

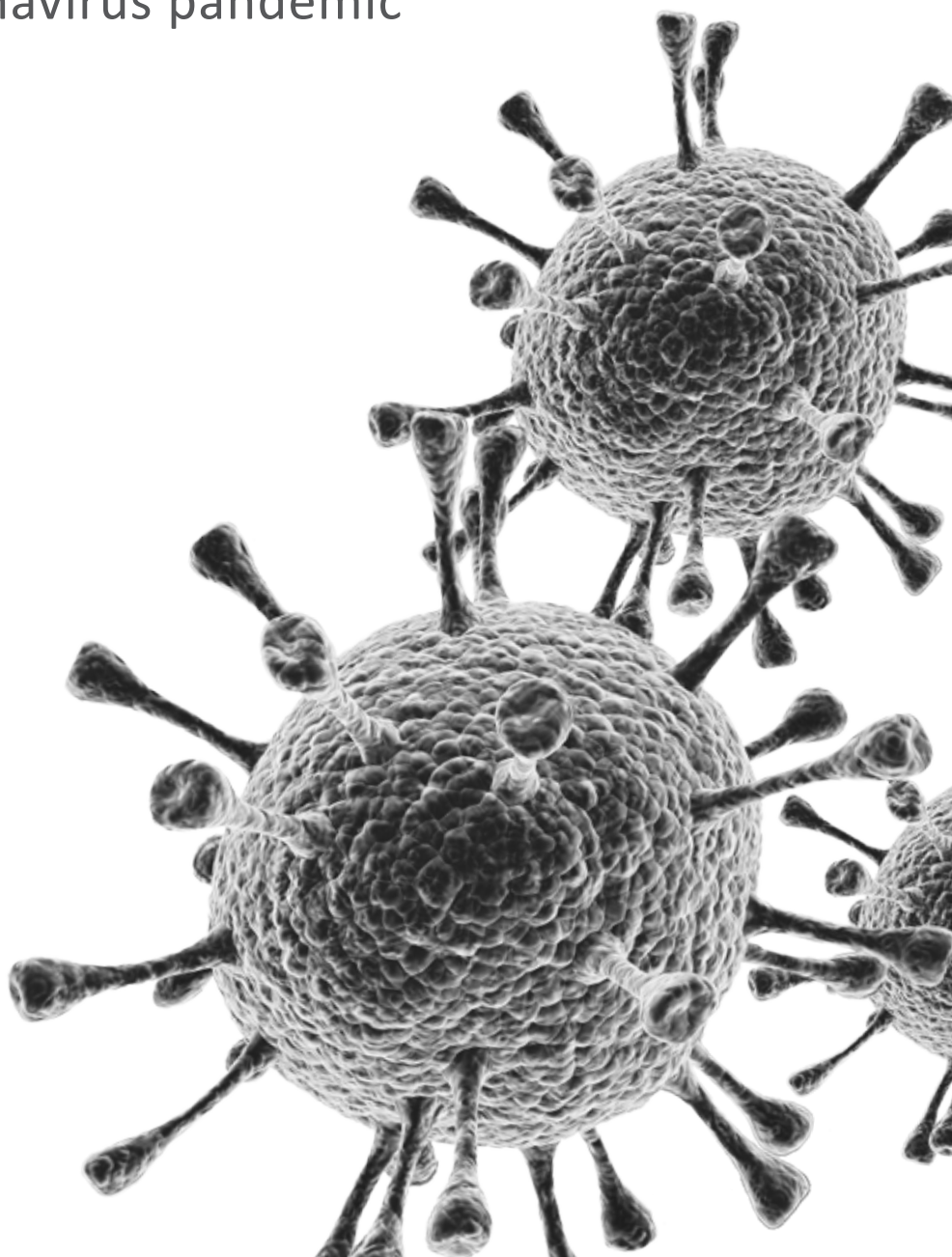
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U.S.-China Relations in the Age of COVID-19: Politics, Polemics and Pandemic Response Measures

A collection of individual analyses on the history and impacts of the coronavirus pandemic

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Foreword

As the coronavirus pandemic (COVID-19) spreads around the world and many governments prove themselves far from being well equipped to handle a breakout of this scale, the blame game has heated up with a coronavirus ‘war of words’ between the United States and China, which has in turn colored global efforts to respond to the COVID-19 outbreak. The virus has now infected 31 million people worldwide, according to the Center for Systems Science and Engineering at Johns Hopkins University. Given the expanding significance of the COVID-19 around the world, ICAS has dedicated much of its recent research efforts to understanding and debating the impact of the coronavirus on U.S.-China relations.

Beginning in late February, ICAS researchers began developing a living database in order to track developments in the coverage and response by global actors, both government and private, with a focus on perspectives in the West. Reams of data was pulled together through research of over 190 Western public and private sector responses, typically beginning with online media sources, starting with the coronavirus’ outbreak from December 1, 2019 to the present. The team continued updating this database and developed a second database focusing on Chinese coverage and responses, looking at similar sectors as a comparative focus of study. ICAS has released a series of commentaries relevant to the COVID-19, each of which is accompanied by its own interactive map.

Starting from early March, U.S. state-level leaders began declaring numerous states of emergency in order to direct the necessary funds and other resources to aid in the treatment of and combat the further spread of COVID-19. In order to better understand how prevalent this expanding situation was across the country, ICAS produced a web application that visualized which parts of the country had seen the highest density in college and university closures. A living map of over 1,000 schools was updated continuously in February and March as schools began to enact social-distancing policies in order to better understand the pandemic’s unique impacts to American higher education.

In April, ICAS teams started tracking trends and inconsistencies in U.S. Government actions and rhetoric in responding to the COVID-19. This database tracked changes related to social distancing and public PPE guidelines, changes in federal rhetoric on China, decisions on reopening schools, differing policies between states over reopening methods and timing, and federal level disagreements with state governors.

This ICAS Report is a compilation of the ICAS research team's effort over the past half-year to spotlight and provide multiple perspectives on U.S. and Chinese interactions and responses to the pandemic. This report is comprised of six chapters. Chapter One, written by ICAS senior fellow Sourabh Gupta, addresses the lessons learned from the response to the "Spanish" flu of 1918. The measures taken at the time included early implementation of multiple cautionary interventions, such as closing schools, churches and theaters, and strict quarantining of infected locations, which ended up being directly correlated with lower overall death rates. This chapter covers the response to the H1N1 influenza, too, by the U.S. Government and by the World Health Organization (WHO) in the late 2000s, and which informs the study of and provides lessons for the COVID-19 outbreak.

Chapter Two, authored by Jessica L. Martin and Asiana Cooper, research assistants with ICAS, explores the U.S. government's emergency response measures by creating a checklist of early actions taken by the White House, the Centers for Disease Control and Prevention (CDC) and the U.S. Congress to counter COVID-19. As per the findings, in their role as public leaders, the CDC and the White House took important actions in order to slow, contain, and mitigate the spread of COVID-19, especially in the early months of the pandemic. The authors argue that there is also a heavy responsibility upon citizens to educate themselves about the coronavirus and act in the interests of themselves and those around them, especially as the government struggles to balance the concept of public health and freedoms guaranteed in national documents like the U.S. Constitution.

Sourabh Gupta, in Chapter Three, reviews the U.S.' perception of China's early COVID-19 response, and questions the gap between the facts on the ground in China and, at times, the fictional accusations leveled in U.S. official and public commentary. He points out that there are many rights and few wrongs regarding China's early Covid-19 response. The U.S. and the international community bear an obligation to reckon honestly with the facts of China's early coronavirus response. Despite the early 'fog of war', the integrity of the Chinese authorities' initial response and successes, particularly in terms of isolating the causative virus and establishing diagnostic tools, overwhelmingly outweigh the failings.

ICAS research associate & program officer Matthew Geraci, in his chapter, holds the view that there exist opportunities for limited cooperation between China and the United States in international development during the global economic recovery from COVID-19. The U.S. and China, while having both the responsibility and capacity to strategically cooperate in the global recovery process, continue to primarily focus on placing blame however during

this critical moment. Fortunately, there are less contentious areas where cooperation could feasibly occur, such as the establishment of a Communication and Coordination Mechanism between the development finance institutions (DFIs) of the U.S. and China, as well as in areas where cooperation already occurs, such as within international bodies like the World Bank.

Chapter Five by Stephen Dwyer, an ICAS alumni, addresses the topic of how nationalist U.S. and Chinese public figures shifted their political rhetoric, respectively, to divert attention from the mismanagement stemming from their COVID-19 public health responses. Both the Republican Party and Chinese Communist Party responded to these perceptions by increasing the speed and magnitude of their narrative shift from “good economy” to “bad enemy.” US “hawks” and Chinese “wolves” spread conspiracy theories and false grand narratives—tactics which are indicative of strongmen-style politics—in order to catalyze this shift.

The last chapter by Yilun Zhang, ICAS research associate, argues that despite the pandemic’s clearly intensifying effect, the bilateral relationship between the U.S. and China has continued to deteriorate across a range of issue areas under the context of renewed great power competition. This strategic competition continues to evolve in the realms of security, trade, technology, and global influence and authority. The chapter questions whether both countries and the world are equipped with crisis-prevention mechanism for the foreseeable future.

The China–US relationship, the most important bilateral relationship in the world, currently displays great differences in public opinion, economic and trade priorities, and strategic trust, following the breakout of the COVID-19 pandemic. Before the pandemic, the U.S. and China were in a competition over the future management of the international order—the norms, rules, and institutions that govern international politics. The pandemic has accelerated preexisting tensions with no slowdown in sight. ICAS will continue to uphold its responsibility as a bridge between the two nations by providing the public with a greater understanding of the impacts that this life changing event has wrought, both to the world and the ever-evolving U.S.-China relationship.

Nong Hong

Executive Director & Senior Fellow

Part 1: Historical Responses and Lessons Learned

U.S. and International Response to the 2009 H1N1 Pandemic

By Sourabh Gupta, Resident Senior Fellow

Key Takeaways

The lessons learned from the response to the “Spanish” flu of 1918 are just as relevant today in this age of COVID-19 – early implementation of multiple cautionary interventions, such as closing schools, churches and theaters (“social distancing” measures) and strict quarantining of infected locations (isolation measures) are directly correlated with lower peak death rates.

During the H1N1 (swine flu) virus of 2009, both, the U.S. Center for Disease Control (CDC) and the World Health Organization (WHO) had mounted a creditable and capable early response. There was timely detection, identification, initial characterization and monitoring of the virus, and CDC released 11 million courses of antiviral drugs and 39 million face masks and respirators, gowns, and gloves within 10 days of the first laboratory-confirmed case of H1N1 in the U.S.

That said, there were important shortcomings too. The Obama Administration’s Department of Health and Human Services (HHS) vastly overestimated its influenza vaccine manufacturing surge capacity and, due to its failure to follow through, dented its credibility and trust in the public’s eye. For its part, the WHO failed to articulate a consistent, measurable and understandable depiction of the severity of the H1N1 pandemic, conflating the geographic spread of the virus with severity – in turn, accentuating public confusion.

The Trump Administration’s response to the spread of COVID-19 has not exactly been a profile in competence. After downplaying the depth of severity of transmission for weeks-on-end, the White House, in a remarkable turnaround, declared a “national emergency” on Friday, March 13, 2020. The U.S. Center for Disease Control (CDC) has not covered itself in glory either. Although it has put out COVID-19 related notice announcements from as early as January 6, its testing and diagnostic response has been abysmal. It is of the essence, at this time, that diagnostic testing be ramped up rapidly.

Bearing in mind the lessons from pandemics past, it is essential to implement early “social distancing” measures and isolation measures. Public communications must be transparent and trust-worthy, striking a fine balance between the fulfilling the public’s right to know and maintaining general calm. A consistent, measurable and understandable depiction of the spread as well as severity of the virus must be made available, including putting to use information and communication technologies wisely via a real-time notification system. Finally, truth and transparency on the state of vaccine development is paramount. In all of this, an all-of-government role is not just important – it is indispensable.

The “Spanish” flu of 1918 is considered to be one of the most lethal pandemics in human history. The flu did not originate in Spain; the country is wrongly associated with it. Nevertheless, over the course of 15 months starting in early-1918, the flu infected a third of the world’s population, killed almost 50 million people, and compounded the devastation to the global economy that the Great War had already wreaked. In the United States, the flu killed 675,000 Americans (by contrast, 53,000 U.S. lives were lost in World War I combat operations) and stunted average U.S. life expectancy by more than ten years. Like COVID-19 today, the “Spanish” flu was an unknown strain of influenza at the time and for which no vaccine or established treatment regime existed. It too spread through respiratory droplets with the majority of those succumbing to the pandemic dying via secondary bacterial pneumonia.

As devastating as the “Spanish” flu was, the pandemic also left future American and international public health professionals with important lessons learned – the foremost of which was that U.S. cities that had implemented multiple cautionary interventions at the early phase of the outbreak were also the ones to witness peak death rates that were almost 50% lower than the case of comparable cities that had been less vigilant in their initial response. Early implementation of certain interventions, such as closing schools, churches and theaters (“social distancing” measures) and strict quarantining of infected locations (isolation measures), were directly correlated with lower peak death rates.

The lessons learned from that deadly pandemic provide a useful context to understand the measures that have been rolled out and are being implemented by the Trump Administration, as it girds its loins to combat the presence of COVID-19 on U.S. soil. The lessons learned also provide useful context to understand the U.S. and the World Health Organization’s (WHO) historical responses to past influenza-related outbreaks over the previous decade-and-a-half. This Primer highlights one such historical response in particular – that being the H1N1 influenza outbreak in 2009, which was the only major pandemic involving the U.S. over the past decade. Following the analysis of the U.S. and international responses and lessons learned from this H1N1 pandemic, the Trump Administration’s (unfortunate) less-than-vigilant approach to implementing a number of early cautionary interventions to contain the COVID-19 virus will be briefly summarized.

U.S. RESPONSE TO H1N1 INFLUENZA

Over the past decade, there have been a number of major global epidemic threats. These include the: H1N1 (swine flu) virus, MERS (Middle East Respiratory Syndrome), the Ebola virus and the Zika virus. Of the four, the H1N1 influenza was the only one to significantly impact the U.S. The U.S. Center for Disease Control (CDC) has estimated that there were 60.8 million cases, 274,304 hospitalizations, and 12,469 deaths in the U.S. due to the H1N1 influenza from April 2009 to April 2010.

The first case of the H1N1 virus was detected in California in late-March 2009 and was laboratory-confirmed on April 15, 2009. By end-April 2009, cases had been reported in

Major Global Epidemic Threats to the U.S. over the Past Decade

MERS (2014)

MERS had represented a very low risk to the general public in the U.S. Only two patients in the U.S. ever tested positive for MERS-CoV infection – both in May 2014. Both cases were among healthcare providers who had lived and worked in Saudi Arabia. Both traveled to the U.S. from Saudi Arabia, where scientists believe they were infected. Both were hospitalized in the U.S. and later discharged after fully recovering.

Ebola virus (2014-16)

Overall, only eleven people were treated for Ebola in the U.S. during the 2014-2016 epidemic period. In September 2014, the U.S. CDC confirmed the first travel-associated case concerning a man who traveled from West Africa to Dallas, Texas. The patient died subsequently in October 2014. Over the next few months, a number of other people were exposed to the virus, most becoming ill while in West Africa. The majority of these individuals were medical workers, with one succumbing to the illness.

Zika virus (2015-17)

Prior to 2014, very few travel-associated cases of Zika virus disease were identified in the U.S. In 2015 and 2016, large outbreaks of the Zika virus occurred in the Americas, resulting in an increase in travel-associated cases in U.S. states, widespread transmission in Puerto Rico and the US Virgin Islands, and limited local transmission in Florida and Texas. By 2017, the number of reported Zika virus disease cases in the U.S. had started to decline. Altogether, in 2016, the most lethal year, there were a total of 5,168 cases – 95% of them being travel associated. There was one solitary Zika virus-related death in the continental U.S. altogether.

a number of U.S. states as well as internationally, leading the World Health Organization (WHO) to declare a public health emergency of international concern (PHEIC). By June 2009, the rapid spread of the infection to 73 countries and more than 26,000 laboratory-confirmed cases, led to its elevation by the WHO as a full-fledged pandemic.

In the U.S., the H1N1 pandemic occurred in two waves. The first wave occurred during spring 2009 and the second wave during fall 2009, with H1N1 influenza activity peaking in October 2009. When the H1N1 influenza outbreak occurred in April 2009, the U.S. Department of Health and Human Services (HHS) began working to isolate the H1N1 influenza strain and worked with five vaccine manufacturers to develop a H1N1 vaccine to protect the public against the virus. But notably, unlike the seasonal influenza vaccine, which is largely

Major Global Epidemic Threats to the U.S. over the Past Decade

April 15, 2009 – U.S. Center for Disease Control (CDC) reports the first laboratory-confirmed case of the H1N1 virus on U.S. soil.

April 21, 2009 – CDC begins working to develop a virus that can be used to make a vaccine to prevent against the H1N1 vaccine. A strain called A/California/07/2009 is eventually chosen to be the virus used to make the vaccine.

April 22, 2009 – CDC activates its Emergency Operations Center (EOC) to coordinate the response to the public health threat.

April 23, 2009 – CDC holds first, full formal press briefing to inform the public and guide the evolving healthcare response. Nearly 60 press briefings would be held thereafter over the next few months.

April 24, 2009 – CDC uploads the complete gene sequences of the 2009 H1N1 virus to a publicly-accessible international influenza database.

April 26, 2009 – CDC disburses 11 million courses of antiviral drugs and 39 million face masks, respirators, gowns, and gloves.

(Content Source: CDC)

purchased by the private sector, the federal government purchased all of the H1N1 vaccine licensed for use in the U.S. HHS thereafter took the lead in allocating doses of the vaccine to each state for distribution based on the overall population of the state. The states, in turn, placed orders for their allocated doses and determined which providers were to receive the vaccine.

In addition to the production and distribution of the H1N1 vaccine, another important U.S. federal government action in response to the H1N1 pandemic was the activation and deployment of influenza response supplies from the Strategic National Stockpile (SNS). The SNS, at the time managed by the U.S. CDC (and now operationally headed by the HHS Assistant Secretary for Preparedness and Response – ASPR), contains large quantities of medicine and medical supplies intended to protect and treat the public if there is a public health emergency that is severe enough that local supplies may be exhausted. The H1N1 pandemic marked the largest deployment of materials from the SNS in an emergency situation in the U.S.

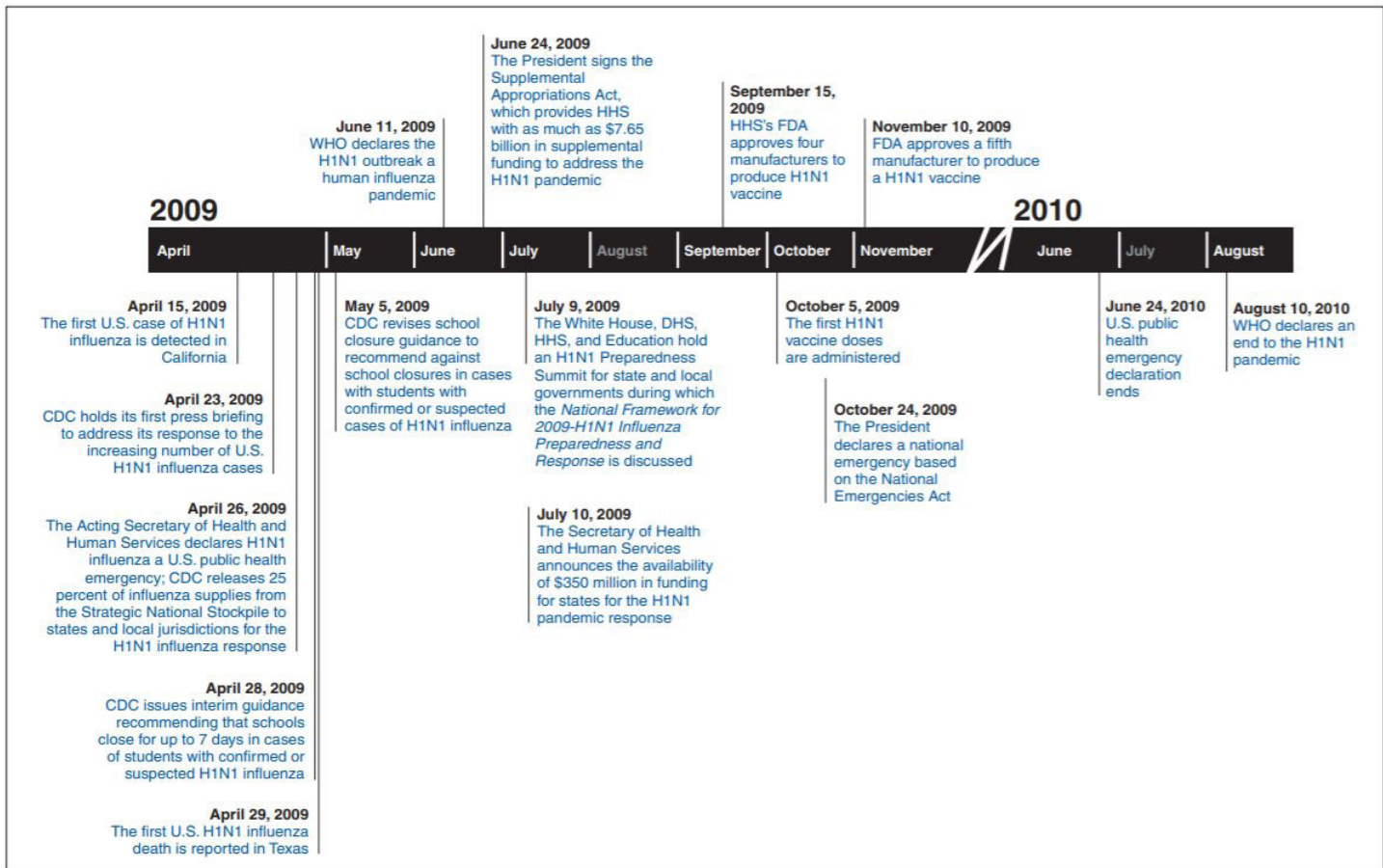
U.S. GOVERNMENT'S RESPONSE – OBSERVATIONS, SHORTCOMINGS AND LESSONS LEARNED

- **Early Preventive Response to Potential Outbreak is Key** – As noted in the box above, the U.S. Center for Disease Control (CDC) was quick-of-the-mark to take early preventive measures. Within 10 days of the first laboratory-confirmed case of H1N1 in the U.S., CDC had activated its Emergency Operations Center and begun to release 11 million courses of antiviral drugs and 39 million face masks and respirators, gowns, and gloves.

