

China and COVID-19: Alienation and Its Discontents

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AsiaPacific

I S S U E S

Analysis from the East-West Center No. 151 January 2022

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SUMMARY China's responses to COVID-19 reveal an evolving dynamic of (a) containment and control; (b) limited disclosure; and (c) escalating resistance. These stand against a background of historical grievance against the West and alienation from the international health policy community exemplified by the United States and its European allies with whom China has ongoing disputes over trade, human rights, and security. China's COVID-19 response involves reaction to conflicting WHO themes of modernization and colonialization that both invite and inhibit participation by developing countries. Proclaiming support for modernization in medical training, equipment, and services, the PRC has also emphasized the role of Chinese Traditional Medicine, while resisting WHO calls for disclosure of raw data, lab records, and case files. China's posture will require a measure of accommodation in global efforts to contain the pandemic and prepare for future outbreaks, combined with renewed efforts to improve cooperation and transparency.

Introduction

China's alienation from the rules-based international order combines themes of historical grievance with assertions of China's new-found power and influence, as affirmed by President Xi Jinping in July 2021 at the 100th anniversary of the founding of the Communist Party of China (CPC), for which he serves as General Secretary: "...the time in which the Chinese nation could be bullied and abused by others was gone forever... we will never allow any foreign force to bully, oppress, or subjugate us."1 This has affected China's response to the COVID-19 pandemic. Beijing has resisted international investigations into COVID-19's origins while vehemently defending the effectiveness of its own pandemic control policies. The international community should continue to pursue efforts to improve the PRC government's transparency and responsiveness, while adding confidence-building measures to induce better cooperation in global efforts to contain the pandemic and prepare for future outbreaks.

Contexts: Tensions with Global Health Policy Drivers

China's alienation from the international system extends to its relationship with the global health policy community, particularly the World Health Organization (WHO) and its major donors. WHO contributions in 2018–2019 from country donors such as the United States (\$853 million), the United Kingdom (\$464 million), Germany (\$359 million), and Japan (\$234 million) far outstripped the contributions of the People's Republic of China (PRC) of US\$89 million (ranked 15th among WHO donors—just above Canada's \$87 million).² The WHO's top donors represent a community of global health policy drivers against which much of China's resistance is aimed, underscored by recurring conflicts over trade, human rights, and security.³ These tensions continue despite China's efforts to secure greater influence with the WHO's leadership—the PRC promoted the appointment of recent WHO directors Margaret Chan (2006-2017) and Tedros Adhanom Ghebreyesus (2017–)—who

showed broad tolerance for China's authoritarian governance practices both generally and as they relate to public health.

China's COVID-19 response also involves reaction to dynamics of modernization and colonialization in global public health initiatives that induce developing countries to adopt current medical technologies and practices while also intruding on local governance in public health.4 The WHO's 13th General Program of Work (2019–2023) exemplifies this tension. While the program's measures on universal health coverage, better protection from health emergencies, and enjoyment of better health and well-being reflect a broad consensus supporting the UN's Sustainable Development Goals in modernizing public health practices, its expectations on data and recordkeeping challenge the authority of local governments that restrict access to information on health policy.

These issues are emblematic of China's conflicted relationship with the WHO. Just as the WHO criticized China's failure to cooperate with efforts to combat the SARS virus nearly 20 years earlier,6 China's response to COVID-19 has faced similar concerns.7 Moreover, while the PRC proclaims support for modernization in medical training, equipment, and services, its resistance to uncritical deference to Western medicine is evident in ongoing efforts to promote Chinese Traditional Medicine (TCM).8 Belated recognition of TCM by the WHO in 2019 signalled accommodation of a sort, although it was criticized in the scientific community and in some quarters blamed for contributing to the COVID-19 pandemic.9 Thus, even while seeking acceptance from the international health policy community for promoting "modern" standards of public health, China also resists colonialist intrusion symbolized by requests for raw data, lab audits, and case records informed by allegiance to Western medicine. China was not ranked on the global COVID Performance Index due to a lack of data.10

