COVID-19 – A TRIGGER FOR GLOBAL TRANSFORMATION?

POLITICAL DISTANCING, GLOBAL DECOUPLING AND GROWING DISTRUST IN HEALTH GOVERNANCE

Mika Aaltola

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Since late 2019, the world has sought – frantically at times – to appropriate policies for responding to the coronavirus pandemic (Covid-19). This Working Paper reviews the political significance of Covid-19 in order to understand the ways in which it challenges the existing domestic order, international health governance actors and, more fundamentally, the circulation-based modus operandi of the present world order. The analysis begins with the argument that contagious diseases should be regarded as complex open-ended phenomena with various features; they are not reducible to biology and epidemiology alone. In particular, politics and social reactions – in the form of panic and blamecasting, for example – are prominent features with clear historical patterns, and should not, for the sake of efficient health governance, be treated as aspects extraneous to the disease itself. The Working Paper further highlights that when a serious infectious disease spreads, a "threat" is very often externalized into a culturally meaningful "foreign" entity. Pandemics tend to be territorialized, nationalized, ethnicized, and racialized. This has also been the case with Covid-19.

MIKA AALTOLA

Director

Finnish Institute of International Affairs

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INTRODUCTION

In December 2019, reports started to emanate from Wuhan, the capital of Hubei province in China, that an unknown disease was spreading. According to publicly available information, it seems that the early epicentre was a particular seafood market in Wuhan. While this may indicate animal-to-human transmission at the outset, the disease soon started to spread from person to person. After a crucial time gap, the World Health Organization's (WHO) country office in China was notified on 31 December 2019. By 3 January 2020, 44 cases had been reported. A causal disease agent was reported to WHO on 7 January by the National Health Commission of China.[1] On 30 January 2020, the International Health Regulations Emergency Committee convened by the WHO Director-General decided to declare a "public health emergency of international concern".[2]

As of mid-March 2020, close to 180,000 people around the world had tested positive for a new variant of the Corona family of viruses[3] behind the disease known today as Coronavirus disease 2019, or Covid-19. Unfortunately, by that time, the epidemic had also resulted in thousands of deaths. Although earlier on China accounted for the vast majority of cases, there is an inevitable trend, which highlights that the epidemic is currently spreading much more rapidly outside of China – whether in South Korea in Asia, Italy, Spain, and France in Europe, Iran in the Middle East or in the United States in the region of the Americas. This new global challenge is comparable only to the devastating 1918 H1N1 influenza pandemic, the so called Spanish Flu.[4] However, the Covid-19 seems controllable, as WHO has pointed out, through large-scale restrictive measures.[5] These measures, unfortunately, freeze up the economy and cause simultaneous production, consumption, and security of supply shocks.

Seventeen years after the outbreak of another precursor epidemic, namely Severe Acute Respiratory Syndrome (SARS),[6] The rapid spread of Covid-19 shows that it is adapted to key characteristics of the early 21st century global political reality – namely with the global order based on efficient mobility systems and infrastructures, as well as with intensifying great-power competition. In particular, Covid-19 challenges China, whose rise to economic and political prominence has relied on steady global flows of resources and goods. The People's Republic is challenged both domestically, as the economic growth that legitimizes its one-party rule has slowed down,[7] and internationally as many see failures in China as contributing causally to the spread of the disease.[8] Tensions with the U.S. have increased as accusations are being traded.[9] China has also tried to fight the propaganda war by providing aid to the outbreak zones in the West.[10]

Covid-19 is very likely to contribute to the reshaping of the global order by triggering further distancing between the major actors, and strengthening calls for economic decoupling instead of interdependence. International public health governance, led by the World Health Organization, may also face growing delegitimation as the outbreak of Covid-19 has increasingly brought to light disharmony between local, national and global efforts. Attention is likely to turn to the United States as well, as the Trump administration's policy responses (or lack thereof) will be further tested

1   World Health Organization (20.1.2020). Novel Coronavirus – Situation Report. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200121-sitrep-1-2019-ncov.pdf?sfvrsn=20a99c10_4.