- **Timely Availability of Vaccine is Paramount** – By the time the H1N1 vaccine was, finally, widely available, the peak period of the outbreak had passed and the urgency of vaccination was no longer a pressing issue in the public’s mind. Almost four months in fact passed after the World Health Organization (WHO) issued its pandemic declaration before the vaccine was first available in the U.S. (October 2009). And contrary to the U.S. national pandemic implementation plan’s goal of expanding influenza vaccine manufacturing surge capacity to allow for the entire domestic population to be able to receive a vaccine within 6 months of a pandemic declaration, the vaccine was not widely available to all who had wanted to be vaccinated until late-December 2009.
- **Miscommunication Impedes Government’s Response Credibility, and Capability** – The Obama Administration’s Department of Health and Human Services (HHS) had alerted state and local governments as well as the public that about 120 million to 160 million doses of the H1N1 vaccine would be available by October 2009. In the event, less than 17 million doses were available that month. This failure to effectively manage public expectations diminished the credibility and response measures at all levels of government.
- **Centralization of Vaccine Distribution is Effective** – CDC used a central vaccine distributor and this distributor shipped the H1N1 vaccines received from the five vaccine manufacturers via its regional distribution centers to the individual providers or organizations that had identified by state and local jurisdictions. Centralized distribution amplified – rather than detract from – the efficiency of distribution during this public health emergency and was appreciated at the local level.
- **Deployment of Strategic National Stockpile (SNS) is a Plus** – Quick disbursement of antiviral drugs and other health-care supplies is essential during the early stages of a health emergency in order to engender a sense of reassurance and calm. Within 10 days of the H1N1 influenza diagnosis, CDC had managed to release 11 million courses of antiviral drugs and 39 million face masks and respirators, gowns, and gloves. The SNS is led today by HHS’ Assistant Secretary for Preparedness and Response.

Overall, one of the key lessons coming out of the U.S. Government’s response was that planning and preparedness are key and that good planning and preparedness have a high payoff during such a critical health emergency. As the U.S. Government Accountability office (GAO) observed subsequently, many funding and planning activities – including funding for vaccine production capacity, planning exercises, and interagency meetings prior to the H1N1 pandemic – positioned the Obama Administration to respond reasonably effectively. And the inter-agency working group, convened by the National Health Security Strategy, too, fostered relationships that proved advantageous during the response.

H1N1 Early Timeline of Events



Source: GAO analysis.

(Source: U.S. GAO, "INFLUENZA PANDEMIC: Lessons from the H1N1 Pandemic Should Be Incorporated into Future Planning," June 2011)

WORLD HEALTH ORGANIZATION (WHO) RESPONSE AND LESSONS LEARNED

As noted earlier, the first case of the H1N1 (or swine flu) virus in the continental United States was detected in California in late-March 2009 and was laboratory-confirmed on April 15, 2009. By February and March 2009, however, laboratory-confirmed cases of the H1N1 virus had already appeared in Mexico and had alarmed public health specialists – given the exceptionally high criticality rate of early patients. By end-April, cases were reported in countries on various continents, including Canada, Spain, the United Kingdom, New Zealand, Israel, and Germany. On April 25, invoking its authority under the 2005 International Health Regulations (IHR), the World Health Organization (WHO) declared a public health emergency of international concern (PHEIC). A dedicated internal group to coordinate the response to the widening outbreaks was thereafter established by the WHO. With a total of 73 countries reporting more than 26,000 laboratory-confirmed cases, the WHO raised the H1N1 virus outbreak to be a full-fledged “pandemic” on June 11, 2009.

The H1N1 virus also prompted the first instance of activation of the provisions of the WHO’s 2005 International Health Regulations (IHR), which had gone into effect in 2007. The IHR outline

the responsibilities of individual countries as well as the WHO's leadership role during the course of managing a public health emergency of international concern. The Regulations themselves were shaped by the response-related experience, and lessons learned, during the SARS outbreak of 2003. In January 2010, the WHO commissioned an international review of the H1N1 pandemic's outbreak, with special attention paid to the performance of the WHO and the functioning of the 2005 International Health Regulations – the first time these Regulations had been tested in real-world circumstances. Some of the key successes, shortcomings and lessons learned in the course of the WHO-led global response, as enumerated by the chairman of the review panel, Dr. Harvey Fineberg, are listed below.

The WHO achieved a number of notable successes during the early stages of the 2009 H1N1 pandemic. These included:

- Development of influenza preparedness and response guidance to help inform national plans. Pandemic preparedness plans were in place in 74% of countries when the pandemic began.
- Rapid field deployment and early guidance and assistance to affected countries.
- Timely detection, identification, initial characterization and monitoring of the pandemic (H1N1) 2009 virus through the Global Influenza Surveillance Network.
- Selection of the pandemic vaccine virus and development of the first candidate reassortant vaccine viruses within 32 days of declaration of the public health emergency of international concern (PHEIC).
- Prompt appointment of an Emergency Committee with well-qualified individuals, convened within 48 hours of activation of the IHR provisions.
- Efficient distribution of more than 3 million treatment courses of antiviral drugs to 72 countries.

Balanced against these accomplishments were a number of systemic difficulties observed as well as missteps committed by the WHO in the course of combatting the virus. These included:

- The inability to frame a consistent definition of a 'pandemic'. At times initially, the WHO described pandemics as causing "enormous numbers of deaths and illness", while the official definition of a pandemic is based only on the degree of spread – not severity. Later on, the prevailing definition was made more consistent with the official definition, but the alteration was done without notice and explanation. This invited suspicions of surreptitious decision-making on-the-fly, leading to a lack of trust.
- The failure to articulate a consistent, measurable and understandable depiction of severity of the pandemic. Additionally, since the formal criteria for advancing from one phase to the next higher phase in an

emerging pandemic is based entirely on the extent of spread and not on severity, there was public confusion about, both, exactly what the WHO meant by a 'pandemic' and extent of its severity. A proper assessment of the severity of the virus at the national and subnational levels was also lacking.

- Excessive requests for specific data on the part of the WHO, which was overwhelming for some countries, particularly those with limited epidemiological and laboratory capacity. On the other hand, the WHO's budget too was incommensurate with the scope of its responsibilities. These financial realities meant that the WHO was better equipped to respond to a focal, short-term emergency or to manage a multiyear, steady-state disease-control program than to mount and sustain an intensive, global response required to deal with an unfolding pandemic.
- 78 million doses of pandemic influenza vaccine to 77 countries were ultimately deployed. In spite of this notable achievement, there were notable difficulties related to the timely distribution of donated vaccines, concerns about liability, complex negotiations over legal agreements, lack of procedures to bypass national regulatory requirements and limited national and local capacities to transport, store and administer vaccines. All these difficulties proved daunting in the midst of the pandemic.

LESSONS FOR THE COVID-19 OUTBREAK



President Trump signs the COVID-19 Congressional funding bill into law, flanked by Secretary of Health and Human Services, Alex Azar. (Source: White House)

The Trump Administration's response to the spread of COVID-19 has not exactly been a profile in competence. After downplaying the depth of severity of transmission for weeks-on-end, the White House, in a remarkable turnaround, declared a "national emergency" (under the Stafford Act) on Friday March 13, 2020. There have been only two infectious disease-related emergency declarations in the past – both, targeted ones in 2000 when the Clinton Administration declared emergencies in New York and New Jersey in response to the West Nile Virus. A federal public health emergency (PHE) declaration has been in effect though since January 31, 2020.

The U.S. Center for Disease Control (CDC) has not covered itself in glory either. Although it has put out COVID-19 related announcements from as early as January 6, its testing and diagnostic response has been abysmal. While South Korea had conducted 220,000 tests as of March 12, the CDC had yet to reach the 5,000 mark as of that date – in turn, more-or-less ensuring that the U.S. domestic response to combatting the outbreak is many weeks behind where it should be at this given point of time. The slow rollout of testing kits has been compounded by the inflated – and misleading – accounting of the number of tests pushed out by senior members of the Administration. It is of the essence, at this time, that diagnostic testing be rapidly ramped up.

Be that as it may, the lessons of past pandemics should also be borne in mind. Early implementation of "social distancing" measures and isolation measures are imperative. Public communications must be transparent and trust-worthy, striking a fine balance between the fulfilling the public's right to know and maintaining general calm. A consistent, measurable and understandable depiction of the spread as well as severity of the virus must be made available. In this regard, information and communication technologies should be put to wise use, so that a real-time notification system about newly infected patients, maps on the spread of the virus, facility closures, etc. can be promptly transmitted to the public and allay undue anxieties.

Transparency on the state of vaccine development is equally important. False promises in this regard are highly damaging. And when such vaccine is finally available, the manifold logistics challenges to storage and distribution must be sorted out expeditiously. In all of this, the role of government is not just important—it is indispensable. It must assume a standout all-of-government – and, if need be, inspire an all-of-society – response to combating and containing the spread COVID-19. And, if necessary, it should not hesitate to take recourse to coercive measures (to enforce quarantines) and mow down any legislative, legal, private sector or societal obstacles that might potentially stand in the way of an expeditious and concerted response.

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Part 2: A Whole of Government Approach

Checklist of Early Actions Taken by the White House, the CDC and Congress to Counter COVID-19¹

*By Jessica L. Martin, Research Assistant
& Asiana Cooper, Research Assistant*

Key Takeaways

Even though the coronavirus (COVID-19) outbreak originated outside of the United States' borders, it has come to dictate American life. In the early months of the pandemic, in an effort to quell the domestic outbreak and “flatten the curve” of the projected number of Americans who will contract the virus, the White House and the Centers for Disease Control (CDC) took a variety of emergency measures, ranging from providing practical public health advice to declaring a national emergency.

As the frontline defender against viral outbreaks in the United States, the CDC became the active leader to the U.S. public response to COVID-19. Its slow—and seemingly many weeks late—rollout on this latter front initially damaged its image of competence and efficiency.

In the early months of the pandemic, the White House worked closely with the CDC and Congress to project an all-of-government approach to addressing the COVID-19 crisis and, thereby, reassure the American public. The U.S. Congress itself has been active in passing a variety of bills to provide access to additional emergency funds and help mitigate the financial burdens of businesses and families in the form of H.R. 6074, which opened up \$8.3 billion in funds, among other actions aimed at bolstering the U.S. economy. President Donald Trump's optimistic tone through February and early-March gave way to a more serious tone of acceptance of the longer-lasting damage that will be felt economically and socially.

The United States—and the world—is still in the midst of a pandemic. In the first eight months, the world seems to have adjusted to a new norm of social distancing and wearing face masks, but there are still many difficulties ahead. Diagnostic testing has belatedly come up-to-speed. Vaccine research and development made a quick start, but many arduous months of effort remains ahead. Fear and uncertainty persist as government actions are questioned and judged.

Governments around the world are in an unenviable position. Regardless of what steps the CDC and White House take, it is up to individuals to educate themselves about the coronavirus and act in the interests of themselves and those around them as the government struggles to balance the concept of public health and freedoms guaranteed in the U.S. Constitution. Still, governments have a duty to guide the world through this pandemic in conjunction with the public to the best of their ability. The coming months will prove to be a test of American unity and trust in the government's ability to protect the American people's way of life.

¹ This part is an updated version of a former ICAS Issue Brief, originally published March 2020.

INTRODUCTION

In a matter of weeks in early 2020, the novel coronavirus (formally known as COVID-19 or SARS-CoV-2) expanded from a local respiratory illness in Wuhan, China to a global pandemic that has wrought unprecedented health and socio-economic consequences across the world. International transportation was put on ice, supply chains were severely disrupted, and the U.S. stock market suffered single-day trading losses unseen since the Black Monday crash of October 19, 1987.

The Trump Administration and the Centers for Disease Control and Prevention (CDC) under the U.S. Department of Health and Human Services (HHS) are in an unenviable role as leaders through this pandemic. They have resolved to “flatten the curve” of the projected number of Americans who will contract COVID-19 over time as soon as possible. In the first three months of 2020, the White House and the HHS/CDC took a distinct set of measures to prevent, contain and overcome the threat posed by COVID-19. They can be loosely summarized as:

Early White House Actions

- Emitting positive messaging and twice-daily press conferences
- Creating the U.S. Coronavirus Task Force
- Publicizing laboratory operations and accountability
- Creating a President’s guideline to slow the spread
- Declaring a National Emergency
- Pushing for prompt legislative action

Early HHS/CDC Actions

- Releasing reactionary Travel Notices
- Deploying CDC personnel to strategic points
- Leading laboratory testing efforts
- Publishing practical public health advice
- Sending funds to state and local jurisdictions

This research piece outlines initial White House and HHS/CDC actions taken from January -March 2020 to combat the coronavirus pandemic within the United States, in addition to initial measures enacted by the U.S. Congress. As developments regarding COVID-19 are still volatile, instead of providing a comprehensive list, this research aims to identify trends in initial actions taken by the White House and the CDC early in the pandemic and their potential implications.

ACTIONS BY THE U.S. CENTERS FOR DISEASE CONTROL

As the foremost U.S. federal authority in countering viral epidemics, the Centers for Disease Control and Prevention (CDC), housed under the U.S. Department of Health and Human Services, has been at the helm in confronting and containing the potential outbreak of the coronavirus (COVID-19) on American soil. The intentions behind the CDC’s actions so far have followed the spirit of its mission statement to the best of its ability:

“CDC works 24/7 to protect America from health, safety and security threats, both foreign and in the U.S...CDC fights disease and supports communities and citizens to do the same...To accomplish our mission, CDC conducts critical science and provides health information that protects our nation against expensive and dangerous health threats, and responds when these arise.”¹

Releasing Reactionary Travel Notices

The first public action that the CDC took to address the potential threat of the coronavirus—then unidentified—was to utilize its travel notice alerts system. On January 6, the CDC announced a Level 1 Warning Travel Notice for travel to Wuhan City, Hubei Province, China, recommending that travelers ‘Practice Usual Precautions.’² Five days later, this recommendation was updated to Level 2, ‘Practice Enhanced Precautions’ and, by January 27, as the spread became evident, the CDC updated their recommendations to a Level 3 Warning—the most elevated travel notice in the CDC’s rating system—and applied it to all parts of China.³ By the end of January, the U.S. Department of State followed suit, issuing its own China Travel Advisory set at ‘Level 4: Do Not Travel,’ which they applied to the entire world on March 19.⁴

The CDC and White House release of travel advisories have been largely reactive to the appearance of hotspots appearing around the world. As COVID-19 spread outside of China in February, the CDC also set Level 3 Warnings concerning travel to hotspots in Italy, South Korea, Malaysia, Iran, a Level 2 Alert concerning Japan, and a Level 1 Watch concerning Hong Kong, often in conjunction with similar State Department advisories.⁵ The CDC soon set Cruise Ship Travel at Level 3, advising that travelers “defer all cruise travel worldwide.”⁶ High-risk travelers such as older adults and those with serious chronic medical conditions were given a Level 2 Travel Alert and advised to avoid any non-essential travel at the time. As March arrived and Europe became the epicenter of the COVID-19 outbreak, the CDC implemented Level 3 Warnings for countries in the Schengen Area in Europe, which was then soon expanded to include the United Kingdom and Ireland.

As the epidemic officially evolved into a pandemic, most countries received—and have retained, as of September 1, 2020—a Level 3 categorization from the CDC, which is evident on an interactive map that the CDC created and updates regularly.⁷

Deploying CDC Personnel

The CDC also deployed officers and specialists to strategic locations, such as U.S. ports of entry (i.e. airports), CDC quarantine stations (i.e. U.S. military bases), and state and local health departments and hospitals deemed to be operating in higher-risk locations such as Washington state.⁸ When applicable, CDC deployments were made in collaboration with the U.S. Department of Homeland Security (DHS), the World Health Organization (WHO), and

state, local and national health authorities.

The first deployment occurred on January 20 and, by February 24, the CDC had already reported a total of 1,336 of its staff members being involved in the COVID-19 response; 37 percent of whom having been deployed to the front-lines at 39 domestic and international locations.⁹ For example, on January 20 the CDC sent over 100 of its officials to 11 U.S. international airports to conduct screenings alongside the DHS. Flights from China were directed to land at one of these 11 airports so that passengers returning to the U.S. could go through a health screening before passing through customs.¹⁰ Similar practices of flight passenger screenings expanded to include flights from all parts of the world as the epidemic spread.

Leading Laboratory Testing Efforts

As the number of confirmed viral cases jumped in China and began to spread across the world, the demand for diagnostic tests skyrocketed. Between January 18, when CDC laboratory testing began in earnest, and February 23, CDC laboratories used a “real-time reverse transcription-polymerase chain reaction (RT-PCR) to test 2,620 specimens from 1,007 persons for SARS-CoV-2.”¹¹ By March 18, the CDC reported a total of 37,824 specimens tested for SARS-CoV-2 by CDC labs (4,484) and other U.S. public health laboratories (33,340). By early summer, diagnostic tests became more readily accessible and, by August 28, the number of laboratory tests performed by U.S. states or territories reached 81,776,753 with around 9 percent returning with a positive result. The CDC now publishes this data in a “CDC COVID Data Tracker” interactive map published on their website and updated daily.¹²

Regardless of the number, there have been suspicions regarding the veracity of the tests. During the first few days of March, the first mass-produced diagnostic tests for COVID-19 developed in the Atlanta CDC laboratory were found to be “botched,”¹³ leading to widespread early criticism of the CDC’s reliability and the government’s response.¹⁴ As all eyes were on the CDC and expectations were high. The apparent late onset of mass-available diagnostic testing became a critical failure on CDC’s part, especially given the virus’ aggressive community transmission rate.

Publishing Practical Recommendations and Advice

Alongside other measures that it conducts, the CDC also continuously published informational reports and recommendations on containing the spread of COVID-19. The most popular and repeated guidance was to “thoroughly wash your hands” and “enact social distancing.”¹⁵ Until April 3, the CDC and White House did not officially make a recommendation regarding face coverings, making the United States one of the last nations to officially recommend wearing cloth or fabric face coverings.¹⁶ The reasoning given for the delay was to preserve surgical masks for healthcare workers in the early months of 2020, but both the CDC and the White House are still facing valid complaints about both the late timing of the recommendation and its inefficacy due to its voluntary conditions, citing the efficacy of related mandates in other countries.¹⁷ As recent as August, there is still mixed messaging from the CDC about what type of face coverings are effective.¹⁸ While this ongoing

mixed messaging is largely unavoidable as experts learn more about the evolving virus, it has still bred public dissent and unease in the U.S. at higher levels than in other nations.

Due to its ongoing nature, the CDC and HHS have modified their websites so visitors can quickly and easily locate these recommendations and other information regarding the epidemic in their concise information guides and interactive map trackers designed for the general public and health professionals.

HHS Sending Funding to State and Local Jurisdictions

Beginning March 4, the Department of Health and Human Services announced that it would be awarding funds to states and local jurisdictions to aid the domestic response to contain and monitor the spread of COVID-19. US\$25 million was to be awarded to help aid states and local jurisdictions that were in immediate need of resources to monitor travelers, required laboratory and medical supplies as well as resources for staffing and infection control. Another US\$10 million was to be awarded to state and local jurisdictions to build on existing influenza activities and surveillance systems.¹⁹ This initial funding was provided to the CDC through the HHS Secretary's Transfer. With more additional funding in the pipeline, more states and local jurisdictions will be in line to receive support from the CDC and HHS.

HHS Briefings on COVID-19 Updates and Unity with the White House

On February 25, HHS Secretary Alex Azar held a briefing for updates on the COVID-19 outbreak risks for the American public as well as an update on actions that the Trump Administration has taken in response to the global outbreak. Azar stated that the Trump administration's aggressive and transparent early response to the outbreak bought the U.S. valuable time in order to monitor and prepare for a possible outbreak within U.S. borders. However, that valuable time has been frittered away by the grave shortfalls on the testing and diagnostic front, leading to a rocketing number of community-based transmissions largely undetected until late March.²⁰

GUIDANCE PROVIDED BY THE WHITE HOUSE

In the first few months of the pandemic, President Donald Trump and his administration sought to tackle the coronavirus outbreak in the U.S. by utilizing various methods, including long-drawn daily press conferences to provide transparency and manage public messaging, proclaiming travel bans, and creating the U.S. Coronavirus Task Force to head the counter response to the coronavirus outbreak in the U.S.

Addressing the Public with Positive Messaging

Until early-to-mid March, almost every public address by the White House on the coronavirus outbreak was fueled by optimism and assurances that the government had firm control over the situation in the United States. On January 22, President Trump firmly stated that

“we have it totally under control....it’s going to be just fine.”²¹ In early February, President Trump announced that the U.S. has taken actions to “shut down” the coronavirus threat and on February 25 stated that “we have contained this...we have done a good job in the United States.”²² The president’s broad aim was to reassure the general public that the U.S. was taking aggressive actions to prevent the spread of the virus from other nations.