China's Response to COVID-19

COVID-19 emerged in China in late 2019 as multiple patients presented with fever and pneu-

The WHO's top donors represent a community of global health policy drivers against which much of China's resistance is aimed monia at Wuhan hospitals, overwhelming emergency facilities and alarming attending doctors. Throughout the crisis, the regime grappled with the twin challenges of curbing the infection domestically and responding to international calls for greater transparency on the virus' origins. China's responses to COVID-19 reveal a layered dynamic of (a) containment and control; (b) limited disclosure; and (c) escalating resistance.¹¹

Containment and control: On December 31, 2019, the Wuhan municipal government announced the coronavirus outbreak while denying evidence of human-to-human transmission. Containment efforts soon followed. On January 1, 2020, the Huanan Seafood Market, considered the source for the infections, was closed down. Wuhan was placed under lockdown January 23. Widespread COVID-19 testing requirements soon followed.¹² Beginning in July 2020 and ramping up through mid-2021, China embarked on a vaccination campaign that started with emergency uses, then focused on high-risk patients, and in March 2021 extended to the entire population. 13 China's focus on containing the virus through lockdowns, widespread testing, and vaccination exemplified a "Zero-COVID" policy that continues today. 14

The PRC's initial response to controlling information on both the COVID-19 virus and the disease echoed the experience of previous health crises of HIV/AIDS and SARS, suggesting the continued influence of political imperatives around secrecy and stability. 15 Just after the virus was announced, the Hubei Provincial Health Commission ordered genome testing companies to stop testing samples from Wuhan and destroy them, while China's National Health Commission (NHC) prohibited publication of information related to the virus, ordering labs to transfer their samples to authorized but unspecified institutions or destroy them. The regime cracked down on doctors like Li Wenliang and other medical professionals for their early warnings about the virus, 16 and punished local Wuhan journalists like Li Zehua and Zhang Zhan, and social media blogger Fang Fang, for their reporting on local conditions.¹⁷ The regime also retaliated against establishment critics of its response to the outbreak, such as property tycoon Ren Zhiqiang, Tsinghua law professor Xu Zhangrun, and jurist Xu Zhiyong.¹⁸

The government's initial response to the pandemic was exemplified by an official opinion issued by the Ministry of Justice (MOJ) on law enforcement in the pandemic.¹⁹ The opinion called for stricter enforcement of COVID-19 controls, including strengthening political and Communist Party of China (CPC) oversight, increasing severity and consistency in enforcing pandemic lockdowns and mandates, empowering law enforcement by administrative agencies in addition to the police, imposing a "responsibility system" setting quotas for COVID-19 law enforcement, and expanding measures for protecting law enforcement personnel. In underscoring the importance of enforcing law enforcement measures, the MOJ opinion exemplified the regime's initial response to the crisis: focusing on containment and control.

Limited disclosure: Augmenting its initial response of containment and control, the country began gradually to pursue limited information disclosure. On January 6, 2020, China's Center for Disease Control and Prevention (CCDC) announced internally a level-two emergency response to the outbreak. On January 7, the CPC Politburo Standing Committee received directives from General Secretary Xi Jinping on prevention and control of the illness. On January 9, the WHO announced that Chinese authorities had made a preliminary determination on the emergence of a "novel coronavirus." The CCDC published several viral sequences of the virus on January 10 and shared a full viral sequence with the NIH genetic sequence database (GenBank) on January 11. On January 15, the CCDC announced internally a level-one (highest level) emergency response to the outbreak. China's NHC confirmed publicly for the first time on January 20 that the virus could be transmitted between humans (although WHO investigators had determined as early as January 14 that human-to-human transmission was likely). On January 21, *People's Daily* reported on Xi

China's National
Health Commission
prohibited
publication of
information
related to the virus

