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Calling time on the use of war metaphors in covid-19

More than two years since the covid-19 pandemic started, Katherine Clark and S. Elissa Altin, consider the impact that war metaphors have had on patient and physician wellbeing

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In 2020, as cases rose, health systems scrambled to adapt, and the economy was shut down—our entire world changed to flatten the curve. During these early days, the language used to describe the pandemic was that of an armed battle. Patients were "struck with illness," and physicians were the "warriors deployed to the front lines." The federal government was "mobilising supply chains" to pull the "ammunition" of personal protective equipment (PPE) and ventilators from the "national stockpile." The administration employed the Defence Production Act to produce additional medical supplies.

Daily task force briefings and the popular press were flooded with this militarisation of the US pandemic response. There was a massive rollout of military resources, including the USS Comfort docked in the Hudson River and "field hospitals" across the country. Given the unprecedented magnitude and morbidity of the pandemic, the logistical power of the government and military was needed to deploy resources in this time of national crisis, and at many other points over the past two years. However, alongside the literal deployment of the military into this public health crisis came the entry of metaphoric, militaristic language. While for some these metaphors could enhance morale and unite society, this language also resulted in frustration.[1]

The use of biomilitary metaphors in medicine is not novel. Similar language dates back to the 2nd century BCE in Traditional Chinese medical texts. Twentieth-century titles such as *Victory with Vaccines*, *The Battle Against Bacteria*, and *Crusading Doctor* demonstrate how language around illness has often been likened to battle.[2] President Nixon declared a "war on cancer" with the National Cancer Act of 1971 to discover a "magic bullet."

There are unintended consequences of the biomilitarisation of the language of disease—as the HIV/AIDS epidemic demonstrates. In the widely cited New England Journal of Medicine article, "Time to Hit HIV, Early and Hard," HIV was depicted as a "relentless" attacker that must be met with therapeutic "weapons" to "annihilate" the virus.[3] Such language was stigmatising as it erased patients' narratives of suffering and their personal experiences, and given the lack of understanding about transmission and morbidity at the time, generated fear and shame.[4]

Susan Sontag, an American literary critic and cancer survivor, argued against the biomilitarisation of language: "We are not being invaded. The body is not a battlefield. The ill are neither unavoidable casualties nor the enemy."[5] She wrote that such language "over-mobilises, it over-describes, and it powerfully contributes to the excommunicating and stigmatising of the ill."[6]

She demonstrates how metaphors of illness are deeply embedded within the complex cultural and societal milieu and identifies a potential danger implicit to metaphorical thinking: a shift from fighting the disease to fighting the patient.[4]

Military metaphors are not simply ornamental; instead, they provide a structured framework from which we understand illness.[7] In short, language matters, and metaphors that stigmatise the patient compound disparities that reduce equitable access to care.[8] Given the profound impact of this pandemic, the impact of the metaphors used to describe it will be equally profound. Health organisations are beginning to recognise the resulting social stigma of covid.[9] The stigma of covid may perpetuate inequality of care and drive patients away from testing and treatment.[9] The relentless nature of the pandemic no doubt continues to take its toll on providers' wellbeing, as continuing to serve on the front lines causes them to shoulder incomprehensible amounts of death and grief, resulting in stress, anxiety and depressive symptoms.[10 11]

Importantly, as healthcare providers, we must be conscious that our language does not inadvertently weaponise our approach and further propagate inequality, doffing this rhetoric at the doors of the hospital to don our best practice as care givers and scientists.

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