As cases began to inevitably sprout in the U.S., President Trump, Vice President Pence, and members of the Coronavirus Task Force held a press conference on February 27 assuring that the administration is “ready to adapt” and is ready to take any necessary actions if the disease spreads.²³ President Trump stated that there is “good bipartisan spirit” regarding the negotiations on funding for the COVID-19 response. A day later, President Trump said “it’s going to disappear. One day, it’s like a miracle, it will disappear.”²⁴

Positive messaging thereafter focused on vaccine development and diagnostic testing, such as highlighting President Trump’s visit on March 3 to the Vaccine Research Center at the National Institutes of Health to support the ‘front line’ experts who are trying to develop a vaccine for the coronavirus. In his remarks, he thanked doctors and scientists for doing a “fantastic job.”²⁵

At the signing of H.R. 6074, the “Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020” on March 6, President Trump stated that the \$8.3 billion bill would support the virus outbreak containment and response efforts.²⁶ He also noted that Integrated DNA Technologies (IDT), a private contractor, was currently working with the CDC for the production of 2019-novel coronavirus test kits and which would soon show results. Later that day, President Trump visited the CDC lab in person, where he held an impromptu news conference that lasted 47 minutes to address concerns. “It will end. People have to remain calm,” President Trump said while touring the facility. He also assured the people that “anybody that needs a test, gets a test. They’re there.”²⁷

Earlier, on March 1, as part of the Administration’s efforts to contain the spread of COVID-19, President Trump had tweeted that passengers from certain countries who were being screened ‘prior to boarding’ would also now be screened when they arrive in the U.S.²⁸ Continuing through mid-March, President Trump repeated—incorrectly as time has shown—that “we have tremendous control over” the coronavirus spread and asked Americans not to hoard essential supplies but to “just stay calm. It will go away.” However, the media noted a qualitative shift in the president’s tone beginning March 16 when he announced a new “15 Days to Slow the Spread” Guideline, which includes a recommendation on schooling and working from home as well as avoiding gatherings of more than 10 people.²⁹ On March 17, Trump stated that “I’ve always known this is a real—this is a pandemic” and urged his countrymen and women to adopt a more serious approach to the situation. “We’re all in this together. It’s something that nobody expected,” he said. Furthermore, three days earlier, he declared March 15, 2020, a National Day of Prayer for all Americans Affected by the Coronavirus.³⁰

The frequency of these messages—and other official statements from the White House regarding the coronavirus—faded into the background as time passed into summer and other topics of interest took precedence such as the renewed Black Lives Matter movement and

U.S.-China economic tensions. As the pandemic approached its six-month anniversary in September, an interview between Trump and investigative reporter Bob Woodward from March was released in which Trump admitted that he deliberately “wanted to always play [COVID-19] down...because I don’t want to create a panic.”³¹ Split opinions on the Trump administration’s initial handling of the virus flared in the media, with some praising Trump’s resistance to “the most panicked authoritarian responses to Covid-19 imposed by some U.S. governors”³² and others releasing scathing remarks on the President’s outright “lies” and deceptions.³³

Creating the U.S. Coronavirus Task Force



Photo Credit: “24 Hours of All-American Teamwork,” The White House, March 17, 2020.

On January 29, the White House announced that President Trump had formed the U.S. Coronavirus Task Force. Secretary of Health and Human Services Alex Azar was to lead this task force along with others senior members of the Administration, such as the Assistant to the President for National Security Affairs, Robert O’Brien, Director of the CDC, Dr. Robert Redfield, and Dr. Anthony Fauci, the Director of the National Institute of Allergy and Infectious Diseases (NIAID), housed within NIH. As described by the White House, “[t]he Task Force will lead the Administration’s efforts to monitor, contain, and mitigate the spread of the virus, while ensuring the American people have the most accurate and up-to-date health and travel information.”³⁴

Almost a month later, on February 26, President Trump appointed Vice President Mike Pence to lead the government’s COVID-19 task force. As the number of cases rose in the U.S. and around the globe through February and into March, more experts, such as the U.S. State Department’s global director on AIDS, Dr. Deborah L. Birx, were added to the Task Force and become symbols of public health for Americans.³⁵

Imposing Travel Restrictions and Bans

Like the CDC, the White House also addressed travel at the onset of the outbreak. While the number of confirmed cases was rising in China, on January 31, President Trump first issued Proclamation 9984 to implement a travel ban preventing individuals who have visited China in the last 14 days from entering the United States.³⁶ President Trump signed seven parallel proclamations over the next four months, spreading these restrictions to people traveling from other hotspots. For example, Trump made an address to the nation on March 11 regarding the COVID-19 global outbreak.³⁷ In this address, he issued Proclamation 9993, banning all travel for the next 30 days from the Schengen Area of Europe—consisting of 26 European nations—which went into effect on March 13 at midnight. Three days later, he expanded this ban in Proclamation 9996 to include travelers who had visited the U.K. and Ireland within the last 14 days.

President Trump has also commented on state and local actions related to travel, such as the first ‘containment area’ established within the U.S. On March 10, New York governor Andrew Cuomo declared a one-mile radius temporary “Containment Area” in New Rochelle/Westchester, New York, due to a “cluster” of 108 cases. As the National Guard arrived in New Rochelle on March 12, Trump said that “they’re doing the right thing.”³⁸

Promoting Laboratory Operations and Accountability

The Trump administration has shown support for scientific efforts to combat COVID-19 and stressed the importance of accountability in these laboratories. It recently ordered an “independent investigation” of the CDC headquarters and laboratory in Atlanta, Georgia where the COVID-19 test kits were first developed and found to be wanting in early-March due to a ‘manufacturing issue’ and potential contamination. Alternatively, some observers called this investigation a publicity stunt, which is evidence of societal distrust held early on by a notable percentage of the American population towards the Trump administration and their ability to successfully lead the U.S. through this pandemic.³⁹

The following day, the White House held another press briefing led by U.S. Food and Drug Administration (FDA) Commissioner Stephen M. Hahn. His speech was dedicated to “being transparent” and providing the “most comprehensive and up to date information about the status of diagnostic tests,” including numerical data and expansive descriptions of the FDA’s methodology. He concluded by assuring the public that the FDA was “dedicating all available resources” and taking steps to “encourage the development of new diagnostic tests.”⁴⁰

Declaring a National Emergency

On the afternoon of March 13, President Trump held an almost two-hour-long press conference in the White House Rose Garden to provide updates of the Administration’s countermeasures against the coronavirus pandemic. During the press conference, he announced his consequential decision to officially declare a National Emergency, which opens access to additional resources and choices. Following this declaration, the President exalted his Coronavirus Task Force leadership as well as called on the CEOs of private corporations (including Walgreens, CVS,

Walmart, Target, and LapCorps) to jointly cooperate and bring a swift end to the spread of the pandemic in the United States. One key area of emphasis was on developing and distributing diagnostic tests to “drive-by” stations by the following week for public availability and use.

“Ten days ago, I brought together the CEOs of commercial labs at the White House and directed them to immediately begin working on a solution to dramatically increase the availability of tests....As a result of that action, today we’re announcing a new partnership with private sector to vastly increase and accelerate our capacity to test for the coronavirus. We want to make sure that those who need a test can get a test very safely, quickly, and conveniently.”⁴¹ - President Donald Trump

Pushing for Congressional Action

As the number and rate of confirmed COVID-19 cases in the U.S. rose, the White House audibly pushed Congress to enact legislation to 1) fund measures to combat the spread of the virus and 2) cushion the economic blow of the widely-anticipated recession that is expected to follow. One of the earliest examples was on March 9 when President Trump announced that he would be asking Congress to pass legislation for a possible payroll tax cut and relief for hourly workers.⁴²

LEGISLATIVE MEASURES IN THE U.S. CONGRESS

Until the weekend of March 22, the U.S. Congress had displayed admirable unity in crafting bipartisan legislation to cushion the economic blow of COVID-19. Markets have plummeted since the global outbreak of COVID-19, forcing Congress to debate legislative responses that boost the economy or alleviate the impact on the hardest-hit industries and individuals.⁴³

The first large-scale action passed by Congress was H.R. 6074 “Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020,” signed into law on March 6 by President Trump [see box]. Among other acts with bipartisan support, President Trump signed H.R. 6201, the “Families First Coronavirus Response Act” into law on March 18. This bill provides paid sick leave and free coronavirus testing, expanded food assistance and unemployment benefits, and requires employers to provide additional protections for health care workers.⁴⁴

A second significant bipartisan action was H.R.748, the “Coronavirus Aid, Relief, and Economic Security (CARES) Act.,” which became the largest relief legislation ever passed by Congress at \$2.2 trillion. Originally introduced in the House on January 24 and signed into law on March 27, this bill “responds to the COVID-19 (i.e., coronavirus disease 2019) outbreak and its impact on the economy, public health, state and local governments, individuals, and businesses.”⁴⁵

H.R. 6074 - The Coronavirus Preparedness and Response Supplemental Appropriations Act⁴⁶

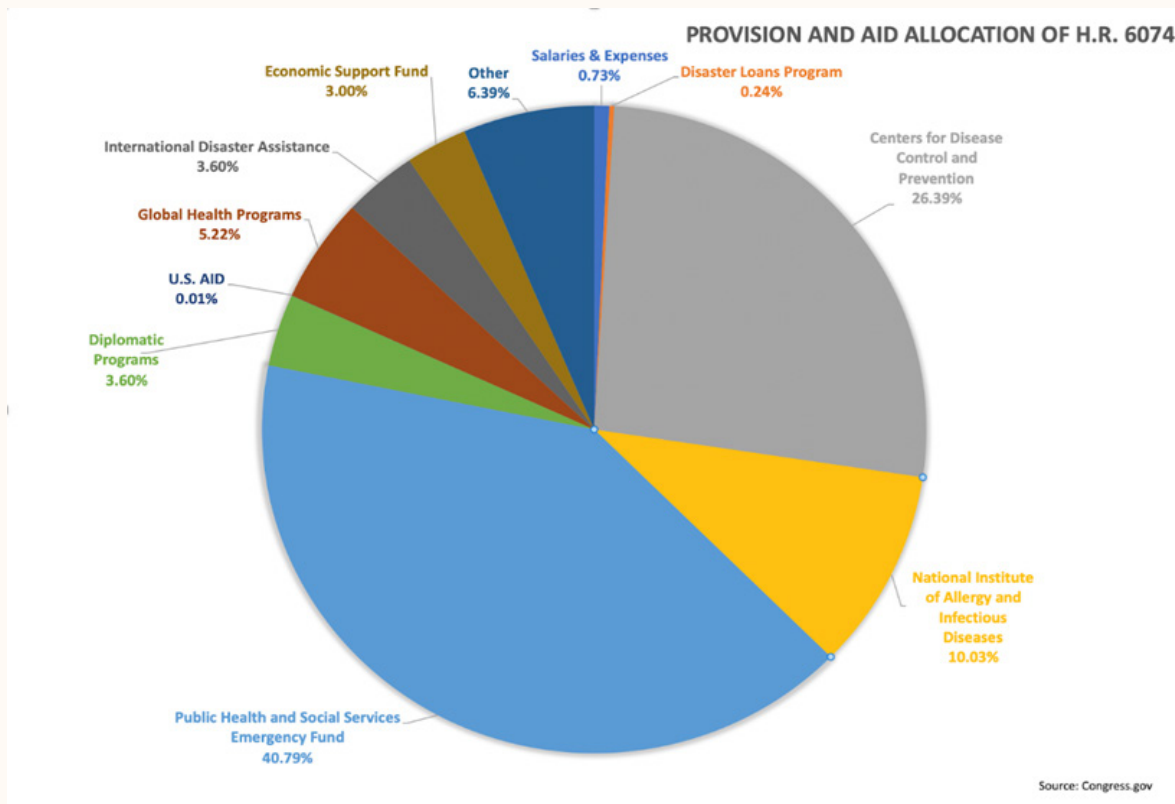
After passing through the 116th U.S. Congress, President Trump signed into law H.R. 6074, also known as the “Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020,” on March 6. The proposed funding granted by this Act increased to \$8.3 billion from the original \$2.5 billion proposed by the Trump Administration. This Act provides additional fiscal year 2020 emergency supplemental funding “for necessary expenses to prevent, prepare for, and respond to coronavirus” at the local, state, national and international levels.

The provisions therein stipulate funding for stockpiles, salaries, vaccine development, therapies, economic disaster loans, U.S. manufacturing of platform-based technologies, front-line training, and telehealth programs to support remote doctor consultations.

The Act, which classifies coronavirus as a “disaster” [Title II], also includes accountability measures by demanding various “detailed spend plan[s] of anticipated uses of funds.” For example, the HHS must submit a plan to Congress within 30 days [General Provisions Sec. 305.] of the enactment of this Act and provide a report to the Committees on Appropriations of the House and Representatives and the Senate every 14 days [Title III].

All provisions of H.R. 6074 are to remain available until either September 30, 2022, or September 30, 2024.

Allocation Breakdown of H.R. 6074



A second significant bipartisan action was H.R.748, the “Coronavirus Aid, Relief, and Economic Security (CARES) Act.,” which became the largest relief legislation ever passed by Congress at \$2.2 trillion. Originally introduced in the House on January 24 and signed into public law on March 27, this bill “responds to the COVID-19 (i.e., coronavirus disease 2019) outbreak and its impact on the economy, public health, state and local governments, individuals, and businesses.”

Key provisions of the CARES Act include:

- (a) \$150 billion in direct aid to states, territories, tribes, and local governments;
- (b) a loan program for small businesses of \$377 billion;
- (c) \$500 billion lending fund for businesses, cities and states;
- (d) individual stimulus checks of \$1200 sent directly to adult American citizens and residents below a certain income threshold;
- (e) unemployment insurance measures and protections;
- (f) a suspension of federal student loan collections and waived interests on those loans;
- (g) \$116 billion for the purchase of medical supplies for the Strategic National Stockpile;
- (h) \$1 billion for purchases through the Defense Production Act; and
- (i) Support for higher education institutions, child care, nutrition programs and other vital population groups impacted by the shutdowns.

The bill was largely praised by the American public, though there was significant criticisms of the US\$500 billion in corporate aid allocation—which lacks basic transparency and related safeguards—and the bill’s excessive tilt in favor of U.S. airline companies, who were deigned to receive almost two-thirds of what the U.S. hospital sector was set to receive via loan programs.

CONCLUSION

In their role as public leaders, the CDC and the White House have taken numerous aggressive actions in order to slow, contain, and mitigate the spread of COVID-19, especially in the early months of the pandemic. Restricting and banning travel bought the U.S. some amount of time to prepare for a domestic outbreak, though their late recommendations on face coverings may have countered those benefits. As cases were confirmed in the United States, the CDC deployed personnel and published information guides designed to inform public health professionals and the general public on how to protect oneself as well as others. The White House addressed the nation with positive messaging to assure Americans that this virus was under control but, facing reality, shifted to a more somber tone three months into the crisis. This led to President Trump’s mid-March landmark declaration of a National Emergency. Six months into the pandemic, this verbal downplaying of the severity of the coronavirus is now a polarized issue, also being criticized as deceptive “lies,” though we may never satisfactorily determine the veracity of either side’s statements. Medical experts and

scientists have struck up private-public partnerships in order to lead testing efforts as well as develop a vaccine, although experts project expect it will take 12-18 months for a vaccine to be readily available to the public. The U.S. Congress has also been responsive, first directing \$8.3 billion and then \$2.2 trillion towards combatting the pandemic and supporting the troubled economy, among other congressional funding acts that are expected to continue.

Seven months in, the situation remains tense. The failure to roll out early diagnostic testing on an industrial scale as well as the complacently self-congratulatory tone adopted by the White House through February and early-March have contributed to these tensions. Even into the summer, measures to track and enforce mass quarantines of sick and infected members of the public were not fully developed or effective. Nevertheless, the CDC and the Coronavirus Task Force continued to provide frequent status updates, almost at a daily rate through April, and have succeeded in alerting the American public to the domestic public health threat, taking into account the many unknowns that still exist. Into summer, the White House remained resolutely focused on “flattening the curve” of the domestic coronavirus outbreak and President Trump has been acting under a banner of keeping the public calm regarding the virus through this difficult time.

While positive messaging from the White House can be regarded as ignorant or unrealistically optimistic, especially in the first half of the year, they can also be intended as a strategic way to maintain stability and an optimistic spirit among an understandably frightened public. Even after the released interviews between President Trump and Bob Woodward on the issue, it is difficult to determine for certain the intentions behind these statements. But their impacts—present and future—can be seen and evaluated for future analysis.

Governments around the world are in an unenviable position. Regardless of what steps the CDC and White House take, it is up to individuals to educate themselves about the coronavirus and act in the interests of themselves and those around them as the government struggles to balance the concept of public health and freedoms guaranteed in national documents like the U.S. Constitution. Still, governments and their human-led healthcare groups, like the CDC and the White House Coronavirus Task Force, are fulfilling their duty to guide the world through this pandemic to the best of their ability as society stumbles—and progresses—in this new world of unknowns.

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Part 3: Viral Mistruths

Separating Fact from Fiction Regarding China's Early COVID-19 Response

By Sourabh Gupta, Senior Fellow

Key Takeaways

China marshalled a by-and-large commendably prompt, robust and adequately transparent response to the COVID-19 outbreak. Within the real-world constraints imposed by a once-in-100-year pandemic event, China's early-warning prevention, containment and mitigation system largely worked. There were failures too. Authorities should have imposed earlier and stronger controls over population movement and amplified rather than downplayed the possible infectiousness of the outbreak in mid-January.

There was no three-week delay in movement at the Chinese end, as critics have insinuated, to investigate, isolate and detect the early spread of the COVID-19 virus. The WHO-China Joint Mission of 25 national and international experts termed China's response as the "most ambitious, agile and aggressive disease containment effort in history."

There were no major shortcomings on China's part in alerting the U.S. and the international public health community of the COVID-19 outbreak. The Taiwanese accusation that China did not alert its domestic audience and the international community to the COVID-19 outbreak has been proven to be a falsehood. That said, China was indeed parsimonious in sharing early epidemiological data on person-to-person spread to its international counterparts.

The U.S. and the international community bear an obligation to reckon honestly with the facts of China's early coronavirus response. Failings there were on China's part, and from which China will no doubt learn. A once-in-100-year pandemic event does not lend itself to predictable management and facile solutions. The early 'fog of war' notwithstanding, the integrity of the authorities' initial response and successes, particularly in terms of isolating the causative virus and establishing diagnostic tools, overwhelmingly outweigh the failings.

With world facing a global economic challenge unseen since the Great Depression of the early-1930s and a global public health challenge unseen since the Great Pandemic of the late-1910s, it is imperative that the all sides come together to confront and defeat their common enemy.

THE MANY RIGHTS AND FEW WRONGS OF CHINA'S EARLY COVID-19 RESPONSE

The world is facing a global economic challenge unseen since the Great Depression of the early-1930s and a global public health challenge unseen since the Great Pandemic of the late-1910s. Rather than come together to face the common challenge, the U.S. and China are growing apart as the Trump Administration and Congressional Republicans accuse China with increasing venom on the origins of the COVID-19 virus, alleged cover-ups, and – incredibly - on future damages due.

The bitter blame-game has been spawned by the uncritical acceptance by many of China's supposed early COVID-19 related failings. The crux of the accusation is that China knew - and the World Health Organization (WHO) was separately kept informed by Taipei - that there was evidence of human-to-human transmission of COVID-19 as early as 31 December 2019. Yet, rather than alert the U.S. and international public health community, China allegedly suppressed this vital piece of information until 20 January 2020, silenced the medical professionals who tried to raise the alarm, and engaged in deception. Had China acknowledged this truth and moved aggressively three weeks earlier, the number of global coronavirus cases could have been reduced significantly.

This accusation is, for the most part, misplaced.

First, Taiwan did not alert the WHO to evidence of human-to-human transmission of COVID-19 on 31 December 2019. What Taiwan did convey to the WHO on December 31st contained information that was no more useful than what the Wuhan Municipal Health Commission had, in fact, already publicly announced by that date, i.e. that a viral pneumonia of unknown causes had broken out in Wuhan and that the public should not go to enclosed public places or congregate; furthermore, face masks were recommended when stepping outdoors. As with any respiratory pathogen, it was understood that the risk of person-to-person spread could not be discounted.

Second, the key question to ask regarding human-to-human transmission is not whether the COVID-19 virus was capable of person-to-person spread but, rather, how it is transmitted via person-to-person spread – as in, the nature (and uniqueness) of the virus' transmission-related parameters. To argue that knowledge of person-to-person spread is sufficient to mount a successful prevention, containment and mitigation regime is to entirely discount the ferocious characteristics of the COVID-19 virus – i.e., *its aggressive infection rate, long incubation period, asymptomatic carry-and-spread capability, and peak contagiousness at the pre-symptomatic stage*. And to presuppose that these cryptic characteristics of COVID-19 would have been miraculously divined had China acknowledged human-to-human transmission three or two weeks earlier is to indulge in an utter fantasy. As should be well known by now, there can be a considerable lag between new exposures to the virus and subsequent increase in infections and hospitalizations. It is telling, in this context, that even a full month after China's admittedly belated confirmation of human-to-human transmission of the COVID-19 virus on 20 January 2020, there was ambivalence on the part of senior U.S. infectious diseases

specialists (let alone Donald Trump) to apply the war-paint and transition the U.S. to full battle stations mode. That heightened moment of alarm, and panic, did not occur in the scientific community until late-February/early-March and within the broader political establishment until mid/late-March. By this time, community transmission had already exploded domestically.

