “foreign devils” barely preserved the Communist regime, for now. But many more Chinese blamed their own government. The tacit social compact by which China had been ruled for over half a century – “We will sacrifice political freedom if you feed and protect us” – was being abrogated.

The Second Wave

Illness suspends our vices and virtues.

– Marquis de Vauvenargues, *Reflections and Maxims*

By 2010, SARS 2 had more or less passed, with some 10 million deaths worldwide, 300,000 in the United States. With the economy picking up after a decade of recession and then downright dislocation, the citizens of the United States put the years of the virus behind them with what in retrospect seems to have been incredible speed.

This reaction was highly similar to that after the passing of the 1918 flu epidemic. Historians, doctors, even researchers into disease steadfastly ignored that epidemic for many years. Very few Americans could bring themselves voluntarily to dwell on the dreariness of the 2005-2009 period, and who could blame them? A sense of almost manic forgetfulness and celebration pervaded the nation. Crowds, unthinkable in the previous five years, trickled back to ballparks and theaters. Even air travel began to recover, though not nearly to previous levels. Deflationary pressure, similar to that afflicting Japan at the turn of the century, was beginning to ease.

It was too good to last, the doomsayers said. They were right.

In 2012, a new and virulent strain of multi-drug-resistant tuberculosis began to spread through Los Angeles. There was no certain way to trace it to its source. Public opinion once again blamed foreigners; some epidemiologists noted its similarity to a strain that had been isolated years earlier in New York City; still others felt that the microbe had originated in Russian prisons. Prisons in particular played a huge role in spreading disease throughout the world. Their captive inhabitants, crowded under the best of circumstances, acted as incubators for contagion; and because almost all inmates eventually were released, their effect on public health far outweighed their share of the population.



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In the years to come, as the epidemic spread across America, then throughout Latin America, Canada, Europe, then to Asia and Africa, it became known as “the rich man’s disease,” because it seemed to afflict affluent countries, especially the United States, and affluent enclaves within countries, far worse than the poor. It was notable that its spread coincided with areas of the world where public health officials had long warned against overuse of antibiotics. Antibiotics had also been prescribed in massive numbers at the beginning of the previous epidemic, before isolated and uninformed doctors were aware that they were facing a virus.

The newest epidemic barely affected China in terms of actual illness; poverty and economic distress far outweighed mere microbes by this time. But the damage done by the previous epidemics had set the stage for what came next. Political change finally arrived in Beijing in 2013. The result was not democracy or reform, but rather a *de facto* devolution of power and control over the next four years onto regional leaders. In the interior of the country, many of these new leaders were generals, giving the outside world a convenient excuse to call them “warlords.”

In the more developed coastal regions, however, the new regional power brokers were generally business magnates. The fiction of a single united state was maintained, and regional leaders met in Beijing regularly. The situation could not be stable, most analysts agreed, but somehow it has lasted far longer than anyone anticipated. The U.S. came to an understanding with the military leaders of the amalgamated Chinese provinces over nuclear command and control, but otherwise, besides regularly dumping boatloads of would-be immigrants back onto their docks, and patrolling southeast Asian sea lanes, they have left China to its own devices.

After the short respite between attacks of disease, a combination of depression, resignation, and paranoia descended on many Americans. Others, however, noted a new sense of local solidarity, as previously standoffish and anonymous neighbors drew together to fight the effects of the plagues. Life slowed down; unskilled labor jobs were returning home, and the standard work week was shrinking, with a return of “blue laws” regulating commercial hours. People lived as much as possible “within the bubble” of their “certified clean” communities; mothers, suspicious of day-care facilities, stayed home at far greater rates. There was indeed a similarity between the “all in it together” spirit of the Great Depression and this new localism. The great difference, of course, was that this time, just beneath the surface, it was difficult to separate positive solidarity from fear and loathing of outsiders.

Americans were being forced in large numbers into crowded, camp-like sanatoria for the first time in almost a century. Towns and neighborhoods became self-contained entities, fighting to keep disease out, and demanding that the federal government guarantee their safety by cracking down “out there.” Of course, when “out there” became “in here,” as all too often occurred, cries against “the jack-booted thugs” immediately rang out. People were even informed on by anxious or jealous neighbors, sometimes when they were entirely healthy.

The death toll for MDRTB [multi-drug-resistant tuberculosis] did not match that of SARS 2. Yet its effect on American society, and the economy, was even greater. Medical ingenuity devised a treatment regimen that cured 90% of MDRTB victims, but the remaining tenth lived on for years, incapacitated, unable to work in public, and in many cases entirely destitute. The U.S. as a result enacted its first national health insurance plan, providing a very basic level of care and long-term-



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disability coverage for everyone. Objections to this step melted away as MDRTB crossed all barriers of class and income, and infected homeless people haunted even the most affluent areas.

Entertainment now focused on the public revulsion from, and simultaneous fascination with, crowds, with the exotic, with travel, all of which were extremely problematic for the average movie-watcher (*moviegoing* being out of the question now). The distant fantasy of throwing caution to the winds and plunging into crowds of foreigners dominated the dramatic output of Hollywood, while the dark side of exposure to contagion dominated the horror and action genres. These movies, of course, were streamed direct on-line to home entertainment centers in 98% of cases.

There was now frank talk of “hermetically sealing” the borders, which had just begun to allow significant numbers of foreigners to enter again. At the same time, there was a general recognition, especially among the informed, that lying back and closing doors was the worst possible response to the new threats. A “proactive” response was needed. That response became the Foreign Medical Corps.