2   World Health Organization (30.1.2020). Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV). https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov).

3   This particular virus is officially called the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

4   Imperial College Covid-19 Response Team (16.3.2020). Impact of non-pharmaceutical interventions (NPIs) to reduce COVID-19 mortality and healthcare demand. https://www.imperial.ac.uk/media/imperial-college/medicine/sph/ide/gida-fellowships/Imperial-College-COVID19-NPI-modelling-16-03-2020.pdf.

5   World Health Organization (11.3.2020). WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020. https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020.

6   Centers for Disease Control and Prevention (6.12.2017). SARS Basics Fact Sheet. https://www.cdc.gov/sars/about/fs-sars.html.

7   E.g. The Wall Street Journal (29.2.2020). The Coronavirus Is Hammering China's Economic Outlook. https://www.wsj.com/articles/the-coronavirus-is-hammering-chinas-economic-outlook-11582973208.

8   E.g. The New York Times (4.2.2020). Coronavirus Crisis Shows China's Governance Failure. https://www.nytimes.com/2020/02/04/business/china-coronavirus-government.html.

9   E.g. Foreign Affairs (5.3.2020). U.S.-Chinese Distrust Is Inviting Dangerous Coronavirus Conspiracy Theories. https://www.foreignaffairs.com/articles/united-states/2020-03-05/us-chinese-distrust-inviting-dangerous-coronavirus-conspiracy.

10 E.g. Aljazeera (15.3.2020). China sends essential coronavirus supplies to Italy. https://www.aljazeera.com/news/2020/03/china-sends-essential-coronavirus-supplies-italy-200313195241031.html.

in the middle of an already heated election year. This also applies to the U.S. leadership role internationally: unlike during past outbreaks, Washington is largely perceived to have been missing in action with regard to Covid-19. Hence, the virus appears to pose a multi-dimensional stress test that is going to raise red flags at both domestic and global levels.

The outbreak of and response to Covid-19 have also brought to mind a set of recollections and lessons learnt from previous serious infectious diseases. The aforementioned, and arguably the most important precursor disease of Covid-19, namely SARS, also originated in and affected China. In addition to tragic human casualties, it raised concerns that the People's Republic was not only acting as a dishonest stakeholder, but was also incompatible as a country with the circulation-based interdependent world order. The blame game has been similar to that surrounding SARS. Unfortunately, ongoing developments outside of China have not always been promising either. This has even been the case in the United States, where – despite world-class know-how and a proven track record in combatting infectious diseases at home and abroad – the initial response and communication have met with a storm of criticism. Covid-19 has already (re-)created rationalizations for (poorly) responding to a health crisis, both domestically and internationally. These include withholding information about the onset of the outbreak or acting in ways that can hinder response efforts but quell public demands to do something.[11]

This Working Paper investigates Covid-19 as a complex phenomenon in contemporary world politics, involving aspects that go beyond the mere epidemiological or medical approaches. In more detail, the paper first discusses various forms of politicization and politics that Covid-19 involves. It then elaborates on various forms of antagonism and legitimacy dynamics that pandemic diseases, like Covid-19 and its precursors, have a tendency to bring forth and accentuate. After this, the paper pays attention to the historical characteristics and patterns of serious outbreaks of contagious diseases. Last, but certainly not least, the paper aims to reflect on the broader consequences of Covid-19 at a state and global level now that it is spreading around the world and causing serious domestic and transnational outbreaks.

COVID-19 INVOLVES POLITICIZATION AND POLITICS

Since its outbreak in late 2019, the coronavirus disease has become a serious threat to public health around the world. Public awareness about Covid-19 has initially, and for good reason, centred on the biological, epidemiological and medical aspects of the newly-coined disease – for example, what kind of virus is behind it, how it spreads and whether there is a cure or vaccine for it. But, as with all emerging apparently high-risk diseases, Covid-19 has also manifested itself in the social, economic and political realms. Markets have fallen, commodity prices have declined, trade has decreased, suspicions and rumours are rampant, and movement is being restricted.