BOX 1: DUELING MESSAGES OR COMMUNICATING THE SAME THING? CHINA AND TAIWAN ON DECEMBER 31

December 31, 2019 -- *The Wuhan Municipal Health Commission releases a briefing on its website about the outbreak of pneumonia of unknown cause in the city, confirming 27 cases and telling the public not to go to enclosed public places or congregate. It suggests wearing face masks when going out.*

- Xinhua (April 6)

*On **December 31, 2019**, Taiwan sent an email to the International Health Regulations (IHR) focal point under the World Health Organization (WHO) ... Taiwan's aim was to ensure that all relevant parties remained alert, especially since the outbreak occurred just before the Lunar New Year holiday, which sees tremendous amounts of travel. To be prudent, in the email we took pains to refer to atypical pneumonia, and specifically noted that patients had been **isolated for treatment**. Public health professionals could discern from this wording that there was a real possibility of human-to-human transmission of the disease. **However, because at the time there were as yet no cases of the disease in Taiwan, we could not state directly and conclusively that there had been human-to-human transmission.***

- Taiwan Centers for Disease Control (April 11)

Third, there was no three-week delay in movement at the Chinese end. To the contrary, authorities were laser-focused on investigating, isolating and detecting the early spread of the COVID-19 virus. The race to identify the pathogen kicked off on January 2nd; four institutions tasked with carrying out parallel laboratory testing the next day; the WHO notified on the differences with past respiratory pathogens (avian flu, MERS) on January 5th; the pathogen was confirmed as a new coronavirus on January 9th; its genetic sequence was deposited with the WHO on January 12th; and a detailed protocol of initial public health countermeasures were instituted on January 15th. The WHO-China Joint Mission of 25 national and international experts termed China's response as the "most ambitious, agile and aggressive disease containment effort in history." To those who argue that the country sat on its hands during the early days of the outbreak, the frenetic pace of China's early response utterly belies their

BOX 2: TIMELINE OF KEY INVESTIGATION, ISOLATION, DETECTION AND CONTAINMENT MEASURES UNDERTAKEN (END-DECEMBER TO JANUARY 15)

Late-December 2019

The Wuhan Center for Disease Control and Prevention (CDC) in central China's Hubei Province detects cases of pneumonia of unknown causes.

Dec. 30, 2019 -- The Wuhan Municipal Health Commission issues an urgent notification to medical institutions under its jurisdiction, ordering efforts to appropriately treat patients with pneumonia of unknown cause.

Dec. 31, 2019 -- The National Health Commission (NHC) sends a working group and an expert team to Wuhan to guide epidemic response and conduct on-site investigations.

January 2020

Jan. 2

-- The Chinese Center for Disease Control and Prevention (China CDC) and the Chinese Academy of Medical Sciences (CAMS) receive the first batch of samples of four patients from Hubei Province and begins pathogen identification.

-- The NHC comes up with a set of guidelines on early discovery, early diagnosis and early quarantine for the prevention and control of the viral pneumonia of unknown cause.

Jan. 3 -- The NHC authorizes the China CDC and three other institutions to carry out parallel laboratory testing of the samples for pathogen identification.

Jan. 5

-- Laboratory test results rule out respiratory pathogens, such as influenza, avian influenza, adenovirus, the Severe Acute Respiratory Syndrome (SARS) coronavirus, and Middle East Respiratory Syndrome (MERS) coronavirus, as the cause of the epidemic.

-- The WHO releases its first briefing on cases of pneumonia of unknown cause in Wuhan.

Jan. 7 -- The China CDC succeeds in isolating the first novel coronavirus strain.

Jan. 9 -- The expert assessment group of the National Health Commission publicly releases information on cause of unexplained viral pneumonia in Wuhan; the pathogen is initially judged as a new coronavirus.

Jan. 10

-- Research institutions including the Wuhan Institute of Virology (WIV) develop testing kits. Wuhan City organizes tests of all relevant cases admitted at hospitals in the city.

-- China CDC shares the specific primers and probes for detecting the novel coronavirus with WHO.

Jan. 12

-- The Wuhan Municipal Health Commission changes the name of “viral pneumonia of unknown cause” to “pneumonia caused by the novel coronavirus” for the first time in a briefing.

-- The China CDC, the CAMS and the WIV under the Chinese Academy of Sciences (CAS), as designated agencies of the NHC, submit to the WHO the genome sequence of the novel coronavirus (2019-nCoV), which is published by the Global Initiative on Sharing All Influenza Data (GISAID) and shared globally.

Jan. 13 -- The NHC instruct Wuhan authorities to further strengthen social management measures and body temperature monitoring at ports and stations, as well as reduce crowd gathering.

Jan. 15 -- The NHC unveils the first version of guidelines on diagnosis and treatment for pneumonia caused by novel coronavirus, along with the guidelines on prevention and control measures.

Source: Xinhua

Fourth, there were no major shortcomings on China’s part in alerting the U.S. and the international public health community. The WHO as well as Hong Kong, Macao and Taiwan were informed of the brewing epidemic on January 3rd, the U.S. Centers for Disease Control and Prevention (CDC) was kept in the loop the next day (on the basis of which the CDC issued its highest level travel notice on January 6th), preliminary progress on pathogen identification was relayed to the WHO on January 9th, and COVID-19’s genetic sequence shared with the WHO on January 12th. Counterparts from Hong Kong, Taiwan, Macao and the WHO even paid field visits between January 13th and January 20th. This having been said, China was indeed parsimonious in sharing early epidemiological data on person-to-person spread to its international counterparts. The epidemiological characteristics and investigation results of the virus was only published for the first time on January 21st and January 22nd.

BOX 3: TIMELINE OF KEY INTERNATIONAL COOPERATION AND TRANSPARENCY MEASURES UNDERTAKEN (END-DECEMBER TO JANUARY 15)

Late December 2019

-- The Wuhan Center for Disease Control and Prevention (CDC) in central China’s Hubei Province detects cases of pneumonia of unknown causes.

Dec. 30, 2019 -- The Wuhan Municipal Health Commission issues an urgent notification to medical institutions under its jurisdiction, ordering efforts to appropriately treat patients with pneumonia of unknown cause.

Dec. 31, 2019 -- The Wuhan Municipal Health Commission releases a briefing on its website about the pneumonia outbreak in the city, confirming 27 cases and telling the public not to go to enclosed public places or congregate. It suggests wearing face masks when going out.

January 2020

Jan. 3

- Starting Jan. 3, China begins informing the WHO, relevant countries and regions, including Hong Kong, Macao and Taiwan about the pneumonia outbreak.
- China begins to inform the United States of the pneumonia outbreak and response measures.
- The Wuhan Municipal Health Commission provides an updated briefing on its website about the situation of viral pneumonia of unknown cause, reporting a total of 44 cases.

Jan. 4 -- Head of the China CDC talks over the phone with director of the U.S. CDC about the pneumonia outbreak. The two sides agreed to keep in close contact for information sharing.

Jan. 5

- The Wuhan Municipal Health Commission provides an updated briefing on the situation of viral pneumonia of unknown cause, reporting a total of 59 cases.
- China informs the WHO about the outbreak updates.
- The WHO releases its first briefing on cases of pneumonia of unknown cause in Wuhan.

Jan. 6 -- The NHC gives a briefing on cases of pneumonia of unknown cause at a national health conference, calling for efforts to strengthen monitoring, analysis and study, and take timely measures.

Jan. 7 -- Xi Jinping, general secretary of the CPC Central Committee, issues instructions on epidemic response while presiding over a meeting of the Standing Committee of the CPC Political Bureau.

Jan. 8 -- Heads of China and U.S. CDCs talk over the phone to discuss technological cooperation.

Jan. 9

- The expert assessment group of the National Health Commission publicly releases information on cause of unexplained viral pneumonia in Wuhan; the pathogen is initially judged as a new coronavirus.
- China reports information regarding the epidemic to the WHO, shares the preliminary progress regarding pathogen identification of the unknown viral pneumonia to the WHO.
- The WHO releases a statement on its website regarding pneumonia cases in Wuhan, saying that preliminary identification of a novel coronavirus in a short period of time is a notable achievement.

Jan. 10

- Head of the NHC Ma Xiaowei as well as Head of China CDC exchange information over the phone with WHO Director-General Tedros Adhanom Ghebreyesus about the epidemic response.
- China CDC shares with the WHO the specific primers and probes for detecting the novel coronavirus.

Jan. 12

- The Wuhan Municipal Health Commission changes the name of “viral pneumonia of unknown cause” to “pneumonia caused by the novel coronavirus” for the first time in a briefing.

-- The China CDC, the CAMS and the WIV under the Chinese Academy of Sciences (CAS), as designated agencies of the NHC, submit to the WHO the genome sequence of the novel coronavirus (2019-nCoV), which was published by the Global Initiative on Sharing All Influenza Data (GISAID) and shared globally.

Jan. 13

-- Delegations from the Hong Kong and Macao special administrative regions and Taiwan visit Wuhan (until Jan. 14.)

-- Wuhan Municipal Health Commission provides an updated briefing on its website, saying Wuhan had reported a revised total of 41 cases of pneumonia caused by the novel coronavirus as of Jan. 12.

Jan. 14 -- The NHC holds a national teleconference, making arrangements for Hubei Province and Wuhan City to strengthen epidemic prevention and control, while ordering the whole country to prepare for epidemic prevention and response.

Source: Xinhua

Fifth, China could have done a better job in relaying the developing gravity of the COVID-19 outbreak to its own citizens. Notable public alerts were provided on December 31st, 2019 by the Wuhan Municipal Health Commission and on January 9th, 2020 by the National Health Commission, when it released information on the virus' cause. The public alerts should have been supplemented with earlier controls on population movement in and out of Wuhan and stronger monitoring, more broadly, of arrivals and exits in Hubei province - the approaching lunar holiday travel period notwithstanding. Arguably, this was the authorities' most significant failing. And during the second trimester of January, a desire to downplay the possible infectiousness of the disease can also be detected.

BOX 4: CHINA'S EARLY RESPONSE: WHO-CHINA JOINT MISSION REPORT

While the scale and impact of China's COVID-19 operation has been remarkable, it has also highlighted areas for improvement in [China's] public health emergency response capacity. These include overcoming any obstacles to act immediately on early alerts, to massively scale-up capacity for isolation and care, to optimize the protection of frontline health care workers in all settings, to enhance collaborative action on priority gaps in knowledge and tools, and to more clearly communicate key data and developments internationally.

Source: World Health Organization

Sixth, the tragic muzzling of Dr. Li Wenliang, whose message of December 30th was intended to alert colleagues and their families privately (but got disseminated publicly and resonated widely) of a potential SARS-type outbreak, was handled crudely. It reflects poorly on the

authorities' knee-jerk propensity to exercise control, especially during a brewing public health emergency when immediate action on early alerts is to be encouraged, not suppressed. That said, Dr. Li's message was neither the first to alert authorities and colleagues to the approaching peril (that distinction belongs to Dr. Zhang Jixian) nor was it materially significant. His message was based, in fact, on the internal notification to medical institutions that had been sent out by the Wuhan Municipal Health Commission on December 30th. A day later, the Wuhan Municipal Health Commission even alerted the public and recommended respiratory pathogen-related common-sense precautions. These precautions could, and should, have been amplified during the first half of January without necessarily stoking panic.

Seventh, and the above point having been made, the only defense at the time of the outbreak – as is also the case today - was an early, concerted and strict prevention, containment and contact tracing regime on the lines adopted by South Korea, Singapore, Taiwan and Hong Kong – failing which, the global case-load would have been just as large today. It is instructive that the first imported case of COVID-19 was recorded in, both, the U.S. and these East Asian countries and regions between January 20th and January 24th. Yet, three months later at end-April 2020, the United States death count stands at 60,000-plus, the United Kingdom death count at 25,000-plus, while the analogous numbers for Seoul, Singapore, Taipei and Hong Kong are 247, 15, 6 and 4, respectively. And consistent with the foremost lesson learned from the Great Pandemic of 1918, countries, provinces and cities which have implemented multiple cautionary interventions – social distancing measures; isolation and quarantining measures - at the early phase of the COVID-19 outbreak are also the ones which have witnessed peak death rates that are orders of magnitude lower than their less vigilant peers.

BOX5: TEST, ISOLATE, CONTACT TRACE, QUARANTINE - REPEAT: SUCCESSFUL LESSONS OF THE COVID-19 OVERACHIEVERS

The “Spanish” flu of 1918 is considered as one of the most lethal pandemics in human history. Over the course of a year-and-a-half, starting early-1918, the flu infected a third of the world's population and killed almost 40-50 million people. As devastating as it was, the pandemic also left important lessons for future public health practitioners – the foremost of which was that (U.S.) cities which had implemented multiple cautionary interventions (social distancing measures; isolation and quarantining measures) at the early phase of the outbreak were also the ones to witness peak death rates which were almost 50 percent lower than their initially less-vigilant peers (Hatchett, May 2007).

Hundred year later, no four countries and regions have epitomized this imperative for prompt and multiple cautionary interventions better than South Korea, Singapore, Taiwan and Hong Kong. As per a *Stringency Index* (see brown dashed line in figure on the next page) prepared by scholars at the University of Oxford to reflect the strictness of government interventions undertaken to create social distancing and augment public health provision, South Korea's early, rapid and rigorous measures were instrumental in “creat[ing] a proper ‘head start’ [that]

Early Cautionary Intervention and Case Fatality Rates – U.S., U.K., and South Korea

(See: Shiva, Mehdi. “We need a Better Head Start for the Next Pandemic.” VoxEU, 26 April 2020.)

made South Korea's intervention exemplary" (Shiva, April 26). Compared to the U.S. and the U.K, Seoul's measures were: (a) instituted earlier, (b) were far more stringent and (c) kicked-in well before the case fatality rates (CFR, i.e. reported deaths among total cases - see green line in figure) had begun to shoot up. Not only did South Korea begin mass testing across the nation relatively early but the country also benefited for a significantly greater health capacity. By contrast, the lack of screening in the U.S. in the first month of the outbreak is clearly seen in the significant 'bump' in the CFR (green line) figure.

When the COVID-19 pandemic is in the rear-view mirror and the manual is written on preventing, containing and mitigating the next great pandemic, South Korea, Singapore, Taiwan and Hong Kong's measures will feature at its very top. All four did three things that was key to breaking the virus' chain of transmission.

First, each instituted a widespread and rigorous regime of early testing and contact tracing. South Korea famously has conducted more than 620,000 diagnostic tests by end-April (one for every 83 residents), including the first ever drive-through system in the world. Each confirmed patient's contacts were then exhaustively tracked down, offered free testing, and transmission pathways blocked. This was reflected in unusually low fatality rates.

Second, all four astutely deployed information and communication technology to trace contacts, keep track of aggregations of movement, provide real time notifications on virus spread, monitor quarantines, etc. Taiwan set the bar here. After integrating its public health databases with border controls as well as household registry and national identification system, it linked private mobile phones to the government's epidemic control center – enabling, among other things, the police to electronically monitor and efficiently enforce the quarantine regime. As a result, the rate of local transmission cases to imported infections is one of the lowest in the world. South Korea's real-time notification system on infection spread and IT-enabled 'self-quarantine app' and 'self-diagnosis app' to monitor self-isolation cases was just as good. Privacy considerations were compromised but life was protected – and protected in spades.

Third, citizens in all four voluntarily displayed a high level of self-discipline, including following stay-at-home orders, social distancing measures, avoidance of crowds, and tolerance of degraded privacy protections during this emergency period. Researchers have pointed to the role of 'civic capital' in slowing the spread of the virus. Specifically, communities with high civic values adopt social distancing measures of their own volition when they are advised to do so *but not required to do so*. Such early spontaneous adoption can be extremely valuable during the initial stages of an epidemic when government is still hesitant to issue strict lockdown orders.

... and China's Success and Lessons for the U.S.

The case of China's successful containment and mitigation of the outbreak may be more relevant to the U.S. today, given that community transmission had already exploded there before authorities had a firm handle on the spread. Quarantining was key to China's success. Makeshift hospitals, schools, hotels, conference halls, etc. were repurposed as quarantine

centers on an industrial scale to house all but the most severe and critical cases (who were hospitalized) in order to relieve the burden on the hospital system. Importantly, suspected patients and close contacts were kept separately within these makeshift quarantine centers too, and isolated from the larger population body until full recovery. As a Chinese wall was gradually constructed between the uninfected and the suspicious/asymptomatic cases, the chain of transmission began to be cut. A similar “smart isolation and quarantine” based adaptation will be required on the part of the U.S. public (Fineberg, April 7). Testing must be ramped up, and a wall of separation created between the uninfected and the asymptomatic/suspicious/mildly-ill cases until the latter have fully returned to normal health.

The U.S. and the international community bear an obligation to reckon honestly with the facts of China’s early coronavirus response. Failings there were on China’s part, and from which China will no doubt learn. A once-in-100-year pandemic event does not lend itself to predictable management and facile solutions. The early ‘fog of war’ notwithstanding, the integrity of the Chinese authorities’ initial response and successes, particularly in terms of isolating the causative virus and establishing diagnostic tools, overwhelmingly outweigh the failings. Febrile times in international relations have not been conducive for the rigorous vetting of charged accusations (think: Iraq War of 2003), with calamitous consequences thereafter. With multilateralism on the back foot, this time all sides must do better.

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Part 4: International Development and COVID-19

The Role of Limited U.S.-China Cooperation in the Global Pandemic Recovery¹

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Key Takeaways

The COVID-19 crisis and its emerging catastrophic economic impacts knows no borders. The realm of international development is no exception. According to the United Nations, the global economy is expected to contract by 3.2% this year and wipe out over USD 8.5 trillion in global output over the next two years.

Vulnerable populations and developing countries will be hit especially hard. An estimated 34.3 million people are expected to fall below the extreme poverty line in 2020, with over half of this amount occurring in Africa alone. This global shock may even thrust an additional 130 million people below the extreme poverty line by 2030 as a direct result of the pandemic.

The world's two wealthiest nations, the United States and China, have both the responsibility and capacity to strategically cooperate in the global recovery process. Yet, the two countries continue to focus more on who is to blame during this critical moment. Fortunately, there are less contentious areas where cooperation could feasibly occur, such as the establishment of a Communication and Coordination Mechanism between the development finance institutions (DFIs) of the U.S. and China.

The U.S. and Chinese governments should strategically leverage the strengths of their DFIs within a multilateral framework. The G20 would be a natural place to start, as the world is nowhere close to the IMF's estimated USD 2.5 trillion needed by emerging markets and developing countries.

Additionally, the World Bank's International Development Association (IDA), which the U.S. and China already contribute billions to each year, could be scaled up radically by bilateral, multilateral, and private creditors. The IDA, which is a multilateral financial institution that provides direct development assistance to emerging economies through interest-free loans. American and Chinese development banks can find ways to communicate and collaborate with the IDA on the ground as their portfolios overlap. Functional U.S.-China cooperation on this front already exists and ought to be amplified.

Although there are many areas where the current political environment is simply not conducive to cooperation, past experiences indicate that the U.S. and China can functionally cooperate in less contentious areas. The international development finance institutions of the world cannot face these challenges alone, but if a limited channel of communication and cooperation can be utilized, their impacts to the global pandemic recovery will be immense.

¹ This part is a modified and updated version of "Blue Dots and Red Roads," an ICAS report released in July 2020.

The catastrophic impacts wrought by the pandemic are only just starting to be understood. According to the United Nations, the effects of COVID-19 will continue to be felt in the years to come. The global economy is expected to contract by 3.2% this year and wipe out over USD 8.5 trillion in global output over the next two years. Vulnerable populations and developing countries will be hit especially hard. An estimated 34.3 million people are expected to fall below the extreme poverty line in 2020, with over half of this amount occurring in Africa alone. This global shock may even thrust an additional 130 million people below the extreme poverty line by 2030 as a direct result of the pandemic.¹

The first presumed U.S. case of COVID-19 reaching U.S. soil is thought to have been as early as January 15, 2020, when a 35-year-old man returned from Wuhan to Washington State, testing positive for the virus days later on January 20.² As the virus spread and intensified in the U.S. and around the world, all sense of business-as-usual collapsed as countries closed their economies as they struggled to contain its spread. The virus has further stressed the relations of many countries, including the already stressed U.S.-China relationship in particular.

The impacts to development agencies, such as the U.S. International Development Finance Corporation (DFC), and development initiatives, such as China's Belt and Road Initiative (BRI), are still in the early stages of unfolding. As budgets freeze and projects grind to a halt for an unknown period of time, questions arise on how resilient the current international cooperation and development system will be in the wake of COVID-19. Developing countries are likely to face even greater challenges in combating the virus than developed countries, as their healthcare systems are even less prepared to handle the virus than the already overburdened systems of western countries.

Development Finance Institutions (DFIs) must manage shifting priorities within their countries towards domestic recovery, and the recovery of project host countries as well. The Center for Global Development argues that wealthier nations like the U.S. and China have both a moral obligation and economic incentive to halt the virus' spread in the developing world, as disease knows no borders.³ Drastic measures such as the postponement of all debt services obligations may be necessary for these countries to recover.

With the U.S. and China both shifting their focus inward to repair their battered economies, what will the future of international development look like? This important question will be explored by assessing how U.S. and Chinese institutions and initiatives have been reacting and attempting to cope with the rapidly changing global environment from COVID-19.