“More ‘Corps’ than ‘Medical,’” some foreign and domestic headlines snorted. Despite such cynicism, the Corps did excellent work over the next decade helping to track and staunch the spread of disease in Asia, Africa, Latin America, and Russia, winning the grudging respect of many ordinarily critical observers. It did not help that the effort was initially sold to the U.S. public, like so many other efforts, as a “war.” Like the “war on poverty,” the “war on drugs,” and the “war on terror,” the “war on disease” was essentially unwinnable, endless, and short on positive headlines. But older organizations such as *Medecins sans Frontieres* and the Red Cross have developed close working relationships with the FMC. The FMC has also offered an outlet to young Americans eager for a mission and anxious to escape the highly localized, intrusive society that the U.S. has become.

This has not been a trivial advantage to a generation whose prospects have receded as rapidly and depressingly as this one’s. The FMC has also acted as a bridge across the new political battle lines in America. The central political divide in the U.S. is now between those who favor international cooperation as the best remedy for the health crisis, and those who favor “battening down the hatches” and preventing interaction with the “disease carriers,” whom they see as invaders from outside. An uncomfortable and insecure consensus has developed within the U.S. government that both types of policies must be pursued. Republican administrations have stressed border controls and unilateral action, while Democratic administrations have generally tilted the balance in favor of internationalism and cooperative action. But elements of each have been pursued by all administrations, at least since the second wave of outbreaks began.

Globalization is no longer spoken of as an unstoppable force. Yet global trade has inexorably crept back upward, as technological fixes considered dauntingly expensive in the age of “mere terror” have been rushed into place. An unprecedented level of control over ports, land borders and air entrepôts – as well as the spaces between them – has been gradually, expensively, and painfully achieved. In 2015, the U.S. instituted medical certification programs for all international travel and trade. For ten years now, it has fast-tracked trade for certified nations. A “supply-chain sovereignty” program has allowed multinationals, hard-pressed since 2005, to become certified as “trusted suppliers” and “trusted carriers” – with intrusive international auditing and adoption of



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U.S. technological standards of security all the way up the supply chain as conditions of access to the U.S. market, which remains the largest single country market in the world.

The EU has generally been less hard-hit by disease, because its national health services were better able to respond to the crisis than the balkanized public health systems in the United States and other countries. Africa has been hardest hit by the decline in trade, with Latin America close behind. The age of the 1990s, of democratization, privatization, and economic growth, seem as far distant as the Middle Ages in South America and the Caribbean. East Asia has not only suffered from disease and economic meltdown, but it faces destruction to its fish stocks as well: a “death tide” of mysterious origin has begun to decimate fish throughout the North Pacific. South Asia suffers as well, although India has benefited somewhat due to the re-routing of trade flows away from China.

An Age of Uncertainty

...In the city of Athens [the plague] appeared suddenly, and the first cases were among the population of [the port of] Piraeus, where there were no wells at that time, so that it was supposed by them that the Peloponnesians had poisoned the reservoirs.

– Thucydides, *The Peloponnesian War*, Penguin Classics, p. 151-2

What of “the twenty-first century’s great challenge,” terrorism?

The issue that was supposed to define the new century simply faded, with no “new 9/11” attack. Even smaller-scale attempts against the West were rarer than they had been in decades.

At first, after SARS 2 hit, there was a flurry of accusations that the disease was the result of terrorist action. But epidemiologists quickly proved (to the satisfaction of all but fringe elements) that the source of the virus was, in fact, the Far East, and that it was of natural origin. Similar accusations surfaced after drug-resistant TB began to spread. But to date, no evidence of terrorist involvement has surfaced.

There are numerous explanations for the unanticipated lack of terrorism. First, Muslims themselves have been beleaguered by the epidemics, and so have little time to devote to planning or carrying out complicated attacks against distant lands. Second, many in the extremist Islamic community see the rise of disease, especially in the West, as Allah taking direct action against His enemies. The obvious conclusion to many is that there is no need of further human intervention in the war against the West. Finally, border controls put into place by western countries (especially the United States) have made it much riskier and more difficult for any putative terrorist to enter.

However, many of the aims of terrorism have been achieved without expense or effort on the part of the extremists:

- Travel has been curtailed and western economies have been dealt a severe blow.



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- People are fearful and suspicious of outsiders; the West has regained its reputation as a racist society, and has therefore lost a great deal of regard in the developing world.
- And, of course, a large number of Westerners – now into the millions – have been killed by the plagues.

Withal, a new world order – far removed from the imagined “new world order” of the immediate post-Cold War era – has emerged. American power has survived, but its expression now is less military and more medical and organizational in nature. Raw conventional military might is certainly still a good thing to have, and the specter of terrorism and other “asymmetric threats” still hovers in the background, but these eternal verities have been overshadowed by natural calamity. New antibiotics and treatment regimens, and restored public health measures, appear to be gaining the upper hand in the year 2025 – but what of the next attack, the citizens of the world wonder?

The great killer of the twentieth century was totalitarianism, and, judging by the rather gross standard of total numbers of dead, especially the communist, collectivist version of totalitarianism.

In retrospect it is hardly surprising that an aversion to universalist, collective solutions – specifically manifested in the area of “public health” – has turned out to be the Achilles’ heel of the victors of the Cold War.

The great killer of the first quarter of the twenty-first century, ironically, might be said to have been the lack of a certain sort of universal collective vision.