It seems that the sight of Covid-19 victims as well as medical workers in protective gear has led to a sudden global jolt of aversion and fear. The immediate global reflex has been that of distancing and severing contacts with sites of the unfamiliar and deadly disease outbreak. Highly rehearsed – even ritualistic – political behaviour and efforts have duly ensued.[12] Politicians cannot appear to be doing nothing, as the overall momentum of pandemic emergencies is geared towards disengagement as anxieties intensify among populations. The reflex is one of containment rather than any sense of humanitarian compassion. Covid-19 compels seemingly non-compassionate haste towards withdrawal and containment of the disease in a certain place, hotspot or 'zone'. If there is other-interestedness, it is towards the people living close by or towards the 'general public', conceived in increasingly national terms. Politics and politicization seem to prevail as countries struggle to insulate themselves.

Yet, at the same time, global health governance and security efforts at combatting the pandemics have been based on a strong imperative to separate politics and politicization – seen as negative and hampering aspects – from the actual preventive and responsive endeavors. Legitimate politics is defined as an enabler of the efficient functioning of expertise, an enactor of health institutions, and a mobilizer of adequate resources.[13] Admittedly, politics plays a supporting role in providing funding for the building of necessary infrastructure,

11   E.g. Pillinger, Mara (2020). Virus Travel Bans Are Inevitable But Ineffective. Foreign Policy. 20 Feb. https://foreignpolicy.com/2020/02/23/virus-travel-bans-are-inevitable-but-ineffective/.

12   For a more extensive treatment of the subject, see Aaltola, Mika (2012). *Understanding the Politics of Pandemic Scares: An Introduction to Global Politosomatics*. Routledge.

13   Siddiqi, Javed (1995). *World Health and World Politics: The World Health Organization and the UN System*. Columbia: University of South Carolina Press. See p. 170.

such as offices and laboratories, and in the financing of health programmes, as long as it does not result in the paralysis of the underlying mission and methods. Furthermore, what is perceived as harmless disagreement includes competition by states over the right to host health institutions or over the selection process of health officials, for example.

However, the line between legitimate and what is considered negative illegitimate politics is seen as dangerously breached when politics does not enable and support the field of health governance, but co-opts it for other purposes. The general opinion seems to be that such co-option leads to less effective health policies and that it reflects badly on the perceived legitimacy of global health governance and institutions. That said, it should be noted that any political co-option relies on there being effective and legitimate public health functions. Without the general legitimacy of the health governance, its political uses and abuses would be less efficient and expedient. Considering this fundamental reciprocity, the relationship between politics and health governance is usually relatively partnership-like. The governance of people's health is considered a priority and usually left, to a large degree, outside of politics. If health governance has a political agenda, it is one of making sure that people trust different political administrations, irrespective of their political leanings. This arrangement reflects favourably on politics as it is legitimized as good governance.

Nevertheless, when there is a sudden disruption in the form of a worrying uncontained human epidemic like Covid-19, the general collaborative pattern can rapidly change into one where politics easily takes priority over health efforts. Simply too much of the 'political' can be seen as being at stake with falling markets and deteriorating economies. For example, instead of focusing on controlling the epidemic, China or its local authorities initially decided to hide the disease. Later on, as the outbreak inside the country continued, large-scale quarantining was implemented. Although such measures inside China seemed to have slowed down the spread of the disease, these extensive measures are scientifically debatable.[14] Yet, for politicians, doing nothing is not an option. In fact, quite the contrary, they need to demonstrate decisive action. Travel restrictions, large-scale cordons, city-wide containment zones, and other measures, such as

spraying disinfectant, are visually conspicuous ways of signalling "doing something".