IMPACTS TO CHINA'S INTERNATIONAL DEVELOPMENT OPERATIONS

Efforts to mitigate the spread of COVID-19, such as through social distancing measures, have battered the global economy. The full extent of impacts on BRI and its participating countries are still unfolding even as China continues to reopen. Temporary business closures around the globe will likely bring detrimental consequences to lower-income

countries who have become increasingly dependent on Chinese goods and services. Researchers have noted that abrupt halts in BRI infrastructure projects are directly related to the spread of the virus.⁴ The major projects that have been affected include the China-Pakistan Economic Corridor (CPEC) and Cambodia's Sihanoukville Special Economic Zone. They also noted that projects in Indonesia, Myanmar, and Malaysia have become stuck in holding patterns. Many BRI projects rely almost exclusively on Chinese labor, however, travel restrictions on Chinese workers have prevented them from returning overseas. Many are concerned that some projects could even be abandoned.

China Development Bank has pledged to provide support to BRI-related companies that have been affected by the global health crisis as China reopens its economy.⁵ Specifically, the bank will provide low-cost financing options and special foreign exchange liquidity loans to companies. However, it is unclear whether these forms of support will be offered to only Chinese companies or also to international companies. Published on the Belt and Road website, Beijing encourages Chinese companies to protect the global supply chain by offering goods and services to European countries continuously even through the pandemic. China also hopes to show the world that it hopes to take on a leading role in tackling COVID-19 related issues. On May 7, Beijing stated its plan to remove investment quotas on the dollar-denominated qualified foreign institutional investor (QFII) scheme and the yuan-denominated RMB qualified foreign institutional investor (RQFII) in order to simplify "outward remittance procedures for securities investment gains."⁶ China hopes that this action will guide more foreign investment into the Chinese stock market, enhancing the RMB's role in the global market and boost stocks and bonds.

China's "Mask Diplomacy" and the Health Silk Road

While China began the process of bringing COVID-19 situation under control in February, the virus quietly but savagely spread to nearly every continent around the world. Iran and Italy soon became the epicenters of the global outbreak by the end of February. Japan and South Korea, two of China's neighboring countries, also suffered at the frontline of the initial spread of the pandemic. Partially in an attempt to improve its image as many western countries increasingly publicly blamed China for the spread of the virus, China began rapidly shipping large quantities of medical supply donations around the world. The first reported donations were made to Iran to help combat the COVID-19 outbreak, with 250,000 masks and 5,000 test kits being delivered on February 25, 2020.

According to a database created by ICAS researchers using publicly available information, starting from the end of February through May 2020, China has made over 120 donations and sales to more than 100 countries and international organizations such as the African Union and World Health Organization. China has also sent medical teams to different countries to share their expertise. Hundreds of millions of masks, test kits, PPEs, and thousands of ventilators have been shipped around the world. China stepped into a global leadership role by demonstrating its capacity to manufacture medical supplies en masse and coordinating the

Table 4.1 Largest Recipients of Chinese Medical Supply Donations¹

Recipients	Masks	Ventilators	Test Kits
World Health Organization	101,000,000	0	1,000,000
South Korea	7,580,000	0	0
United Kingdom	5,100,000	65	10,000
African Union	4,900,000	500	1,520,000
United States	4,820,000	2,000	500,000
European Union	2,500,000	800	50,000
Japan	2,014,000	0	125,000
24 Latin American Countries	2,000,000	104	400,000
Italy	1,750,000	80	0
France, Slovenia and Belgium	1,500,000	0	0
Indonesia	1,370,000	0	920,000
Bangladesh	1,227,500	0	0
Russia	1,220,000	200,000	5,000

1 Medical supply donation totals were compiled by ICAS researchers from publicly available Chinese and English language sources. The donations were made by a variety of Chinese entities, including central and local governments, the private sector, and nonprofit foundations. As some donation totals were not publicized by donors, especially from the private sector, these numbers should be considered to be a low-ball estimate and could be subject to change. Some donations were aggregated in their announcements, such as the ‘24 Latin American Countries’, making it difficult to determine how much of the total donation went to each respective country. Donations made to multilateral institutions, such as the WHO and African Union, are left to the discretion of the recipient institution on how to allocate to each member country. For more information on data and methodology, please contact the report authors.

international aid. Reports in March wrote that China boosted its face mask production capacity by 450 percent in a month, with daily mask output exceeding 110 million units.^{7,8} Donations were made by the Chinese public and private sectors, local communities, as well as nonprofits such as the Jack Ma Foundation. The ICAS database reveals that China has donated over 146 million facemasks, over 200,000 ventilators, and over 5 million test kits around the world.

Beginning in mid-March, European countries, such as Italy and Spain, have been the destinations of China's Health Silk Road (HSR). On March 16, Chinese President Xi held a phone conversation with Italian Prime Minister Giuseppe Conte, raising the notion of a "Health Silk Road". The Health Silk Road is a rhetorical extension of the BRI into the global health sector. In a press conference of China's Ministry of Foreign Affairs several days later, Chinese spokesman Geng Shuang repeated this idea by calling on the international community to "work together to build a global prevention and control system to ensure public health security, improve epidemic monitoring, early warning, information sharing and emergency responding mechanisms, implement major international health projects, and make positive efforts to build a health Silk Road".⁹ On April 18, a freight train loaded with medical supplies, auto parts, electronic products, and optical communication fibers, arrived in the western German city of Duisburg from Wuhan, China, resuming the China-Europe freight train service.¹⁰

Though the HSR has been resurrected in the wake of the global pandemic, it is not a new concept. The term was first introduced in January 2017 when President Xi signed a memorandum of understanding with the World Health Organization (WHO) committing to the construction of a "Health Silk Road" that would aim to improve public health in countries along China's Belt and Road.¹¹ In August 2017, the Chinese government gathered health leaders of 60 countries in Beijing and hosted a seminar called "Belt and Road Forum on Health Cooperation: Toward a Health Silk Road", proposing to utilize the BRI network to strengthen international cooperation in the health sector.

Some American officials' reluctance to accept the medical equipment and the critiques of China's "Mask Diplomacy" show Washington's worries of propaganda efforts by China in global leadership.¹² Another concern arose from some defective medical equipment sold to foreign countries by some of the private Chinese companies. Amid the tensions within China and the U.S., COVID-19 pandemic should have been a rare and great rationale for cooperation between two countries to handle the epidemic, and further ameliorate the relationship.

However, there has been some consensus on the necessity of practical cooperation between both countries to combat this crisis. On April 3, over 90 bipartisan, high-level former government officials and experts in the U.S.-China relationship released a joint statement urging for cooperation between the world's largest two economies to meet the coronavirus challenge.¹³

Thomas J. Christensen, a nonresident senior fellow at the Brookings Institution, suggested six areas where Beijing and Washington could seek collaboration in a report published in May:

- to stem the spread of the virus;
- to develop vaccines;
- to prepare for manufacturing and distribution of vaccines;
- to assist the neediest countries;
- to manage debt crises and combat famines in the developing world; and
- to preserve global trade.¹⁴

According to Julian Gewirtz, although cooperation is only one piece of the U.S.-China relationship, “[c]ooperation within a relationship that is sharply competitive must be handled carefully, but managing the risks should be possible.” In essence, Washington and Beijing must act in their unique capacities and collaborate in less contentious areas to develop a bilateral and global agenda on COVID-19. He argues, rightly, that this is not the right time to merely focus on assigning blame, but instead a time for “practical, problem-solving cooperation” in feasible areas.¹⁵ The realm of international development is an important area where this form of cooperation can, and already is in some cases, ought to occur.

In addition to the production and distribution of the H1N1 vaccine, another important U.S. federal government action in response to the H1N1 pandemic was the activation and deployment of influenza response supplies from the Strategic National Stockpile (SNS). The SNS, at the time managed by the U.S. CDC (and now operationally headed by the HHS Assistant Secretary for Preparedness and Response – ASPR), contains large quantities of medicine and medical supplies intended to protect and treat the public if there is a public health emergency that is severe enough that local supplies may be exhausted. The H1N1 pandemic marked the largest deployment of materials from the SNS in an emergency situation in the U.S.

IMPACTS TO AMERICAN INTERNATIONAL DEVELOPMENT OPERATIONS

The full extent of how COVID-19 has impacted normal DFC operations will likely remain unclear for some time. However, even in the wake of the virus halting normal business operations across the United States, on September 9, the DFC Board of Directors announced that it had approved USD 3.6 billion in financing and political risk insurance for new projects in Africa, Latin America, the Indo-Pacific, and other emerging markets across the globe, marking it as the DFC’s largest quarter ever.¹⁶ Since then, a number of multi-million-dollar loans have been promised over the months, presumably indicating that the risk of investing in new projects can be managed despite the virus.

Adam Boehler, the first CEO of the DFC, has notably shifted some of his work priorities towards the domestic mitigation of the COVID-19 outbreak in the U.S. This can largely be attributed to his long-standing career background in the healthcare industry as a venture capitalist and later in government. For instance, his bio reads that “[h]e served as Senior Advisor to the

Secretary, Deputy Administrator of the Centers for Medicare & Medicaid Services, and Director of the Innovation Center at the U.S. Department of Health and Human Services (HHS).¹⁷ Boehler's past work experience, and perhaps his close relationship with Jared Kushner as former college roommates, positioned him to begin working on COVID-19 relief efforts as part of the White House coronavirus task force as early as March 15.¹⁸

Reportedly, both Boehler and Kushner established a private-sector volunteer program to "help source protective gear and test kits for medical workers from vendors" for the Federal Emergency Management Agency (FEMA).¹⁹ To organize this, Boehler brought on Deven Parekh, a DFC board member who is a managing director at Insight, a USD 20 billion venture capital and private equities firm that invests in healthcare technologies, to enlist eight volunteers from the firm to provide this assistance. Additionally, on April 14, Boehler announced at a White House coronavirus task force briefing the creation of a ventilator lending program between hospitals, known as the Dynamic Ventilator Reserve. According to Boehler, of the 60,000 ventilators that reportedly had been going unutilized, 20 top health systems signed up for the program in the first week, representing 4,000 of the total unused ventilators.²⁰

On May 14, Trump signed an executive order that grants the DFC authority under the Defense Production Act to "to make loans, make provision for purchases and commitments to purchase, and take additional actions to create, maintain, protect, expand, and restore the domestic industrial base capabilities, including supply chains within the United States and its territories."²¹ This order grants Boehler authority to distribute loans supporting domestic industrial base capabilities that would bolster the national response and recovery to the COVID-19 outbreak and the resiliency of any relevant domestic supply chains.

International development experts raised concerns that a new, understaffed agency specializing in overseas investment might be ill-equipped handle this challenge compared to a domestic-focused agency.²² Furthermore, it raises questions about a shift in the DFC's Congressionally mandated mission. In order to assuage these fears, Boehler has assured that all funding for these loans will come through the Department of Defense and therefore does not apply towards DFC's USD 60 billion spending cap. Furthermore, Boehler indicated that DFC will recruit a team to administer this new authority without impacting the core work of the agency.

Time will tell if DFC can manage these additional operations outside its intended scope of work without impacts to its mission. A clear step in the right direction was revealed on May 26, 2020, when the Board of Directors announced it had approved the implementation of a USD 4 billion *Rapid Response Liquidity Facility* granted by Congress.²³ The Facility allows existing DFC clients to apply for additional financing on projects that have been impacted by challenges created by COVID-19, such as revenue declines leading to debt repayments or construction delays. DFC CEO Adam Boehler will be granted the authority to approve financing without Board approval to respond quickly to client needs. Although this additional liquidity is good news to many DFC-backed clients, there is no indication yet that the current amount available will provide the necessary relief to these projects.

How the DFC is Cooperating with Other Development Finance Institutions on COVID-19

In partnership with FinDev Canada and the Association of European Development Finance Institutions, David Bohigian, the last CEO of OPIC, established the Development Finance Institution (DFI) Alliance on April 11, 2019.²⁴ The Alliance was created for DFIs to exchange best practices, strengthen relationships, and explore opportunities for collaboration in development. On April 6, 2020, the Alliance pledged to act as economic first responders in vulnerable populations by working together and pooling resources to leverage local private sectors “to help resolve current liquidity issues in financial sectors, support the viability of existing companies impacted by the virus, and promote new investment in goods and services necessary to global health, safety, and economic sustainability.”²⁵

The Global Health and Prosperity Initiative

On May 11, 2020, DFC announced a call for proposals under its new *Health and Prosperity Initiative*, in which up to USD 5 billion will be mobilized over the next three years in health-related investments.²⁶ Individual DFC investments will range from USD 5 million to USD 500 million+ for a total aggregate direct exposure of up to USD 2 billion in direct government financing and other investment support in this same period. All DFC-eligible countries will be able to participate in the initiative, although special emphasis will be given to African countries.

To qualify and satisfy selection criteria, applicants must satisfy a number of transparency, accountability, environmental, labor, and social sustainability standards that are typical of DFC projects. In addition to this, DFC also indicates that applicants must be privately owned and managed entities, likely barring any state-owned corporation from participation. Of the ten major selection criteria, it is also notable that DFC states that it “prefers”, but “does not require” that the project company have a “U.S. Connection.”²⁷ This means that the project company is a U.S. entity, a foreign entity with a majority U.S.-ownership, or has raised an adequate amount of investment capital from U.S. investors.

Nafisa Jiwani, Managing Director for Health Initiatives at DFC, is tasked with leading this initiative. Jiwani indicated that the initiative will initially seek to focus these project investments primarily on the global COVID-19 pandemic response by mobilizing investments in health system capacities, such as supply chains that would “expand the distribution of diagnostics, therapeutics, vaccines, and other medical supplies, products and equipment.”²⁸ Reportedly, DFC will hire another four to six employees to help speed up the process on deals related to the pandemic response. However, it remains unclear how quickly DFC will close its first investments and how they will directly impact COVID-19 relief.

More Delays for the Blue Dot Network?

Since its controversial and perhaps overly hasty introduction in November 2019, the Blue Dot Network remains elusive, with some wondering at this point if it will be able to come to

fruition given the global uncertainties created by COVID-19. Scholars and policymakers in the United States, China, and other parts of the world have been left scratching their heads waiting for the true launch of this initiative being billed as a Michelin star rating system for development finance that will compete with China's USD 40 billion Silk Road Fund.

While focused on recovery from the pandemic, target BDN partner countries such as Indonesia may not prefer the strict compliance and bureaucratic hurdles being advertised by the Blue Dot Network. For example, as Indonesia approaches recession, the government has introduced reforms allowing its central bank and state-owned enterprises to buy bonds, causing the value of the rupiah to plummet. Sandy Milne at Defense Connect argues that “[i]f these trends continue, we are likely to see Indonesia continue to loosen employment regulations, and distance itself as a potential BDN partner.”²⁹ With the virus now hurdling the country closer towards a recession, the government has introduced reforms allowing its central bank and state-owned enterprises to buy bonds, causing the value of the rupiah to plummet. He argues that “[i]f these trends continue, we are likely to see Indonesia continue to loosen employment regulations, and distance itself as a potential BDN partner.” Similar to how Spain has relied on the Health Silk Road with a USD 467 million purchase of medical supplies from China, it will be likely that developing countries like Indonesia will become increasingly dependent on China for emergency supplies and recovery assistance.³⁰

The road to recovery for COVID-19 will be a difficult one for all nations, but especially for developing countries. This could very well bring further delays to the true launch of the Blue Dot Network, which is still being developed by the U.S., Japan, and Australia. With countries needing immediate assistance to stave off recession, the possibility exists that COVID-19 has completely shifted the potential effectiveness or purpose of the Blue Dot Network.

THE POTENTIAL FOR LIMITED US-CHINA COOPERATION IN INTERNATIONAL DEVELOPMENT

The rationale for U.S.-China cooperation amidst the COVID-19 response and recovery cannot be understated. The world's two largest economies have the greatest capacity, and responsibility, to mitigate the global socioeconomic impacts of the virus. Unfortunately, the virus itself seems to have infected the already declining U.S.-China relationship as each seeks to blame the other for mishandling the situation. However, as the Center for Global Development argued, wealthier nations like the U.S. and China must address the spread of the virus in the developing world in order to repair the world economy.

Given the current trajectory of diplomacy between the two countries, it would be unrealistic to expect the U.S. and China to simply put aside all of their differences to work together in every way necessary to address this challenge. Julian Gewitz, an Academy Scholar at Harvard's Weatherhead Center for International Affairs, writes on ChinaFile, “[a]s competition between America and China intensifies, arguments for any form of cooperation with China are sometimes portrayed as dovish, naïve, or even duplicitous, as if cooperation were a form of appeasement.”³¹ However, areas of strategic cooperation despite the current state of the relationship do exist and must be pursued as a matter of pragmatism.

Historical Precedence for Global Cooperation in Public Health and Development

There is precedent for this U.S.-China cooperation in global health, such as when the Soviet Union and the United States jointly improved a vaccine for polio.³² In fact, the U.S. and China had successfully cooperated during the past SARS and H1N1 epidemics. Despite the current vitriol being thrown by both sides, it is not too late for some form of limited cooperation.

In the realm of international development, there was an initial effort between USAID and China's Ministry of Commerce (MOFCOM) to establish an Exchange and Communication Mechanism when the two entities signed a memorandum of understanding in September 2015 during President Xi's visit to Washington.³³ Within the memorandum, the U.S. and China had agreed to strengthen numerous areas of potential cooperation in meeting the development needs of recipient countries, including food security, humanitarian assistance, specific project cooperation, and most notably, public health security in support of the World Health Organization's International Health Regulations. In the wake of the 2014 Ebola epidemic, another push for U.S.-China cooperation in global health and development was made in 2016 when the Obama administration reached an agreement with Beijing to jointly support the Africa CDC and strengthen links between Chinese, African and American health experts.³⁴

Regrettably, these budding areas of cooperation have likely wilted prematurely amid increasing friction between the two governments. It remains unclear whether any further progress will be made between USAID and MOFCOM, as very little has occurred since the 2016 China-U.S. Development Cooperation Conference held in Beijing.³⁵ Furthermore, cooperation between the U.S. and China in funding Africa CDC eroded in February 2020 when the Trump administration made attempts to block China from building an USD 80 million Africa CDC headquarters in Ethiopia, according to a Financial Times investigation.³⁶ Trump administration officials accused China of seeking to develop this project to steal genomic data from all the other centers, which was denied by Chinese officials. Despite this erosion of trust between the U.S. and China, the potential exists for limited forms of cooperation between development finance institutions for COVID-19 relief efforts in the developing world.

What Could the Future of U.S.-China International Development Finance Look Like From Here?

There are signs that U.S.-China cooperation in the pandemic response is already underway despite geopolitical tensions. Through previous connections made with China's CDC during his work on the previous Sars epidemic, Ian Lipkin, director of the Center for Infection and Immunity at the Mailman School of Public Health at Columbia University, has established research partnerships with Chinese colleagues.³⁷ Through these connections and partnerships, US scientists are able to work with China to investigate the origin of coronavirus. This has allowed US and Chinese researchers to study early infection cases by testing blood samples of pneumonia patients nationwide in December, November, or even earlier. This research

is critical to better understanding the nature of the disease and could prove critical for developing treatments. Without this U.S.-China partnership, these efforts would likely be impeded, potentially exacerbating the already devastating global impacts of the virus.

The potential for limited U.S.-China cooperation in international development, despite the mutual benefits, will depend on a variety of factors. Minxin Pei, Director of the Keck Center for International and Strategic Studies at Claremont McKenna College, identifies four interrelated prerequisites for U.S.-China cooperation to occur in this area: “(1) the geopolitical sensitivity of specific issues, (2) the geopolitical importance of the countries concerned, (3) overlapping interests, and (4) the party that controls the U.S. executive branch.”³⁸ Given this, the chances that development finance institutions of the United States and China would cooperate by jointly investing in hard infrastructure development, such as building hospitals for COVID-19 relief efforts, is exceedingly slim.

However, there are other ways that Chinese and American development finance institutions such as DFC and CDB could coordinate efforts to aid in global recovery efforts from the pandemic. The establishment of a Communication and Coordination Mechanism between the DFC (or potentially more broadly with the DFI Alliance) and China’s own development finance institutions would greatly assist in the global recovery from COVID-19 and in other times of crisis. According to scholars at the Center for Global Development, through this channel of communication, U.S. and Chinese DFIs would be able to coordinate to improve recovery efforts in the developing world by:

- maintaining capital markets;
- financing local firms offering innovations, business models, or products that address the crisis;
- channeling financing in the hardest-hit regions;
- developing a readiness plan for post-pandemic financial assistance.³⁹

An added benefit of this limited form of cooperation will prove that the two countries need not only compete within the development finance sector. This could ripple into other areas of potential engagement by addressing some of the frictions the U.S. has with Chinese financing. For instance, communication and coordination on financing in the developing world would bring about greater levels of transparency from the Chinese side. Both the U.S. and Chinese-led initiatives would experience greater levels of mutual learning through healthy competition and by pooling together their intellectual capital, such as sharing best practices in debt sustainability to reduce project risk and overspending. In addition, the U.S. and China could reach agreements on how to proceed with debt renegotiations to prevent lower and middle-income countries from defaulting on loans during times of crisis.

The U.S. and Chinese governments can cooperatively leverage the strengths of their DFIs within a multilateral framework as well. The G20 would be a natural place to start. During the Extraordinary G20 Leaders' Summit convened on March 26, all members agreed to safeguard the global economy, committing to cooperate to enhance global financial safety nets. On June 2, former global heads of state and leaders of financial institutions called upon the G20 to implement concrete measures in full, as the world is nowhere close to the IMF's estimated USD 2.5 trillion needed by emerging markets and developing countries.⁴⁰

For instance, Erik Berglöf et al. concur that the World Bank's International Development Association (IDA) must be scaled up radically by bilateral, multilateral, and private creditors until the end of 2021.⁴¹ The IDA is a multilateral financial institution that provides direct development assistance to emerging economies through interest-free loans. Additionally, tools such as its Crisis Response Window were critical towards supporting countries undergoing severe crises, such as during the Ebola outbreak in West Africa, which must also be leveraged during the COVID-19 crisis. Both the U.S. and China are already contributors to the IDA, providing USD 3 billion and USD 1.2 billion, respectively, to replenish it in 2019. Not only must the U.S. and China help ramp up IDA funding, but their own development banks must find ways to communicate and collaborate with the IDA on the ground as lending portfolios overlap.

