

Erik J. Dahl. *The COVID-19 Intelligence Failure: Why Warning Was Not Enough*. Georgetown University Press, 2023. 208 pp. \$89.95 cloth, \$29.95 paper, \$29.95 e-book.

Global public health experts, scholars, and even politicians warned for years of the potential for a viral pandemic that would cause significant disruptions to life around the world. Now, five years since the COVID-19 pandemic resulted in the declaration of a global health emergency, we are slowly starting to understand the calamitous events that led to nearly 1.2 million deaths in the United States and 7.1 million deaths worldwide. Despite the forecasts and warnings, governments and intergovernmental organizations were caught off guard by a pandemic that, by historical comparison, was mild relative to the catastrophic damage that previous pandemics had demonstrated and the potential damage that could have been unleashed. It may take years and a significant amount of money to assess what did happen, but at the center of that assessment must be these questions: Why did the pandemic take decision-makers by surprise? And how much worse was the pandemic because of our inability or unwillingness to take the appropriate actions needed during the outbreak?

Although there are many perspectives to be considered for a proper understanding of what happened during the COVID-19 outbreak, Erik J. Dahl's *The COVID-19 Intelligence Failure: Why Warning Was Not Enough* is the first systematic attempt to assess the US intelligence community's role in the response to the pandemic. Such an assessment is difficult because the nature of the problem lies at the intersection of three domains of expertise—public health, the intelligence community, and the medical community—that often have different goals and objectives. As a former naval intelligence officer, Dahl is well positioned to make the first serious attempt at assessing the intelligence failures during the COVID-19 outbreak. In doing so, he is clear that the failures in contending with the COVID-19 pandemic were not simply about this amorphous group called “the intelligence community”; instead, he argues persuasively that the problems that emerged during the global crisis were centered around both the lack of clear and precise intelligence and the insufficiency of actions taken by unreceptive decision-makers in the White House, federal agencies, and state and local governments both before and in the early months of the outbreak (6).

For those not familiar with the US intelligence community and its role in health intelligence, Dahl provides an accessible introduction to the community's complex structure and its function in health intelligence and surveillance. *The COVID-19 Intelligence Failure* can be broken down into two major parts. The first part consists of three chapters covering a wide swath of background information that includes the basic question of whether health and pandemic outbreaks are national security problems that should even be within the purview of security and intelligence agencies, the structure and role of the US intelligence community in health intelligence, and the role of medical intelligence and public health surveillance systems in detecting and tracking outbreaks and threats. These chapters provide the necessary background on functional elements and responsibilities within the intelligence community. The second part of the book examines the COVID-19 pandemic as an intelligence failure, the lessons to be drawn from that failure, and the changes that may need to occur before the next pandemic outbreak.

Dahl's approach to understanding these intelligence failures involves a careful dissection of the crisis as it unfolded, highlighting the problems in surveillance, data collection, and analytical functions of the intelligence and public health community. But he is careful to provide a fair assessment, arguing that the traditional methods of intelligence assessment and reporting would likely not have been able to allow for a better response because the information was falling on deaf ears, "largely due to the lack of receptivity on the part of Donald Trump and other key administration leaders" (98). Thus, the intelligence failure was not just a problem of information and analysis; it was also a crisis of leadership that fueled the spread of the virus in the United States. Dahl puts a significant amount of responsibility on President Trump, but he also argues that it is unlikely that another president would have been able to overcome the scientific community's inability to reach a consensus on the seriousness of the problem and the lack of early actionable intelligence. The United States was going to face catastrophic damage from the pandemic regardless of who led the country, because the intelligence could not provide appropriate guidance for decision-makers.

Other countries were destined to meet the same fate as the United States for the same reasons. Canada's intelligence community declared the virus "contained" on January 16, 2020. The UK's intelligence community had warned for years about the seriousness of a flu pandemic, but those warnings were ignored until COVID struck. China's post-SARS disease surveillance

warning system failed (102–4). Still, other countries, such as Germany, Taiwan, South Korea, and Vietnam, were more successful, which Dahl attributes to government leaders who took early decisive measures to counter the pandemic.

His analysis leads to the final chapters, which discuss his recommendations for changes to the intelligence community and to decision-makers' approaches to health intelligence and the threat health emergencies pose to national security. These recommendations include leadership and operational changes to the intelligence community and its capacities to gather information on health intelligence, centralizing and elevating medical intelligence within the United States intelligence community, appointing senior-level health intelligence officials, developing new and better forecasting and health threat surveillance, and a change in the intelligence professional's mindset to expand their approaches and methods of data collection (122–30). These changes require difficult shifts in institutional scope and the culture to give more attention to nontraditional threats, such as health security. But even if such changes occur, Dahl also makes it clear that there must be a fundamental shift in the approach that leadership takes to being more receptive to the global health threats and the risks they pose to the United States and the world (134–41). That shift must include the willingness to act in the face of contradictory intelligence and scientific information and a strong relationship between political leaders and the intelligence community.

One area he does leave superficially explored is the politicization of the pandemic and its broader implications. Politicians, amplified by supporters and social media, accused intelligence and health agencies of politicizing the COVID-19 outbreak, emphasizing either the infringement of personal liberties and freedoms (such as through mask mandates) or the lack of aggressive, informed responses that emphasized such measures as lockdowns and social distancing. The politicization of the pandemic meant that the political debate often contradicted the advice from national and international public health agencies, planting skepticism toward these agencies in the broader public perception of state and federal responses to the pandemic.

Moreover, the politicization of the agencies through appointments, resignations, and even dismissal of federal and state agency employees that contradicted politicians' political rhetoric compromised the basic mission of many agencies. Thus, leadership problems at the federal and state levels were not just a manifestation of a long-term lack of receptivity to health

as a national and international security threat; they were in some cases a hallmark of the politicization of the agencies tasked with providing objective advice to the president, the president's advisers, the US Congress, governors, and state legislatures. The Department of Defense, the US intelligence community, and state and federal public health agencies (including the Centers for Disease Control and Prevention, which led the civilian scientific response to the outbreak) have one characteristic in common: the need to be able to provide objective, data-driven advice without fear of retribution when that advice runs counter to prevailing political objectives (see, for instance, Schiff and Mallinson 2023; Walsh, Ramsay, and Bernot 2023).

Dahl seemingly recognizes this problem, but his discussion is couched in terms of whether the intelligence community should have as one of its objectives to persuade leadership toward a course of action (137). He contends that the intelligence community needs to be able to push back when decision-makers do not prioritize the importance or severity of an emerging threat (137). However, this leaves open the question of how to address the politicization of these agencies and the information they bring to political leaders. When military operations, intelligence, and science are politicized, the long-term result may be to compromise the missions of all three, leaving them less effective in the face of future disasters that may extend beyond viral outbreaks. Despite this, Dahl's book is an important first contribution to what surely will be a decades-long research agenda into understanding the multiple global missteps in contending with this outbreak. His analysis and recommendations provide the strongest assessment of the intelligence failures to date.

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