The perplexity surrounding the current situation with regard to Covid-19 has led to the reluctant approval of large-scale international travel restrictions by the WHO and numerous national health authorities around the world. For example, the U.S. policy appears to be "to try and keep our citizens from going to places that are actively infectious, and to prevent places where there are active infection from coming here".[15] However, considerable differences between policies by national authorities point to differences in expert opinions and/or political considerations. Indeed, the political considerations are manifold. For example, in the face of the serious outbreak in northern Italy that has led to satellite outbreaks in different European countries, the EU member states hesitated to impose restrictions within the Schengen area. This hesitation not only implies open expert debate on the usefulness of significantly restrictive measures, but also the political value that is placed on open borders and trade inside the Schengen area.[16] In mid-March, however, the situation rapidly developed and led to the introduction of widespread border closures based on national political borders.

The politics of Covid-19 also entails considerations on the best means with which to fight the disease and the sensitivities related to potential disruptive impacts on trade and economy. At the global level, many states have prepared specific plans involving relatively draconian measures in the event of a pandemic. These plans would be triggered if (and when) the WHO declared a pandemic emergency. Besides having significant economic and societal ramifications, the declaration could also lead to the implementation of the wrong type of plans, which do not fit the specific requirements of the Covid-19 situation.[17] A further factor behind WHO's second-guessing might have been concern about the WHO's own reputation in having failed to control the morphing of a localized outbreak into a global pandemic. Furthermore, it seems that the hesitance over the economic and political consequences led the WHO to delay the explicit declaration and to impose a new

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14   Science (25.2.2020). The coronavirus seems unstoppable. What should the world do now? https://www.sciencemag.org/news/2020/02/coronavirus-seems-un-stoppable-what-should-world-do-now.

15   White House (29.2.2020). Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Conference. https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-presi-dent-pence-members-coronavirus-task-force-press-conference-2/.

16   E.g. Schengen Visa Info (24.2.2020). Italy Refuses to Suspend Schengen Agreement Amid Coronavirus Outbreak. https://www.schengenvisainfo.com/news/italy-refuses-to-suspend-schengen-agreement-amid-coronavirus-outbreak/.

17   New Scientist (24.2.2020). Covid-19: Why won't the WHO officially declare a coronavirus pandemic? https://www.newscientist.com/article/2235342-cov-id-19-why-wont-the-who-officially-declare-a-coronavirus-pandemic/#ixzz-6FLZdwIkr.

higher threshold for such an announcement. On 11th of March, instead of "declaring", WHO "characterized" Covid-19 as a pandemic: "We have therefore made the assessment that COVID-19 can be characterized as a pandemic."[18] This wording left countries leeway in their response. WHO made this clear: "Describing the situation as a pandemic does not change WHO's assessment of the threat posed by this virus. It doesn't change what WHO is doing, and it doesn't change what countries should do." Based on the same scientific information, different countries advised by their respective health authorities are reacting differently. This exemplifies how the ambiguity and leeway changes the pattern, whereby political leadership interacts with health expertise.

Thus, the modern functional approach with a focus on "politics-free" expertise sheds inadequate light on the overall relationship between politics and epidemics, and duly hampers the analysis of the current pandemic scenario of Covid-19. It should be realized that serious epidemic diseases are inevitably "political" as they have the potential to redefine the patterns of political affinities and loyalties domestically and globally. They can potentially shift the overall balance of solidarity against governments and other entities that are perceived as facilitators or causal agents of the contagion. At the same time, the inevitable political characteristic can and often does have a negative impact on the efficient management of pandemics, as can be seen in the case of hitherto relatively fragmented global response to Covid-19.

COVID-19 TRIGGERS ANTAGONISMS

Pandemics have the tendency to accentuate existing patterns of antagonism. A serious epidemic disease can highlight the antagonism inherent in two types of relationship: The sustainability of the relationship that humanity has with the natural world, and the political relationships inside and between states. On the one hand, pandemics highlight the hostility and incompatibility between natural and human-made environments. Global attention is focused on the diseases of wild animals, from the HIV/AIDS of monkeys and the avian influenza of birds to the SARS of bats and the Covid-19 of bats or snakes. The common, socially

interpreted theme seems to be that a border, which should not have been violated, has been transgressed with the result that nature has turned hostile towards human habits.