China's White
Paper on its efforts
to control the virus
avoided sensitive
questions about
regime conduct
during the initial
discovery and
response

Jinping's "important instructions" given January 20 on responses to the virus, followed by the launching of a Coronavirus Leading Small Group under Premier Li Keqiang charged with countering the outbreak.²⁰ China also publicized policy and regulatory measures to demonstrate respect for international norms on disclosure and cooperation.²¹

On January 28, Xi Jinping met with WHO Director Tedros Adhanom Ghebreyesus to discuss a collaborative response to the crisis. In February, the CCDC and the WHO issued a Joint Mission Report accepting the zoonotic origins of the virus involving human infection from intermediary mammals such as bats and pangolins sold in Wuhan's live animal markets.²² The WHO praised China's cooperation and transparency, although doubts were raised as to whether China had provided full data access.²³ As claims began circulating that the virus had leaked from a lab at the Wuhan Institute of Virology,²⁴ a second joint investigation was planned for early 2021. With caveats around the need for greater data access, the WHO's January–February 2021 investigation report confirmed that the virus likely spread through zoonotic transmission and that "a laboratory origin of the pandemic was considered to be extremely unlikely."25 Criticism of the report soon followed as multiple observers noted China's initial refusal to permit entry by WHO virologists participating in the 2021 investigation and criticized China's apparent refusal to provide full access to raw data on the outbreak.²⁶ In July 2021, the WHO proposed a further investigation, as WHO chief Tedros conceded that conclusions in the second joint WHO-China investigation report discounting possible laboratory origins of the virus were premature in light of incomplete data from China.²⁷ A US investigation completed in October 2021 yielded inconclusive results as to whether the virus emerged from a lab or was spread through zoonotic transfer, in part due to lack of data.²⁸

China's limited approach to information disclosure was also evident in the State Council Information Office White Paper of June 2020 summarizing "China's efforts in its own fight against the virus." The White Paper presented

several timetables on China's efforts to control the pandemic. However, by beginning these on December 27, 2019, the White Paper avoided sensitive questions about regime conduct during the initial discovery and response.³⁰ The White Paper's claims about China's transparency in releasing COVID-19 information were contradicted by well-documented conclusions to the contrary.³¹ The White Paper's emphasis on information disclosure "in accordance with the law" elided the fact that China's laws impose significant restrictions on information disclosure.³² The White Paper extolled the successful leadership of Xi Jinping and the CPC, although respected observers suggest that the CPC and Xi himself likely compounded the challenges posed by the pandemic.³³ The White Paper lauded China's role in strengthening global governance in public health, reiterating a persistent PRC theme on global governance reform aimed at diluting the existing rules-based international order and endorsing China's authoritarian governance practices.³⁴ At a time of increased demands for an investigation into the origins of the coronavirus in China, the White Paper called upon the international community to "resist scapegoating and other such self-serving artifices, and stand against stigmatization and politicization of the virus."

Escalating resistance: As criticism of China's handling of the pandemic increased in frequency and intensity, the PRC regime's international posture became more defensive and argumentative. Following criticism of the second joint China-WHO report, China rejected proposals for further investigation as political and not based on science.³⁵ In light of China's support for his WHO appointment, PRC commentators treated as betrayal Director Tedros' walking back of initial conclusions citing zoonotic transfer rather than "lab leaks" as the source of the coronavirus outbreak and calling for further investigation.³⁶ China's response to criticism included prodding the WHO to focus attention on COVID-19 control rather than its origins, attacking proposals on investigating the origins of the virus as politically motivated and unfair, and pursuing "vaccine diplomacy" to strengthen support for

China's positions from developing countries.³⁷ China reiterated its earlier calls for investigation of other possible country sources—particularly the United States for allegedly weaponizing the virus.³⁸ The WHO has attempted to revive its investigation into COVID-19 origins, although this too may be derailed by China's resistance.³⁹ The PRC regime's escalating resistance raises questions about China's commitment to cooperation in managing the COVID-19 crisis as well as future public health threats.