Although there are many areas where the current political environment is simply not conducive to full and complete cooperation, past experiences indicate that the U.S. and China can work together to solve some of the world's most pressing issues. The international development finance institutions of the world cannot face these challenges alone, but if a limited channel of communication and cooperation can be utilized, their impacts to the global pandemic recovery will be immense and the road to recovery for the U.S.-China relationship could begin rebuilding trust in certain areas.

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Part 5: Hawks and Wolves

How Nationalist US and Chinese Public Figures Shifted Political Rhetoric in Response to COVID-19 Public Health Response Mismanagement

By Stephen Dwyer, ICAS Alumni

Key Takeaways

The US Republican Party and Chinese Communist Party (CCP) have both historically co-opted “growing economy” rhetoric to maintain favor with a majority of their respective citizenry. By 2019, projections of slowing growth in 2020 — alongside the unpopular US-China trade war — began slowly shifting both parties’ dominant rhetorical narratives from “we bring you a good economy” to “this enemy wants to harm our good economy.”

COVID-19 suddenly and rapidly threatened public safety and economic growth, prompting a perception from each party (which was sometimes accurate) that their domestic citizenry was unsatisfied with certain aspects of their COVID-19 response and were, therefore, questioning the parties’ legitimacy to lead their country. This perception dominated Chinese politics from January to early March and US politics from March onwards.

Both the Republican Party and CCP responded to these perceptions by increasing the speed and magnitude of their narrative shifts from “good economy” to “bad enemy.” US “hawks” and Chinese “wolves” spread conspiracy theories and grand narratives of political economy — tactics which are indicative of strongmen-style politics and surprisingly uncommon at those levels of government — in order to catalyze this shift.

This shift took the form of four major narratives between the two countries: (1) US military transmission of COVID-19 to Wuhan, (2) use of the term “Wuhan/China Virus,” (3) Chinese mask diplomacy, and (4) a Wuhan lab developing COVID-19.

Despite that, within these narratives, the Republican Party depicts China (or sometimes specifically the CCP), as the enemy and the CCP depicts the US (or sometimes the Trump administration) as the enemy, the political motivations and rhetorical tactics utilized by each party and its current administration are strikingly similar. Xi Jinping’s administration has been more successful in achieving its goal of regaining domestic support than Donald Trump’s.

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ONCE UPON A TIME

Most every compelling story must contain four things: (1) an unexpected conflict, (2) a scheming and powerful antagonist, (3) a modest and relatable protagonist, and (4) a beginning. So, when COVID-19 steamrolled everyone's pre-conceived personal plotlines for 2020, some started to use stories to explain the disruption and posit novel ways to overcome COVID-19's actual and rhetorical peaks and valleys.

Well before the year 2020 (a beginning), the Microsoft co-founder and international philanthropist Bill Gates (scheming antagonist) actually funded the creation of COVID-19 in order to cause mass panic (unexpected conflict) so that his well-timed vaccine and brain-chip technology would quickly become mass-adopted for his own personal profit, even at the expense of the freedom-loving, American way of life. Republican pundits, like Laura Ingraham and Alex Jones, and anti-vaccinators, like Robert F. Kennedy Jr. (the son of the former Senator of the same name), uncover the "small" fact that the Gates foundation funded a poultry-coronavirus vaccine, which reveals the billionaire's malicious intentions; oh, and Bill Gates' criticism of President Trump (relatable, cap-wearing protagonist) only validates their wise intuition.

This story is, of course, mere conspiracy; but people from all around the world have been using narratives like this one to place blame and make sense of the pandemic. From Brazil to Russia to China to the United States, conspiracy theorists have accused a myriad of villains—the aforementioned Bill Gates,¹ China,² the US,³ and even "shadowy powers"—of actively creating the virus to fulfill some purpose, such as to profit off of a vaccine or harm another country's economy.⁴ The magnitude of social media shares,⁵ as well as the endorsement from semi-famous public figures and celebrities, has suggested that a sizable portion of citizens around the world seem more inclined towards believing conspiracy over scientific analysis. But conspiracy in the face of change is nothing new; it is the actions of President Nicolás Maduro of Venezuela—who himself concurred on the conspiracy of COVID-19 as an American-created bioweapon—which reveal a worrying trend: some public figures around the world, including public figures of the world's two largest economies, are either magnifying or espousing conspiracies, almost always with the inclusion of an international antagonist as central to the narrative.⁶

For years, US and Chinese collaboration epitomized the idea that international cooperation benefited everyone, as was on full display during their joint responses to the 2008/09 global financial crisis and the Ebola outbreak. But with COVID-19, US "hawks"—anti-China public figures like Peter Navarro,⁷ Michael Pompeo, and Tom Cotton—and Chinese "wolves"—anti-US public figures like Deputy Director of the Chinese Ministry of Foreign Affairs Information Department Zhao Lijian—seem more interested in naming, blaming, and shaming over collaborating and cooperating. Only weeks apart in March, Zhao Lijian pushed the conspiracy that the US army introduced COVID-19 to Wuhan while United States Senator Tom Cotton suggested the conspiracy that a Chinese weapons lab created the virus.⁸

Under the leadership of Presidents Donald Trump and Xi Jinping, international collaboration has been replaced by a months-long narrative "tit-for-tat" which dwarfs

the popularity and impact of any other COVID-19 related narrative.⁹ The rest of the world has noticed, with the Prime Minister of Singapore, United Nations, European Union, US Centers for Disease Control, and World Health Organization all either disapproving of US-China noncooperation or embarking on efforts to dispel virus misinformation.¹⁰

As COVID-19 exceeds 30 million cases worldwide, misuse of rhetoric and misinformation has not only limited multilateral coalition building but has likely degraded public trust as well. This has inhibited otherwise more effective public health responses and, ultimately, resulted in the preventable loss of human life. So, while public health specialists and virologists investigate the truths about the origins, spread, and symptoms of COVID-19, it is also worth investigating the origins, spread, and symptoms of COVID-19 narratives. What narratives have become popular, how have they been spread, and why?

To answer these questions, research from the often-overlooked field of narratology has been used to analyze the rhetorical patterns and underlying political and economic motivations of these hawks and wolves.¹¹ The lens of narratology, which studies how somebody (or some organization) can use narrative tools to “tell somebody else (or others) on some occasion for some purpose that something happened,” extends and solidifies secondary source analysis that has, thus far, relied mostly on intuition to analyze the rhetoric.¹² Through analysis of primary and secondary US and Chinese sources, one can find surprising similarities between the rhetorical patterns and political motivations of the US Republican Party (under President Trump’s leadership) and the Chinese Communist Party (under President Xi’s leadership).

In the face of the rapidly changing health, social, and economic consequences of COVID-19, both the Republican and Chinese Communist Parties responded to perceptions of domestic dissatisfaction with their pandemic response by rapidly catalyzing already slow-moving rhetorical shifts from “good economy” to “bad enemy.” These shifts heated up in February of 2020 and, by the summer of 2020, had effectively heralded the lowest point in US-China relations since 1979, a declared end to “blind engagement,”¹³ and the (inaccurate) proclamation of a new Cold War.¹⁴ And since the global economy is not expected to recover before 2021, these rhetorical shifts will likely not reverse course anytime soon.

To quickly execute these shifts, hawks and wolves utilized ‘strongman’ rhetorical tactics, such as magnifying or spreading conspiracies that tap into paranoid, “us vs them” narrative structures or reframing domestic public health questions as grand finalities of political economy. In doing so, they stoked nationalism, likely with the goal of improving short-term domestic favor for their respective political party. This rhetorical shift included a handful of major metaphors and narratives worth summarizing and analyzing: (1) that the CCP perpetuated the conspiracy of the US military introducing COVID-19 to Wuhan, (2) the Republican Party’s use of the term “Wuhan/China Virus,” (3) Chinese global mask diplomacy, especially in Europe, and (4) the US conspiracy that a Wuhan lab created and leaked the virus.

Throughout this shift, despite that the Xi administration has depicted the US as China’s current adversary (“a them”) and the Trump administration has depicted China as the US’s current adversary, each party seems to have found inspiration from the playbook of the other.

Narratologists call this “irony.”

NARRATIVES AS COMFORT

As Roland Barthes famously remarked, narrative “is present in every age, in every place...it is simply there, like life itself.” But narrative is not a structure. Narrative is the act of a teller using the resources of narrative (including fiction, the ultimate “what if”) to achieve a purpose with a specific audience. Politicians utilizing fictive rhetoric often provide verbal and visual hints (e.g. the tone of sarcasm) to communicate their transition into fictive discourse; however, politicians do sometimes walk the line between fiction and lies, and conspiracy often festers within that line. Because rhetoric is typically formed for a purpose, analyzing rhetoric with an understanding of the underlying political economy can draw insights into the likely purpose of the rhetorician.

Narratives are certainly not novel to the modern age, and analyzing narrative form is a practice that goes all the way back to Aristotle, who in his work *Poetics* distinguished story from history before analyzing the former at length. In one part of his ancient analysis, Aristotle discussed something he called “probable impossibilities,” which he used to refer to events within a story which would be historically or scientifically impossible but may be excusable if they improve the progression of the plot. For example, historical fiction that follows one group of characters may casually ignore historical realities if including those realities would otherwise disrupt the progression of an engaging plot. For stories, probable plot progression can often take precedence over strict adherence to science or historical fact.

Modern narratologists developed this idea further by distinguishing between the actual and authorial audience. Whereas the former refers to the actual flesh and bone person, the latter refers to that person responding to the author in a way that would otherwise seem unordinary. In the setting of a university classroom listening to the lecture of a professor (author), Jane Doe may raise her hand to ask a question; in the setting of a movie theatre watching the film of a director (author), she may suspend her disbelief and think that aliens are attacking the Earth. However, in the setting of the dinner table eating a meal with her family, raising a hand to ask a question or believing in hostile aliens would seem particularly abnormal, even though they seemed appropriate within different settings with different authors. Depending on the situation and author, actions and behaviors that would normally feel uncomfortable as an actual audience member seems probable, cathartic, and appropriate to Jane as an authorial audience member.

Within the realm of political rhetoric, Jane Doe may employ this same shift from actual to authorial audience when taking the position of the freedom-loving Republican who, within the seat of viewing the political theatre of President Trump or Senator Cotton, may actually prefer the probable impossibilities of familiar right-wing narratives over the probabilities of scientific analysis. In the context of scientific or chronological analysis, China manufacturing COVID-19 as a bioweapon is improbable; in the context of Trump’s years of rhetoric casting China as an enemy, China manufacturing COVID-19 as a bioweapon to harm the US economy is probable, and (for Trump’s purpose) even preferred.¹⁵ This

example highlights a critical trend: that citizens can take on the role of an authorial audience member and suspend disbelief to perceive the scientifically impossible as probable, as long as it appropriately fits the narrative patterns of the respective political rhetoric. Conspiracy theories, which loosely mimic scientific theory, can serve as temporary stepping stools between science and fictive rhetoric—and unfortunately, without the distinction these deserve. Practitioners of paranoid conspiracy use oversimplified fictive structures to loosely connect individual facts to create an unusable, but aesthetically appealing, false bridge of truth; to use elementary plots to equate loose or coincidental correlation with certain causation.

*“One of the impressive things about paranoid literature is the contrast between its fantasied conclusions and the almost touching concern with factuality it invariably shows. It produces heroic strivings for evidence to prove that the unbelievable is the only thing that can be believed... McCarthy’s 96-page pamphlet, *McCarthyism*, contains no less than 313 footnote references... the paranoid mind is far more coherent than the real world...nothing if not scholarly in technique.”¹⁶*

Of course, for the conspiracy-speaking narrator or receptive listener, “truths” take the form of normalized, “us vs. them” and “fight or flight” ideals; and those “truths” can become easily susceptible to political propaganda that encourages fighting a particular “them.” When compared to complex, science-based analysis, many will find simple conspiracies, which follow the same narrative patterns of the popular movies, video games, television shows, and literature they are used to, as easier to connect with and understand. Indeed, since “narrative is one way of attempting to make sense of traumatic situations,”¹⁷ the familiar patterns of conspiracy narratives are likely to bring a sense of agency and comfort during the fear, trauma, and loneliness from this unprecedented social distancing and heightened probability of death.¹⁸

Thus, during a time when practically everyone’s life has been disrupted and when major public health decisions are often being made without global coordination or consistency, it is actually quite reasonable that, without the capability to fully understand one step away from truth (either because of a lack of access to information, a lack of ability to take part in or view the decision making process, or a lack of education in the sciences), people throughout the world, including in the US and China, are turning to narratives to make sense of the sometimes seemingly senseless nature of a global virus and major economic downturn. What is less easy to accept is how some public figures have utilized rhetoric to act on those peoples’ vulnerabilities.

THE U.S. MILITARY CONSPIRACY

From January to March, China faced the trifecta of rapid virus spread, sudden economic slowdown, and scrutiny from Western journalists, leaders, and scholars, who often extended their critique of the lockdown of Wuhan to condemnation of both the Chinese Communist Party and China’s model of political economy. On March 12th and 13th, Zhao Lijian responded to these critiques by tweeting to his almost 300,000 followers multiple times sharing a disproven, Canadian-based conspiracy that COVID-19 originated in the US and was transmitted to Wuhan by the US military during the October 2019 Military World Games.

“This is so astonishing that it changed many things I used to believe in. Please retweet to let more people know about it... When did patient zero begin in the US? How many people are infected? What are the names of the hospitals? It might be the US Army who brought the epidemic to Wuhan... Be transparent! Make public your data! US owe us an explanation!”¹⁹

Chinese ambassadors around the world did retweet the conspiracy, which was widely rejected by the international and scientific community and likened to “a full-blown Russian-style disinformation campaign.”²⁰ Curiously, both China’s ambassador to the US, Cui Tiankai, and the CCP condemned and censored the conspiracy.²¹ Despite both international and CCP criticism, the topic “Zhao Lijian sent out five consecutive tweets questioning the US” was shared almost 5 million times on China’s twitter equivalent, Weibo, its contents universally praising his actions.²²

Despite that Zhao’s spreading a conspiracy almost guaranteed criticism, Professor Victor Shih offered an explanation of the minister’s motivations: this conspiracy helped to deflect Chinese citizens’ blame away from the CCP, at the expense of China’s international reputation.²³ Indeed, contrary to the misinformed, surface-level, Western point of view of the CCP—that it operates outside of any semblance of a social contract, in a vacuum of totalitarian authority whose popularity and legitimacy are, and can, never be questioned domestically—in reality, COVID-19 was the biggest crisis of legitimacy that the CCP (in regards to its social contract) has faced since Tiananmen Square.

For decades, the CCP has maintained a somewhat straightforward social contract with its citizens, who seem both aware of and typically accepting of this contract: they sacrifice certain freedoms in exchange for three things: economic growth, Chinese sovereignty, and public safety.²⁴ For most citizens, the promise of doubling economic growth from 2010 to 2020 and re-affirming Chinese sovereignty over Taiwan, Hong Kong, and the South China Sea translate to the fulfillment of their social contract. Yet even before 2020, the CCP had failed to hide previous insecurities regarding all three of these pillars of social contract.²⁵ The US-China trade war threatened economic growth for an already aging population, paranoia of malicious US influence in Hong Kong exasperated fears of Western disregard for Chinese sovereignty,²⁶ and Xinjiang “re-education” camps were (and still are) justified as necessities for eliminating terrorism.²⁷

COVID-19 and the lockdown of Wuhan prompted a sudden and powerful destabilization of these already compromised pillars: an economic shutdown, broad Western criticism, and a life-threatening, fast-spreading virus. In those initial two months, Chinese social media was flooded with the speculations, questions, and critiques of millions of Chinese people suddenly stuck at home for weeks with nothing but their fear and their free time. Leaked images of haphazard hospital environments and news of police suppression of the whistleblower-turned-martyr Dr. Li Wenliang ignited a viral wave of domestic criticism throughout January and February.²⁸ This critique took aim at the initial response from the provincial officials in Hubei, who were viewed by citizens and the CCP leadership as irresponsible and corrupt.²⁹ Indeed, a sizable portion of the critique did praise Chinese writer Fang Fang’s Wuhan diary and averred that the state-controlled lockdown infringed on their freedoms, relating the issues to the “fundamental problems of the political establishment.”³⁰ However, most Chinese leaders and citizens

criticized the diary and maintained that lockdown measures followed WHO recommendations, protected the Chinese people, and gave the rest of the world ample time to prepare.³¹ Despite that the majorities blamed Hubei officials, and not the CCP, the CCP's possible previous insecurity regarding all three of its pillars of legitimacy was likely catalyzed by a self-perception (one only partially warranted) that it had somewhat failed to respond effectively to COVID-19's aforementioned trifecta and that this failure had caused a serious loss of domestic support.³² That perception drove the CCP to employ censorship towards online critique and to use the magnification of the US military conspiracy as a tool for expediting the rhetorical shift from "good economy" to "bad enemy" so as to divert attention away from public health mismanagement and, ultimately, to try to regain domestic support.³³ For the average Chinese citizen taking the authorial audience place as a party member, the scientifically impossible military conspiracy may have seemed rhetorically probable within China's extremely powerful, long-term narrative of the "century of humiliation."³⁴ Zhao—a foreign ministry senior bureaucrat, not a scientist—recognized the rhetorical efficacy of framing the US as a scheming antagonist within easier-to-accept, "us vs. them" logic. His purpose—to portray CCP leadership as wolves able to bark in the hawk's own nest (twitter)—sought to kill two birds with one stone (yī shí' èr niǎo): to divert citizen confusion and anger away from the CCP and towards the Western "other," and then use that diversion to excite nationalism that would increase domestic favor.

WUHAN VIRUS

So when President Donald Trump began using the term "China Virus" in early March—explicitly in response to the US military conspiracy—this actually validated the CCP's narrative.³⁵ To be clear, naming a virus after its geographic origin is racist, is discouraged by the WHO, and is rooted within the controversial field of eugenics.³⁶

"The emphasis on nation and national fitness obviously plays into the metaphor of the body. If individual citizens are not fit, if they do not fit into the nation, then the national body will not be fit. Of course, such arguments are based on a false idea of the body politic-by that notion a hunchbacked citizenry would make a hunchbacked nation. Nevertheless, the eugenic "logic" that individual variations would accumulate into a composite national identity was a powerful one."³⁷

Republicans' use of the terms "Wuhan/China Virus" used this "false idea of the body politic" to personify two nations as two people—a protagonist and an antagonist—and over-simplify extremely complicated international tensions into a "spiritual wrestling match between good and evil."³⁸ For Donald Trump, the use of this term comes from his authorial position as 2020 Republican Presidential candidate Trump, not as either US President Trump or international "leader" Trump.³⁹ Before March, Trump constantly praised President Xi's virus containment efforts.⁴⁰ But as his own early-response mismanagement—and the resulting early signs of record unemployment—began to crystalize, candidate Trump expedited his shift from the "good economy" to the "bad enemy" narrative in an attempt to bolster his chances of re-election.⁴¹ In-line with Trump's (often inconsistent) 2016 campaign rhetoric, it has been China

which has been depicted as the enemy and Trump's political rival as friendly with that enemy.⁴²

Through utilizing this one term in explicit response to Chinese-shared conspiracy, Trump seems to have attempted to rally support with his base in four ways. First, he sought to reaffirm the "us vs. them" narrative within his previous "America First" foreign policy and stoke domestic nationalism through this simple, metaphorical boxing match with China. Second, he tried to portray a swift willingness to defend the US military, possibly in an attempt to curry favor from active members and veterans.⁴³ Third, he attempted to establish himself as an ordinary, cap-wearing protagonist who "perceives" the plain truth better than the politically correct, left-wing "elites" in Geneva.⁴⁴ Finally, by instigating criticism for his racist remarks, he also seemed to have sought to distract reporters and analysts from focusing criticism on his administration's initial mishandling of the virus.⁴⁵

Indeed, this crisis does "require science, facts, and clear language, not fear-mongering, finger-pointing and xenophobia from our public servants."⁴⁶ But as authorial audience members within political theatre, US right-wing citizens likely view Republican representatives' act of using this term as an implicit message: that they (the representatives) will stand up in that metaphorical fist fight with foreign enemies to protect their citizens. For candidate Donald Trump, if he can hope to engage that political audience in rhetoric that induces cathartic clapping and cheering, he may also hope to induce them to vote for him this November.