On the other hand, the intra-humanity antagonism stems from the differential geographical exposure to the disease and from the perceived sense of who is doing what to safeguard the health of populations. In pandemic situations, the multidimensional fractions that run across humanity become acute when the outbreaks receive their communal interpretation(s). The records on both BSE (or "Mad Cow Disease") and SARS provide evidence of this. Before spring 1996, BSE was considered to be a managed disease. It was thought to be confined to animals and largely to the United Kingdom geographically. The crisis of 1996 turned the outbreak into a "British disease", embodying, besides many other modalities, the independent-minded Europe policy pursued by the UK government.[19] When SARS broke out in 2003, its meaning was partly synchronized with the existing patterns of long-standing suspicion and animosity. SARS was interpreted by the U.S. authorities and by many observers as a cry for political reform in China so that it could become safely and securely integrated with the global order's circuitry.[20]

Epidemic encounters tend to involve situations where political legitimacy is contested and events contain a strong judgmental note. These legitimacy crises can easily be used to criticize the authorities or to construct alternative visions of a "healthier" sense of national cohesion.[21] Such dramatic moments of judgement and legitimacy tend to come with a plot: They involve a fight by the presumed protagonist – often in the guise of the whole nation or even the international/global community – against the negative elements of a perceived antagonism. The protagonists include such stock figures as watchful authorities, proactive doctors, efficient national and international health agencies, and politicians who 'did their job'. The disease and disease-causing agents, on the other hand, easily become associated with some ethnically, nationally or ideologically defined minority, non-vigilant authorities, and self-serving/corrupt politicians. These antagonistic characters in the plot find their historical

18 World Health Organization (11.3.2020). WHO Director-General's opening remarks at the media briefing on COVID-19. https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020.

19 E.g. Aaltola, Mika (1999). *Rhythm, exception and rule in international relations: The case of mad cow disease.* Tampere University.

20 E.g. Aaltola, Mika (2012). Contagious insecurity: war, SARS and global air mobility. *Contemporary Politics.* 18, 1: 53–70.

21 Lindenbaum, Shirley (2001). Kuru, prions, and human affairs: Thinking about epidemics. *Annual Review of Anthropology.* 30: 363–85.

equivalents in the older collective memories about polluters, untouchables, plague spreaders, and well poisoners.

Covid-19 is no exception. Avoiding and diverting the blame was a clear characteristic of Covid-19 from the very beginning.[22] The virus has involved drama as well as legitimacy and status contestations. There are fears of a communal verdict: A judgment being passed about the moral status of the actors involved, whether at the national level in China, the U.S. or Europe, or more widely at the global level. The central focus is on the ability of national governments and health authorities to keep their citizens safe: Were they vigilant, was the level of preparedness high enough, and were the measures taken adequate? As the disease has morphed from a local challenge into a global problem, the measures have clearly not been optimal. The "verdicts" turned the spotlight on the actors and their ability to have made the correct choices. The sense of blameworthiness is going to add to the overall political pressures and, if the accumulative pressures are high enough, potentially trigger political changes at various levels.

The main actors of Covid-19, whose (in)decision, reactions, and actions have been actively evaluated, are China, the World Health Organization, and other states, especially the United States and governments in the European Union (EU), and Union institutions themselves. For these actors, doing nothing has not and is not going to be a viable option. The resulting multi-level legitimacy game related to the disease has pointed to the eventual resolution of the situation in China. One early sign of this interaction was China's criticism of states that had implemented travel restrictions. Many states, including the U.S., took a decision to restrict the entry of Chinese nationals and people who had been in mainland China to their respective territories.[23] The travel restrictions and subsequent criticism by Beijing was particularly painful for states that had tight economic and trade relations with the People's Republic. For China, what was at stake was its own position and trustworthiness. As of March 2019, many new cases in China have been imported from other countries, which China has explicitly pointed out.[24] As the second wave is materializing in China, U.S. and European officials are struggling with containing their own self-propelling epidemics and considering large-scale quarantine measures, as China's seemingly successful example is being followed. However, the blame game is increasingly taking on national/domestic characteristics as opposed to analysts thinking about the disease as a Chinese issue.