Ways Forward

PRC policy behavior around COVID-19 reveals China's alienation from the world health policy community. Several steps should be taken to induce stronger cooperation from China in responding to this pandemic and others that will inevitably emerge.

Address China's conflicted relationship with the international health system: Overcoming China's resistance to perceived colonialist intrusion on health matters is essential to future cooperation. 40 The WHO's deference to sensibilities of Xi Jinping and the PRC regime in skipping the Greek letter *Xi* to name the current variant of concern "Omicron" 41 reflects an appreciation that optics are important in building China's confidence in the WHO's good offices. Efforts to demonstrate how cooperation with the international health system can support PRC goals on local development and social well-being should continue. Linking cooperation on health policy with the UN's Sustainable Development Goals (that China has endorsed) can help reduce concerns about the WHO serving as a vehicle for foreign intrusion. Such approaches can support public health specialists in China who advocate for stronger international cooperation.

Temper efforts on origin tracing: Ongoing work to determine the exact origin of the COVID-19 virus will undoubtedly be useful in many respects, not the least of which will be to caution China that its efforts at concealment will not be

rewarded. However, PRC perfidy on issues of governance is of long standing and unlikely to fade in the near term. Further investigations to determine responsibility for the outbreak should prepare for strong PRC resistance that may undermine efforts to induce China's cooperation on pandemic response generally. 42 Remedial measures responding to the two most likely origins of the virus should also be pursued. The potential for zoonotic transfer could be restricted by stronger oversight (or even disbanding) of live animal markets, which in turn would support China's food safety policies. The potential for lab leaks could be curtailed through stronger oversight, lab audits, and training that in turn would assist China in its policy goals of managing biosafety.

Set high standards for cooperation and transparency: Much of the controversy surrounding China's response to COVID-19 has resulted from resistance to investigations and a lack of transparency. WHO access to raw data, lab records, and case files is essential to effective pandemic response—now and in the future. WHO should enforce high standards for cooperation and transparency by China and other countries receiving assistance in pandemic prevention and control. Such efforts would support the data access goals of the WHO's 13th General Program of Work.

Emphasize treaty compliance in PRC public health policy: China's participation in the international health system involves performance of treaty obligations associated with the WHO. While efforts to develop a general treaty on pandemic response remain a work in progress, 44 the WHO's "International Health Regulations" and "Pandemic Influenza Preparedness Framework" provide important standards for information disclosure and cooperation. 45 As with other international relations issues where China's record on treaty compliance is decidedly mixed, claims about state sovereignty have complicated China's COVID-19 response. 46 China's compliance with WHO requests for health data, lab reports, and

International
efforts can
support public
health specialists
in China
who advocate
for stronger
international
cooperation

Emphasizing
China's treaty
obligations on
public health
permits linkage
with other
treaty issues

case files should be pursued as matters of treaty compliance that obviate sovereignty claims, rather than as questions of voluntary cooperation. Emphasizing China's obligation to comply with treaty standards on public health permits linkage with efforts to improve PRC treaty performance on other matters like human rights, climate change, and trade.

Conclusion

China's responses to the emergence of the COVID-19 virus and resulting pandemic have exhibited themes of containment and control, limited disclosure, and escalating resistance, all

of which speak to China's alienation from the international health policy community. Global efforts to contain COVID-19 and manage future pandemics will require firmness in holding China accountable for cooperation and transparency in public health practices and treaty compliance, combined with measures toward accommodation and confidence building that encourage China's cooperation on global public health crises. Given the depth of China's alienation, these steps will not be easy. But they will become ever more important in building effective global responses to the COVID-19 crisis and to new global health challenges that will inevitably emerge.

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Publications@EastWestCenter.org EastWestCenter.org/AsiaPacificIssues ISSN: 1522-0966

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