CHINA MASK DIPLOMACY

While Trump's administration sought to shift blame amongst his base regarding his mismanagement, the CCP sought to highlight that mismanagement amongst both its domestic base and the international community. By mid-March, China had successfully "flattened the curve" of new, daily domestic cases, while Western countries were seeing their curves steeply rise. In response, the Chinese public and private sectors sought to help with medical supply shortages. France, Austria, Italy, Belgium, Spain, and Ireland all received assistance that they appreciated as, in the words of European Commission President Ursula von der Leyen, "reciprocal."⁴⁷ But this medical equipment came à la Chinese narratives. These narratives, as part of a "global disinformation campaign,"⁴⁸ included conspiracies—like that COVID-19 originated in Europe—accusations—like that French retirement homes had left the elderly to die—articles, censorship, public declarations from Chinese officials, and explicit requests to governments to praise China or tone-down criticism.⁴⁹

Western and Eastern scholars and journalists immediately understood that as Western countries responded less effectively to COVID-19, China hawks had taken advantage of the "disaster opportunism" to push an ideological, often-times zero-sum-gain, grand narrative that cast aside perceptions and accusations of the CCP's own mishandling of a public health response and sought to portray the CCP as an organization that, through its more authoritarian, state-led model of political economy, was better able to respond to this public health crisis than countries adopting the Western, democratic model.⁵⁰

This “global battles of narratives” backfired almost immediately. Citizens and representatives in France, Italy, Germany, and Sweden all sought to “defend” Europe’s style of Western democracy. ⁵¹Mask diplomacy in Italy,⁵² the Netherlands,⁵³ Lithuania,⁵⁴ Southeast Asia,⁵⁵ and Africa made it clear that one major motivation for China’s assistance involved ambitions regarding 5G contracts and its Belt and Road Initiative (including its “Health Silk Road”).⁵⁶ Reports of faulty medical equipment and medical supply hoarding, as well as China’s proclivity for bilateral (over multilateral) coalition building, further damaged Western reception of Chinese mask diplomacy.⁵⁷ EU high representative Josep Borrell’s March 24th statement effectively summarized those early sentiments:

“There is a global battle of narratives going on... China is aggressively pushing the message that, unlike the US, it is a responsible and reliable partner. In the battle of narratives, we have also seen attempts to discredit the EU as such and some instances where Europeans have been stigmatised as if all were carriers of the virus...we must be aware there is a geo-political component including a struggle for influence through spinning and the ‘politics of generosity’. Armed with facts, we need to defend Europe against its detractors.”⁵⁸

That initial reaction seems to have stuck amongst the European populous, too. Even after many months, the EU is still facing public backlash in regards to the aforementioned leaked report that it did, in fact, tone-down criticism of China’s mask diplomacy after insistence from China’s foreign ministry.⁵⁹ So from one perspective, the CCP’s goal of improving its international economic opportunities by using its more effective public health response to position its model of political economy as more effective than Western models completely failed.⁶⁰

However, from a second perspective, this mask diplomacy represents a domestic success for the CCP.⁶¹ Despite that, by March and April, it would have been impossible to use any social science to convincingly prove a hypothesis relating health responses to models of political economy—and despite that Singapore, Vietnam, New Zealand, Germany, and the UAE, all countries with vastly different models of political economies, responded effectively—China utilized a rhetorical tactic of refocusing the conversation on broad questions of entire governance systems. This tactic could effectively divert attention away from earlier public health crisis mismanagement while stoking grand versions of “us vs. them” nationalism, all in order to more fully regain domestic support. Even though, at this point, the conversation should have focused on public health, the CCP instead purported rhetoric which “traffic[ed] the birth and death of whole worlds, whole political orders, whole systems of human values.”

And “traffic” they did. Chinese media selectively curated images of tragic hospital scenes in Europe alongside descriptors like “purgatory” or “apocalypse” while simultaneously publishing articles promoting Chinese generosity.⁶² These articles and imagery served as the individual and indisputable facts which the simplified grand narratives of political economy could loosely connect to create their aesthetically appealing, false bridge of truth: that China’s model of political economy is superior. Indeed, the real fact that China contained the spread of COVID-19 more effectively than the US does not also imply that China’s model of political economy is, in fact, more superior. Despite that a political

economy scholar could include public health capabilities as a factor in scientific analysis that compares the overall effectiveness of political and economic systems, drawing rushed conclusions of political economy based on a few weeks of data from one variable (COVID-19 deaths) meets no social science standards; this should be viewed as simply rhetorical.

Nonetheless, many Chinese citizens were crossing that false bridge of truth by April, praising their governance model while disparaging its Western counterparts.⁶³ Significantly, Chinese social media widely expressed disappointment towards a US which had been expected to respond more effectively and ridiculed US citizens' refusal to wear a mask; a refusal which, notably, has been fueled by right-wing, misinformed narratives of freedom.⁶⁴ The sentiment that "China ha[d] outperformed while America ha[d] disastrously falter[ed]... [was] shared by even educated, internationalized Chinese observers."⁶⁵ Economists will point out how China's failed mask diplomacy will harm globalization and China's economy, but narratologists will point to how rhetorical narrative helped the CCP regain support from its citizens after its COVID-19 crisis of legitimacy.⁶⁶

CHINA LAB

Even before China's mask diplomacy, as early as February, semi-famous Republican figures and Fox News articles began circulating a conspiracy (and comparing it to dystopian fiction) that a Wuhan laboratory had manufactured COVID-19 and either willingly or accidentally (depending on the narrator) released the virus.⁶⁷ Soon, prominent Republican representatives joined the chorus of pushing this conspiracy over scientific analysis.⁶⁸ By April 15th, Trump himself was publicly discussing the conspiracy and calling for an investigation around the same time that other Republican representatives were attempting to sue China for economic damages.⁶⁹

Although it is true that multiple intelligence reports, which alleged that the CCP intentionally hid or destroyed evidence regarding its initial response,⁷⁰ had prompted Germany, France, Britain, the EU, Australia, and Canada to call for an independent, scientific investigation, this call for investigation and the conspiracy are non-related.⁷¹ The conspiracy has been widely discredited in Europe,⁷² in China,⁷³ and even by the US intelligence community,⁷⁴ which curtly responded to Trump's request for non-existent evidence by asserting that none exists.⁷⁵ US and Chinese public figures alike understand that President Trump was attempting to use the conspiracy to shift blame from his administration's mismanagement and that candidate Trump had done so in hopes of regaining support from his right-wing base.⁷⁶

Weak economic conditions have unseated re-election candidates before, and Trump had previously planned on campaigning on the strength of a "good US economy" that is now unlikely to see either a "V" or "U" shaped recovery anytime in 2020.⁷⁷ His initial economic re-election narratives were blindsided by the global recession that COVID-19 instigated. As his right-wing base became increasingly aware of—and dissatisfied with—the administration's mismanagement and resulting economic recession, Trump's campaign explicitly signaled leveling up their demonization of China for re-election

purposes.⁷⁸ Trump’s hawks used this conspiracy—which epitomizes practically all the traits of US right-wing paranoia—as one tool to execute the goal of demonizing China. The conspiracy’s aforementioned similarity to a fictional novel, as well as its not-so-coincidental timing (only one month prior) to the administration’s funding cut announcement to the science-based WHO display a clear preference for simplified, narrative logic over robust, scientific analysis.⁷⁹ Trump’s telling a reporter of his “high degree of confidence” based on evidence that he is “not allowed to tell” feeds right into paranoid desire to be “privy to forbidden knowledge [which offers] feelings of certainty and control amid a crisis.”⁸⁰ The conspiracy inaccurately connects just enough facts—like that a virology lab does exist near the wet market where COVID-19 actually originated—and just enough simplified, movie-like logic within right-wing paranoia to seem topically convincing.

“The enemy is clearly delineated: he is a perfect model of malice... He wills, indeed he manufactures, the mechanism of history, or tries to deflect the normal course of history in an evil way. He makes crises, starts runs on banks, causes depressions, manufactures disasters, and then enjoys and profits from the misery he has produced. The paranoid’s interpretation of history is distinctly personal: decisive events are not taken as part of the stream of history, but as the consequences of someone’s will.”⁸¹

More than six decades after Joseph McCarthy’s death, the majority of Trump’s base still utilizes a paranoid, conspiracy lens to view communism as “a perfect model of malice” which is able to “make crises” (COVID-19), “cause depressions” (the 2020 recession), and “manufacture disasters” (bioweapon made in a lab) which are all the “the consequences of someone’s will” (the will of the CCP) in order to — thanks especially to China’s failed international mask diplomacy — “profit from the misery he had produced.”

Even though local negligence in Hubei — not the malicious will of an all-powerful communist party — is far more likely the cause of the birth and initial spread of COVID-19, this conspiracy fits snugly into a grand narrative of political economy that “traffic[s] the birth and death of whole worlds, whole political orders, whole systems of human values.” Just as the CCP’s rhetoric sought to consolidate support amongst its domestic base, Trump’s rhetoric has sought to consolidate support amongst his right-wing base. And just as the CCP sought to achieve this by sometimes looping its short-term rhetoric and use of conspiracy back into its bases’ long-term narrative of the “century of humiliation,”⁸² Trump and the Republican Party have also sought to achieve their goal by sometimes looping their short-term rhetoric and use of conspiracy back into the grand, McCarthy-style right-wing narrative that demonizes all things communism and “deep state.”⁸³ Indeed, an analytical article from half a century ago, which describes right-wing narrative and paranoia, is still able to shed light on a recent Republican speech by Secretary of State Mike Pompeo, who, like many Republicans, still loop their rhetoric back into grand narratives. The first excerpt comes from the 20th century article, and the second from Pompeo’s speech:

“The modern right wing, as Daniel Bell has put it, feels dispossessed: America has been largely taken away from them and their kind, though they are determined to try to repossess it... the old competitive capitalism has been gradually undermined by socialistic and communistic

schemers... not merely [by] outsiders and foreigners as of old but major statesmen who are at the very centers of American power...there has been the now-familiar sustained conspiracy, running over more than a generation... to undermine free capitalism, to bring the economy under the direction of the federal government, and to pave the way for socialism or communism...”⁸⁴

“Did the theories of our leaders [from 50 years prior] that proposed a Chinese evolution towards freedom and democracy prove to be true?... We need a strategy that protects the American economy, and indeed our way of life. The free world must triumph over this new tyranny. Perhaps we were naive about China’s virulent strain of communism, or triumphalist after our victory in the Cold War, or cravenly capitalist... President Trump has said: enough... General Secretary Xi Jinping is a true believer in a bankrupt totalitarian ideology. It’s this ideology, it’s this ideology that informs his decades-long desire for global hegemony of Chinese communism... Securing our freedoms from the Chinese Communist Party is the mission of our time.”⁸⁵

Despite President Trump’s long record of supporting authoritarian actions, including those of Xi Jinping himself, his re-election campaign necessitates allowing his China hawks to pander to right-wing narratives of freedom and capitalism—“our” way of life—over communism and totalitarianism;⁸⁶ to place the CCP in the pre-determined, narrative slot of the ideologically-communist antagonist in an attempt to convince the Republican base that Trump’s administration cares about the American way of life.⁸⁷ Just like Chinese wolves, US hawks have responded to a public health crisis not with the language of public health but with the rhetorical narratives of conspiracy and grand, world-shaking questions of political economy. Pompeo’s speech includes an unexpected conflict (China did not become free), a scheming and powerful antagonist (Xi Jinping), a modest and relatable protagonist (Trump), and a beginning (50 years ago, when relations were first normalized in 1979). In dramatic fashion, our protagonist has finally said “enough” to the scheming, bioweapon creating antagonist, and the bell of the metaphorical boxing ring can signal a new, metaphorical boxing match of grand ideology.

Republican use of the Wuhan conspiracy should be understood in the same fashion as Mike Pompeo’s recent speech: each employ rhetorical tools that fit appropriately in McCarthy’s grand, right-wing narratives — even if they do not meet the standards of social science research. Facing the economic and public health insecurities and uncertainties of COVID-19, much of the US right wing base is likely to crave a sense of agency; an agency that is commonly found within simple stories that fit nicely into those familiar, “us vs. communist them” American sagas. The Wuhan conspiracy, which also includes an unexpected conflict (COVID-19), a scheming and powerful communist antagonist (the CCP and its scientists), a relatable protagonist (the government outsider Trump), and a beginning (before 2020), fits just as well in McCarthy’s grand narrative; and by employing probable impossibilities which fit well into these larger narratives, China hawks can communicate more emphatically with the US right-wing base. Through the lens of science, Anthony Fauci fails to “get what they’re talking about,”⁸⁸ because it is exactly just that: talking. Through the lens of rhetoric, these conspiracies can be viewed not as deceptive poison but as honey-glazed, easier-to-swallow medicine prescribed by an insecure, first-term President seeking an electoral victory amongst that right-wing base.⁸⁹

VIRUS AS WAR

Throughout all of these narratives, public figures and researchers alike have inappropriately depicted the public health response to COVID-19 as a “battle” or “war” against a “devil virus” or “invisible enemy.” Emmanuel Macron, Boris Johnson, and Donald Trump have all positioned themselves as war-time Presidents fighting COVID-19, with Trump seemingly doing so as part of his initial rhetorical shift to “bad enemy”—with the initial enemy being COVID-19 (and very shortly after, China).⁹⁰ Countless researchers and representatives referenced this analogy as well:

“The whole world should... jointly fight against this invisible enemy...”⁹¹

“The COVID-19 crisis is not a war but it is ‘war-like’...”⁹²

“[U.S. leadership] will also require effectively cooperating with China, rather than getting consumed by a war of narratives...”⁹³

In fact, it has thus far seemed to be the rule, not the exception, to relate the public health response to a battle or war.

“It is easy to understand why the narrative of battle is attractive. It attributes agency to us at a time when we feel helpless, with few weapons to fight a virus with no cure and no vaccination. Instead of positioning us as passive victims, the narrative of war turns us into courageous soldiers in a fight against a common enemy...”⁹⁴

Indeed, the narrative of war feeds into the aforementioned desire for control in the face of chaos; and this desire for control is especially appreciated amongst conspiracy.

“As a member of the avant-garde who is capable of perceiving the conspiracy before it is fully obvious to an as yet unaroused public, the paranoid is a militant leader. He does not see social conflict as something to be mediated and compromised, in the manner of the working politician. Since what is at stake is always a conflict between absolute good and absolute evil, what is necessary is not compromise but the will to fight things out to a finish. Since the enemy is thought of as being totally evil and totally unappeasable, he must be totally eliminated.”⁹⁵

Of course, medical professionals practice the caring of patients, not the killing of enemies. But COVID-19 is not an easy-to-envision, walking, scheming enemy that attacks people; it is a virus that lives and spreads from people. The use of the war narrative harms both leadership and analysis in multiple ways. It justifies unnecessarily invasive or longstanding infringements on rights and freedoms, shifts responsibility away from leaders whose mismanagement resulted in unnecessary death (not “necessary casualties”), and lays the groundwork for seeking a defined “enemy” to be defeated. This pervasive use of the war metaphor to describe public responses to COVID-19 has also catalyzed US vigilance towards China. Leaders and researchers concerned with public wellbeing should instead use metaphors and rhetoric that build—not burn down—the bridges of compromise.

UNHAPPILY EVER AFTER

COVID-19 has created health, social, and economic vulnerabilities amongst billions, some of whom have responded to the need for comfort and control by craving out simple, two steps away from truth, familiar and paranoid-filled “us vs. them” narratives; and justifiably so, considering the hundreds of thousands of deaths thus far. Although most academic disciplines, such as those of the one hundred Chinese scholars who urged cooperation between the US and China,⁹⁶ would lead to concluding that global cooperation based on scientific evidence would best protect human life and encourage economic recovery, the academic discipline of narratology best explains the recent conspiracy filled, strongman-style, nationalistic rhetoric utilized by both the US Republican and Chinese Communist Parties.⁹⁷

Both parties have historically used a “good economy” or “bad enemy” rhetorical approach for consolidating support amongst its base of citizens. COVID-19’s immediate impact on already slowing economic growth in both countries triggered a rapid acceleration of a rhetorical shift which had already begun within each party, and especially under the administrations of President Xi and President Trump: to shift from the “good economy” to “bad enemy” narrative.⁹⁸ Somewhat accurate perceptions of popular dissatisfaction of public health mismanagement seemed to immediately threaten support for each party, supercharging each parties’ willingness to resort to the “bad enemy” narrative. Through the use of strikingly similar rhetorical tactics, hawks and wolves expedited that shift in attempts to shift *domestic* blame away from their own party’s mismanagement and towards the enemy *country* (with the US only recently shifting blame towards the CCP specifically), ultimately to consolidate short-term support for their party, even at the expense of medium-term international relations.⁹⁹ The use of the simplified metaphor of the nation-body made it possible for “communist” China and “imperialist” America to fit neatly into the personified slot of the “other” in both countries’ decades-old grand narratives.¹⁰⁰ During a moment of mass vulnerability, hawks and wolves executed the shift via the rhetorical tools of conspiracy and grand questions of political economy. Whereas the rhetoric of the CCP under President Xi Jinping seems to have achieved most of its goals, that of the Republican Party under President Trump seems to have failed.¹⁰¹ The now unquestionably more effective public health response by the CCP is certainly a major reason for this difference in achievement.

This analysis has sought not to analyze any particular public health response, extend an analysis of the sort to review entire models of political economy, nor question the legitimacy of a particular political party. Rare is the organization that does not employ some level of rhetoric as a means of communicating (either effectively or ineffectively) with a broader audience, and awareness of rhetorical tools does not equate to critique. However, the question of how to respond to the COVID-19 health pandemic deserves clearly communicated scientific responses. In the face of the global pandemic and recession, fulfilling peoples’ need for understanding and control with rhetorical narratives, instead of science, equates to feeding starving citizens with snacks instead of meals. The Republican Party deserves

particular condemnation; harmful, strongman-style, right-wing rhetoric has been utilized not just by a handful of lone hawks, but by representatives holding the highest executive positions in both state and federal governments, including President Trump himself. Indeed, a combination of transparency, humility, and avoidance of conspiracy would help the US save lives and help China gain international trust. But the rhetorical shifts described, which finished their accelerated shifting around late May, have led to the further deterioration of the US-China relationship, despite the global benefits of cooperation.¹⁰²

This is, unfortunately, no longer a cooperative age of flying tigers.¹⁰³ This has been the age—hopefully, one short-lived—of squawking hawks and barking wolves.

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Part 6: U.S.-China Great Power Competition

COVID-19 as an Accelerator¹

By Yilun Zhang, Research Associate

Key Takeaways

With the COVID-19 pandemic ravaging lives and livelihoods, U.S.-China strategic competition continues to evolve in the realms of security, trade, technology, and global influence and authority. Despite the pandemic's intensifying impacts, the bilateral relationship between the US and China has continued to deteriorate across a range of issue areas under the context of renewed great power competition.

The coronavirus pandemic has accelerated and intensified certain frictions that were already in place due to increasing levels of strategic competition. The 'blame game' throughout the pandemic has merely shed more light on the already deepened mistrust between the two countries, which has exacerbated the hostile and confrontational approaches at both ends.

Tensions in the Western Pacific continue to rise as both China and the U.S. ramp up military activity in the region. Trade negotiations between China and the U.S. are threatened by the economic recession and the deepening frictions between the two countries during the pandemic. U.S.-China technological competition over Huawei and 5G has remained consistent as it was before the pandemic. Both the United States and China have not been successful in winning over the hearts and minds of the international community as a leading global great power. Adding to this, neither country has been able to lead the world by themselves during the COVID-19 crisis, as the rest of the world hoped and expected.

Bearing in mind the context of intensifying U.S.-China great power competition, with the pandemic as an accelerator of tensions, some of the upcoming globally significant events, such as Tsai Ing-Wen's inauguration and the Presidential and Senatorial elections in the United States, could echo the mistrust on display during the coronavirus crisis. Tensions will further rise between the United States and China, including in the Western Pacific theater.

The novel coronavirus pandemic, no matter how it will eventually end, provides the first peek of what the U.S.-China great power competition will look like in the future. Given that this will be the "new common" of the future world, it's worth asking whether both countries and the world are well-equipped with a crisis-prevention mechanism for the foreseeable future.

¹ This part is based on the ICAS Issue Brief "COVID 19's Fallout: An Accelerator of Renewed U.S.-China Great Power Strategic Competition", which was published by ICAS on May 19, 2020. The section updated relevant information and, in addition to the original article, included more analyses from the author.

INTRODUCTION

The novel coronavirus (COVID-19) pandemic has dominated news headlines throughout the first half of this year. As of late September 2020, over 30 million cases and nearly 1 million deaths have been confirmed worldwide.¹ The pandemic also threatens to thrust the global economy into recession. The International Monetary Funds projected that advanced and developing economies will suffer a 6.1% and 1.0% average decline in real GDP, respectively.² World leaders, such as French President Emmanuel Macron, have called for a united global response amid the health and economic damages brought about by the disease. The world's two largest economies, the United States and China, however, are not in a mood of cooperation with each other. While the world at large remains on pause due to the epidemic, the strategic competition between China and the U.S. continues to intensify. The two countries have engaged in a war of words over the pandemic. The U.S. accused China of a lack of transparency and, for a long period of time, claimed that the virus originated from a Chinese lab in Wuhan—a claim that was just recently downplayed by the Trump administration.³ China, on the other hand, reacted strongly against what it describes as the “24 lies”⁴ coming out of the U.S., and a few of its diplomats suggested that the virus was brought by the U.S. military to Wuhan.⁵

Besides the words that fueled furious exchanges between the two countries, however, were real actions taken by both sides during the pandemic that continue to intensify the competition between China and the U.S. on multiple fronts - **Security, Economic and Trade, Technology, and Global Leadership and Influence**. Strategic competition between China and the U.S. in these realms was either emerging or underway prior to the COVID-19 epidemic. The coronavirus pandemic has provided additional context to the increased competition in each of these areas. Although global headlines are rightfully captivated by the pandemic, it is necessary to follow developments in these realms in order to sustain a big-picture understanding of the ongoing great power competition between the U.S. and China. Furthermore, as the second half of 2020 approaches, it is worth keeping in mind other upcoming internationally significant events that could further complicate the U.S.-China bilateral relationship. In this regard, the novel coronavirus pandemic served as a petri dish for observers to see how the great power competition between the U.S. and China could possibly affect the rest of the world.