For China and its authorities, the inevitable challenge of the global disorder is raising doubts about its possible incompatibility with the global system. On the one hand, it has to demonstrate, through its actions, its compatibility with and trustworthiness within an international community, and that its economic integration is (in certain key aspects) safe and secure. On the other hand, the Chinese political system has to demonstrate its health and legitimacy first and foremost to its own citizens, who might be becoming increasingly anxious about the viability of the country's domestic order. Yet, from the point of view of international relations, the external challenge is tricky yet vital. China's position in the global value and security of supply chains is fundamental to its economic and political model, and global economy more broadly. Yet, its trustworthiness is often debated.[25] This not least because of the perception that many of the challenging influenzas during the past decades have originated from China. China's reputation as a source of global vulnerability and exposure can highlight arguments that are counter-productive to Beijing's attempts to portray the country as a benign major power. However, for the Chinese authorities, the domestic challenge understandably remains a priority.

KEY PRECURSOR PANDEMICS ARE PARTS OF THE COVID-19 SCENARIO

Covid-19 is certainly not the first pandemic disease that has plagued human communities, nor is it even the first significant one caused by the coronavirus family. Its precursor cases encapsulate the politically relevant memories and modes of representation that are used to render the contemporary scenario of Covid-19 culturally meaningful and tangible. They

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22   Whereas all evidence points to a location in China, the authorities have been publicly casting doubt on the fact. See e.g. Foreign Affairs (5.3.2020). U.S.-Chinese Distrust Is Inviting Dangerous Coronavirus Conspiracy Theories. https://www.foreignaffairs.com/articles/united-states/2020-03-05/us-chinese-distrust-inviting-dangerous-coronavirus-conspiracy.

23   The Wall Street Journal (6 Feb 2020). Beijing Faults U.S. Stance on Coronavirus. https://www.wsj.com/articles/beijing-faults-u-s-stance-on-coronavirus-11581014266.

24   E.g. Channel New Asia (6.3.2020). China reports 30 COVID-19 deaths, rise in new infections and imported cases. https://www.channelnewsasia.com/news/asia/covid19-china-reports-more-deaths-infections-coronavirus-12508004.

25   e.g. Smith, Graeme (10.7.2019). The world has a hard time trusting China. But does it really care? The Conversation. http://theconversation.com/the-world-has-a-hard-time-trusting-china-but-does-it-really-care-119807.

highlight perceived "key characteristics" while causing other features to recede into the background. Out of the notable pandemic outbreaks and scares, SARS, avian flu, and Spanish flu appear to be the most relevant and are often mentioned in media reports concerning Covid-19. These three precursor cases (along with memories of other historical diseases) are fused together in the contemporary idea of "Disease X", the worst-case scenario.

SARS. The SARS pandemic struck during spring 2003 and was first registered by the WHO in February of that year. In March, there were already several hundred reported infections in Hong Kong, Singapore, Toronto, and Taiwan. During April, media coverage of the outbreak peaked and by summer around 800 people had died. The characteristics of SARS are better known than those of Covid-19, which remain somewhat elusive. The primary manifestations of SARS are a fever that lasts 3–7 days, followed by chest pains and breathing difficulties. The mortality rate is around 5% according to WHO statistics.[26] In the public imagination, SARS was transmitted by fast global links that crossed continental divides in hours. The imagery of SARS also consisted of people being screened, profiled, and quarantined at airports. The rapid transmission from Hong Kong to Vancouver was used as an illustration of the dangers that come with rapid intercontinental air travel. SARS was regarded as a novel and dangerous threat, and was made to fit existing patterns in world politics at the time. In many places, the disease was associated with China or with ethnic Chinese.[27] The idea that China and the Chinese were secretive, closed, incompetent and somehow corrupt provided material for this stereotypic interpretation. China was often seen as an outsider as far as the international community was concerned: Limited in its transparency, only partially reformed, and unevenly developed. It can be argued that the message of SARS was clear: The disease was interpreted as a call for domestic political reform in China, for the country to be safely allowed into the mobility-based global system. A similar kind of message has been echoed in the case of Covid-19.