RENEWED GREAT POWER COMPETITION: THE CONTEXT

In the short-term, the coronavirus is intensifying tensions between the U.S. and China. In the long-term, however, both sides are steadily taking a tougher stance towards each other as a result of the renewed great power competition.⁶ That being said, the coronavirus has accelerated confrontations between China and the U.S. in competitive areas defined by the United States.

RENEWED GREAT POWER COMPETITION AND WHERE THE CHINA-US RELATIONSHIP CURRENTLY STANDS

The United States reintroduced the concept of the “renewed great power competition” in the Obama Administration’s June 2015 National Military Strategy. It was more fully focused upon in the Trump Administration’s December 2017 National Security Strategy (NSS) and January 2018 National Defense Strategy (NDS), which “formally reoriented U.S. national security strategy and U.S. defense strategy toward an explicit primary focus on great power competition with China and Russia.” Despite such an account, the 2015 National Military Strategy did not use the phrase “great power competition” to characterize the United States’ relationship with China.⁷ However, it did characterize China as one of the countries that “are attempting to revise key aspects of the international order and are acting in a manner that threatens our [the U.S.] national security interests.” By then, the term was still mainly focused on security-related matters, until it was expanded beyond its original scope by the Trump administration.

The Trump administration made it clear that bilateral competition with China and Russia is not limited to just military matters, but also for economic, technological, and even competition for global influence. Although the 2017 National Security Strategy emphasized that “competition does not always mean hostility, nor does it inevitably lead to conflict,”⁸ it did acknowledge that the notion of competition had trickled into virtually every area involving both the U.S. and China.⁹ Moreover, to put aside whether the U.S. took the optimal stance managing its relations with China, the continuation of the notion of “renewed great power competition,” birthed by the Obama administration, is a primary guiding theme of the American approach to China in forthcoming years.

Beijing has not officially acknowledged the notion of “renewed great power competition.” As a rising global power, China’s rhetoric focuses on sustaining and enhancing its internal growth to realize a “great rejuvenation of the Chinese nation.” This great rejuvenation has been the governing philosophy of the Communist Party of China since its introduction by then-President Jiang Zemin at the 16th Party Congress (2002).¹⁰ Jiang called for the party to take a firm grip on development that makes the country strong and the people rich. In his report at the 19th Party Congress in 2017, Chinese President Xi Jinping capitalized on this phrase to express two goals: 1) by 2035 China’s economic and technological strength will increase significantly and China will become a global leader in innovation and; 2) by 2050 China will become a global leader in terms of composite national strength and international influence, with a people’s armed forces that have been fully transformed into world-class forces.¹¹ This latest interpretation of the “great rejuvenation of the Chinese nation” has made it clear that China seeks to become one of the leading countries on the global stage. This inherently affects the United States’ current position in the world and, subsequently, the bilateral relationship between the U.S. and China.

Concurrently, China’s attitude to its interaction with the United States has also evolved during the second decade of the 21st century. While visiting Berlin in 2014, Xi Jinping popularized that the Chinese people “do not make trouble, but have no fear of trouble.” Following President Xi’s example, officials from the Ministries of Foreign Affairs, Commerce, and National Defense

utilize this rhetoric when addressing China's position during recent events, such as the trade war, U.S. freedom of navigation operations (FONOPS) in the South China Sea, and addressing the controversies over the ongoing COVID-19 pandemic.¹² Historically, this is a major shift away from Deng Xiaoping's 12-character guiding principle for internal and foreign policies that emphasized "hide our capacities and bide our time," and, via many recent incidents, made it clear how China would respond to U.S. policies conducted under the notion of renewed great power competition.¹³ However, competition does not inherently involve hostility; if cooperation falls apart, both sides would at least seek to balance out each other in the powerplay.

THE COMPOUNDING DYNAMICS: WITH AND WITHOUT THE PANDEMIC

On the security front, U.S. military activities in the Western Pacific have continued despite reports of viral outbreaks aboard some of its warships in the region.¹⁴ Freedom of Navigation Operations (FONOPS) in the South China Sea and in the East China Sea, particularly in the Taiwan Strait, have continued as well. These actions triggered strong narratives from the Chinese side. On April 28, China's Ministry of Defense claimed that China expelled USS *Barry*, which illegally entered China's Xisha (Paracel Islands) territorial waters.¹⁵ In response, U.S. Defense Secretary Mark Esper criticized China of "not being consistent in how it follows international maritime norms."¹⁶

AMERICAN MILITARY ACTIVITY IN THE WESTERN PACIFIC (JANUARY - MAY 2020)

January 17 - USS *Shiloh* (CG-67) transited the Taiwan Strait.

January 28 - USS *Montgomery* (LCS 8) conducted the year's first FONOP near the Spratly Islands.

February 15 - USS *Chancellorsville* (CG-62) transited the Taiwan Strait.

March 27 - USS *McCampbell* (DDG-85) transited the Taiwan Strait.

April 20 - USS *America* (LHA-6) steamed towards the disputed water in South China Sea.

April 24 - USS *Barry* (DDG-52) transited the Taiwan Strait.

April 29 - USS *Bunker Hill* conducted FONOP near the Spratly Islands.

USS *Bunker Hill*, together with USS *Barry* and USS *America* conducted combined exercises with the Royal Australian frigate HMAS *Parramatta* (FFG-154) in the South China Sea.

May 8 - USS Montgomery (LCS-8) and USNS Cesar Chavez (T-AKE-14) patrolled in the South China Sea.

May 14 - USS McCampbell (DDG-82) transited the Taiwan Strait.

Source: USNI

China also continued its military activities in the region, both in the South and East China Sea, and out into the Western Pacific Ocean, usually across the Miyako Strait or the Tsushima Strait. On April 18, China officially established the Xisha district under the governance structure of Sansha city, and explicitly includes the relevant features within the new district's administrative purview.¹⁷ The latest report suggests that China has deployed early-warning aircraft, anti-submarine aircraft on the South China Sea's Yongshu Reef (Fiery Cross Reef) amid increasing U.S. activity in the South China Sea.¹⁸

CHINESE MILITARY ACTIVITY IN THE WESTERN PACIFIC (JANUARY - MAY 2020)

January 20 - One TU-154 surveillance aircraft flew over the East China Sea.

February 9 - Four H-6 bombers flew over the East China Sea and West Pacific.

March 18 - One Luyang III (Type 052D) destroyer, two Jiangkai II (Type 054A) frigates, and one replenishment ship transited the Miyako Strait into the East China Sea.

March 23 - One Y-8 early warning aircraft flew over the East China Sea.

March 24 - One Jiangkai II (Type 054A) frigate transited the Tsushima Strait into the East China Sea.

March 25 - One Y-9 surveillance aircraft flew over the East China Sea and the Sea of Japan.

April 10 - Aircraft carrier Liaoning, two Luyang III (Type 052D) destroyers, two Jiangkai II (Type 054A) frigates, and one fast combat support ship transited the Miyako Strait into the West Pacific.

April 28 - Aircraft carrier Liaoning, two Luyang III (Type 052D) destroyers, two Jiangkai II (Type 054A) frigates, and one fast combat support ship transited the Miyako Strait into the East China Sea.

April 29 - One Luyang III destroyer, one Jiangkai II frigate, and one replenishment ship made transit across the Miyako Strait into the East China Sea.

Source: Joint Staff of the Japanese Self-Defense Force

The novel coronavirus pandemic has created window periods for both countries. While China first suffered from the pandemic, the U.S. had not at that point. Any routinely conducted U.S. naval operations in the South or East China Sea region could be over-interpreted by the Chinese side as being opportunistic. On the other hand, as the United States continues to combat the epidemic domestically, China is approaching the finale of its domestic public health campaign. Subsequently, the Chinese military would also resume its routine operations in the region, including the navy dispatching task groups to train in the Western Pacific. The United States was on high alert and nervous about such operations even before the epidemic. The fact that the Chinese military is in action while many US troops are undergoing lockdown creates the sense that China taking advantage of the situation.

Dynamics on the bilateral trade front between the two countries have been relatively quiet since the signing of the Phase 1 trade agreement in January.¹⁹ However, as the global economy continues to suffer under the pandemic, it remains unclear whether the two countries could continue their trade negotiations to resolve disputes as they agreed before the global outbreak.²⁰ On a positive note, reports from Chinese media suggest that China would implement the trade deal regardless of the pandemic.²¹ On the negative side, however, due to the ongoing “war of words” between China and the United States, reports suggest that hawkish Chinese advisors are urging talks with the United States to negotiate a new trade deal.²² Moreover, on May 11, President Trump said he is “not interested” in reopening negotiations with China and is also considering abandoning the Phase 1 deal amid tensions with China.²³



*Signing of the Phase One Trade Deal January 15, 2020
(Source: USTR)*

In the realm of technology, the controversy over Huawei has deepened despite the pandemic. The U.S. declared the Chinese tech giant a threat to U.S. national security and moved to ban Huawei from selling products to the U.S.²⁴ China, on the other hand, called actions taken by the U.S. “unreasonable suppression.”²⁵ Huawei has been a key issue of U.S.-China technology competition for a rather long time. On February 13, the U.S. expanded its lawsuit against Huawei, accusing the tech company of a “decade-long” plan to steal technology from U.S. firms.²⁶ Around the same time, U.S. defense secretary Mark Esper warned U.S. alliances and the future of NATO will be threatened if they include Huawei equipment in their 5G networks.²⁷ Lawsuits and blacklisting led to a USD 12 billion shortfall in revenue, even though the company still reported a profit growth of 19.1%.²⁸

The targeting against Huawei has further raised tension between the two countries, and the U.S. appears to be very determined on this issue. Attorney General William Barr addressed the Huawei issue in early February and emphasized the connection between U.S. national interests and 5G:

“Within the next five years, 5G global territory and application dominance will be determined. The question is whether, within this window, the United States and our allies can mount sufficient competition to Huawei to retain and capture enough market share to sustain the kind of long-term and robust competitive position necessary to avoid surrendering dominance to China. The time is very short, and we and our allies have to act quickly.”²⁹

Under such pressure from the U.S., during the release of Huawei’s 2019 annual report, Huawei Chairman Eric Xu warned that “[t]he Chinese government will not just stand by and watch Huawei be slaughtered on the chopping board.”³⁰ On May 16, just a day after the United States decided to cut Huawei off from global chip suppliers, China’s Ministry of Commerce warned that “China would take all necessary measures to safeguard the legitimate rights of Chinese enterprises.”³¹

In the realm of global influence and leadership too, the United States and China continue to compete with each other. The U.S., under President Trump’s “America First” policy, is exacerbating relationships with some of the international organizations that were once established under the liberal world order backed by the U.S., such as the World Health Organization (WHO).³² Accusing the WHO’s poor handling of the global coronavirus outbreak, and the issues related to its apparent complacency with China’s transparency issues, President Trump pulled U.S. funding of the WHO on April 14.³³ Meanwhile, the United States’ own global leadership standing has been called into question, such as when the U.S. government was accused of (and denied) diverting a shipment of masks which was due to arrive in Germany.³⁴

China has increased efforts to shape its global image as a “responsible great power,”³⁵ yet the international response has been mixed. On one hand, China has been eagerly pushing for multilateral cooperation combating COVID-19 under its frequently promoted idea of “a Community of Share Future for Mankind.” After containing what is hoped to be the first and only wave of the epidemic within its borders, China has been sending medical supplies abroad. The United States was also among countries that accepted Chinese masks. However,

on May 7, the Food and Drug Administration withdrew approval for manufacturers in China to export N95-style masks to the U.S. due to quality issues.³⁶ Similar issues transpired with the European Union, which suspended delivery of 10 million Chinese masks due to quality complaints.³⁷ Furthermore, due to the global shortage of medical supplies, China's central role in the supply chain is also being questioned by U.S. policymakers. It was reported that the Department of Homeland Security accused China of intentionally delaying reporting to the World Health Organization about the pandemic while stockpiling crucial medical supplies and slashing exports of surgical face masks and other items needed to respond to the pandemic.³⁸ China did not acknowledge the accusation. Some observers also criticized China for implementing a so-called "mask diplomacy,"³⁹ which deploys a combination of medical supplies and financial aid that enables Beijing to project its power abroad as a public relations campaign, mostly in parts of Europe that have suffered deeply from the virus' outbreak.

As the U.S. seeks to hold China accountable for the losses caused by the coronavirus outbreak and face strong opposition from the latter, President Trump made a strong comment suggesting that the U.S. "could cut off the whole relationship" with China.⁴⁰ China has been using the pandemic to attack the U.S. with some of the accusations the U.S. has made about China before, such as the human rights issues.⁴¹ As hostility rises between the two countries, to some observers, the "international political landscape will totally change."⁴² Before the epidemic, most of the great power competition between China and the United States has been in the realm of trade and technology, such as the Trade War and controversy over Huawei. Security and the competition for global influence have yet to become major areas in this great power competition. This epidemic could intensify the sense of insecurity of both sides, which could further accelerate the pace of military competition in the Western Pacific. Both countries will face domestic pressure after the epidemic and they cannot appear weak on these and other matters.⁴³

THE DAY AFTER TOMORROW: FUTURE EVENTS THAT BEGAN TO EMERGE DURING THE PANDEMIC

While the pandemic will eventually recede, actions in these areas have left a strong impact that will echo in the future through the deepening mistrust between the two countries. Therefore, events and key issues that began to emerge during the pandemic are also worth tracking. The Presidential and Senatorial elections of the United States will be some of the most important influencing factors in the second half of 2020. However, due to the pandemic, so far there has been very little campaigning compared to previous elections. It was reported that the Senate Republican candidates were given advice to attack China aggressively when addressing the coronavirus crisis during the election.⁴⁴ Democrats have not held back on issues related to China as well. The current administration's handling of the pandemic and the U.S.-China issue will become hot topics for debate and discussion during the elections.

Taiwan's current administration has already been in the hotspot during the pandemic. For

instance, Taiwan has been lobbying to take part as an observer in the WHO's decision-making body.⁴⁵ However, Beijing has raised strong objections due to its "One China" principle. A report published by the U.S.-China Economic and Security Review Commission suggested that Beijing's influence within the WHO and its pressure on the UN agency to exclude Taiwan could undermine global health.⁴⁶ Meanwhile, the report also accuses Beijing of ramping up military pressure on Taiwan through coercive actions. The fragile relationship across the strait could worsen as Taiwan's president-elect Tsai Ing-Wen will be sworn into office on May 20. Given her pro-independence leanings and anti-China position, the tensions across the Taiwan Strait could further rise in the forthcoming months. An exclusive report by Japan's Kyodo News recently suggested that China would likely hold military drills in August near Hainan Island in the South China Sea. The report suggests that the military drill would focus on amphibious operations that trains the military to take over disputed Dongsha/Pratas Island, which is currently under Taiwan's control. Meanwhile, on May 11, China announced that it will hold a two-month-long military drill in the Bohai Bay.⁴⁷ Given Tsai Ing-Wen's inauguration on May 20, the timing of the drill increases tensions in the region.

An Outlook on US-China Relations After the Pandemic

The ongoing novel coronavirus pandemic has intensified friction between China and the United States and added to the fragility of bilateral ties. Some observers are already worrying that a decoupling could finally happen due to the huge economic and political split created by the pandemic. Regarding the decoupling of the economy, there are analyses arguing that the pandemic has accelerated the speed of factories moving out of China.⁴⁸ Regarding the political decoupling, some cite the historical analogy of the U.S.-Japan relationship in the 1930s, and have suggested that the economic decoupling could eventually lead to war between the two great powers.⁴⁹ However, the U.S.-China bilateral relationship and the great power competition, is unprecedented. When the pandemic eventually recedes, the internal pulse and the external pressure of decoupling and cooperate will coexist within the bilateral relationship between China and the United States, which could lead to an unprecedented form of bilateral cooperation as well as competition unseen in recent international relations history.

The COVID-19 pandemic undeniably introduced greater elements of competition into the U.S.-China bilateral relationship. There is no right or wrong when evaluating such shift towards a more competitive U.S.-China bilateral relationship, and there should not be an "ideal model," friendly or hostile, that seeks to limit the development of this important bilateral relationship. However, the novel coronavirus pandemic did reveal three important characteristics of this U.S.-China bilateral relationship. First, the bilateral relationship is global, which means both countries are more integrated into the international system. Turbulence caused by competitive actions are not only affecting the two countries, but the rest of the world. Therefore, actions should be taken carefully.

Second, this bilateral relationship has multiple players. This means that the interaction between the two countries is no longer the only factor that determines the outlook of

the bilateral relationship. A third party, particularly a bloc of countries as economically significant as the European Union, and its interactions with either China or the U.S. could pose a significant impact to the relationship as well. While some tensions between the two countries were sparked by the pandemic, most of the rest of the world still prefers an interdependent world system that makes exchange of resources efficient and production effective. Some countries have made it clear that they do not want to pick a side between China and the United States.⁵⁰ Though the pandemic has worsened the bilateral relationship, it also sparked overwhelming support for international cooperation in some major areas.⁵¹

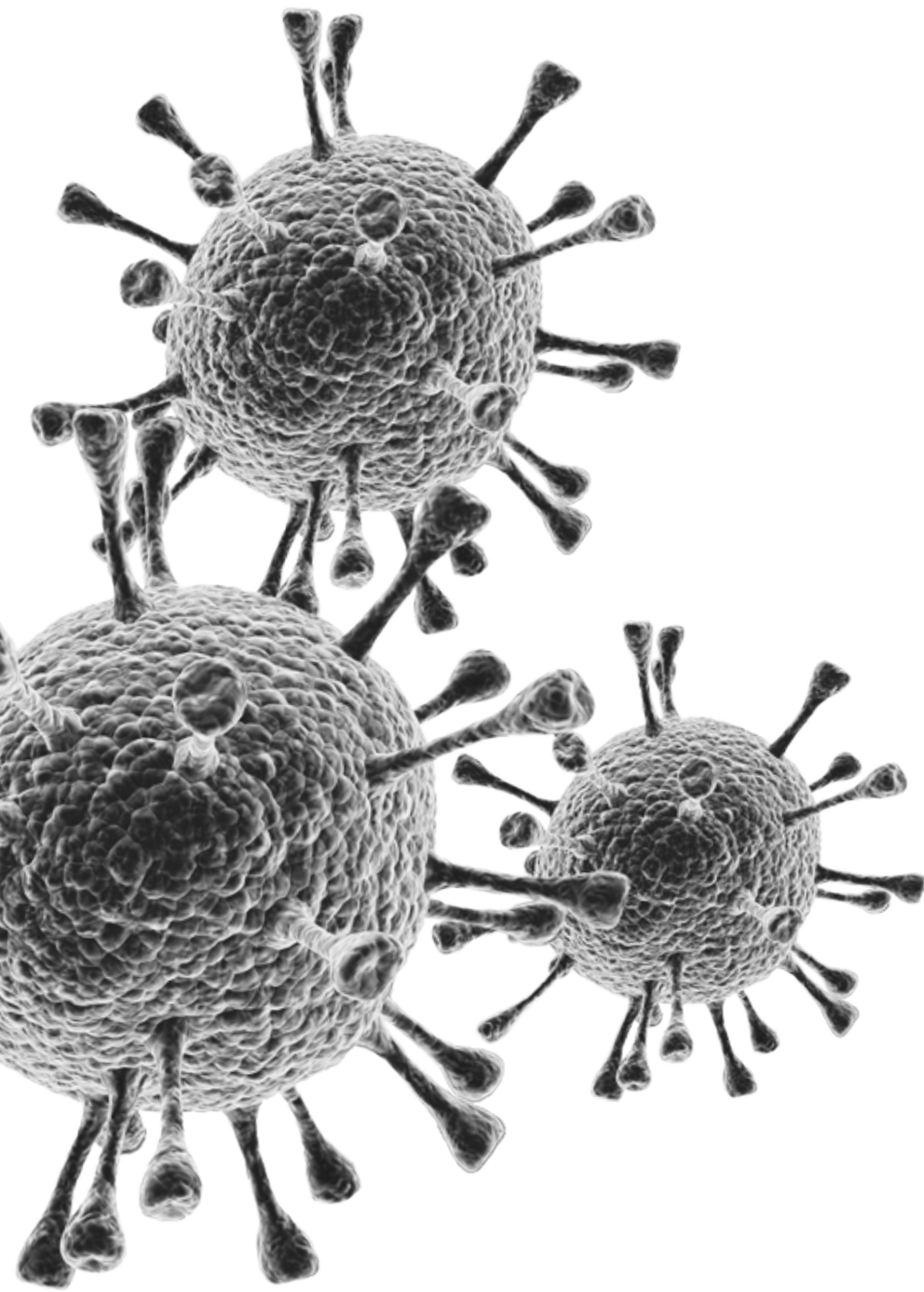
Third, the negative impact of reduced cooperation between China and the United States during this pandemic has shown that the bilateral relationship cannot be fully addressed under one theme. It is complex. Notions of competition and cooperation between the two competing powers are constantly shifting both within and across each of these realms. A uniform policy approach under the notion of competition risks generating inefficiency that leads to serious consequences. The lack of a cooperative global effort to combat the novel coronavirus is a cruel but good example of where the world might be headed if cooperation cannot occur in the future during a similar event.

Given these three characteristics, the current method of crisis management, which prioritizes damage control, is insufficient in keeping the U.S.-China relationship intact and limiting the damage on the international system brought by the “new common” under crisis. What is needed is a crisis-prevention and preparedness mechanism that facilitates long-term policies to sustain the stable development of the bilateral relationship. The bottom line is to maintain and preserve the channels of communication that could at least bring the two countries back to negotiation when future global crises like this pandemic inevitably arise.

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