Avian flu. The spread of H5N1[28] in birds was regarded as a considerable epidemic threat in 2004. The major

outbreak happened in Vietnam and Thailand in January 2004 and spread from there to many of the neighbouring countries. The fear was that it could jump from birds to humans. In the end, avian flu, despite all the fears, ended up killing about 50 people, most of whom were children. Avian flu, much like swine flu in 2009, came to be regarded as a relative overreaction as the physical consequences of the disease itself were relatively modest. One curious aspect of the avian flu scare was that there were strong suspicions concerning the probability of the worst-case scenario. Despite this, public attention was clearly focused on rehearsing for just that, the worst-case scenario. The media proceeded with the assumption that the risks involved were of such magnitude that preparations had to be made. Creative energies seemed to require constant ingenuity in maintaining a sense of drama and finding new ways of being concerned over the potentially deadly disease. It was as if the public wanted to relive the disease scare and, in this way, learn what could be done in the event of some other future pandemic. The global response could be characterized as a drill for the worst-case scenario.[29] However, the overall lesson learnt highlighted the need for a calmer approach and discounted the need for any kind of hype. As precursors to Covid-19, the avian flu and swine flu pandemic scares led to doubts concerning the need to immediately declare a pandemic emergency. As such, these relative "duds" arguably also contributed to the hesitations that were present when different national health authorities reflected on how to approach the Covid-19 situation.

Spanish flu. The literature on pandemics often refers to the 1918–20 Spanish flu as a benchmark outbreak. The outbreak infected about one quarter of the global population at the time. In many ways, Spanish flu comes closest to describing the biological antagonism inherent in Covid-19. The mortality rate was high, about 10 to 20 times higher than in a generic influenza pandemic. Spanish influenza started spreading among the British military forces in Spain, hence the name, although the first cases were in the U.S. from where it spread to Europe, aided by the movement of troops. The disease caused severe complications to military operations in the First World War as it hit people in the 20–40 age group particularly hard. Although Spanish flu is sometimes called the forgotten epidemic, since it was overshadowed by the horrors of the war, it still had various political consequences. For example,

26   World Health Organization (2003). Consensus document on the epidemiology of severe acute respiratory syndrome (SARS). https://www.who.int/csr/sars/en/WHOconsensus.pdf.

27   E.g. Hung, Ho-fung (2004). The Politics of SARS: Containing the perils of globalization by more globalization. *Asian Perspective*. 28, 1: 19-44.

28   H5N1 is a sub-type of the influenza A virus.

29   Aaltola, Mika (2012). Avian flu and embodied global imagery: A study of pandemic geopolitics in the media. *Globalizations*. 9, 5: 667-680.

it was immediately used in war propaganda in a predictable way to highlight the evils of the enemy and the resilience and stoicism of the home front. Stories started to circulate that the disease was a product of a warfare experiment by the enemy.[30] This "blame it on the enemy" genre seems to be age-old.

Disease X. Besides the concrete pandemic cases, it is almost impossible to understand Covid-19 and reactions to it without references to the hypothetical worst-case scenario, the much-feared "Disease X". On the one hand, the speculative Disease X encapsulates age-old fears and memories concerning the plague and other killer diseases. On the other hand, Disease X is a function of the contemporary world order, based on a rule-based logistical system and a relatively steady flow of resources and goods (and perhaps a less steady flow of finance and information) between geographically dislocated production sites and global markets. The WHO has listed "a new disease" among the serious known contagious diseases requiring urgent attention and action.[31] The WHO website also refers to a future potential reason for urgent action with the aforementioned "Disease X".[32] This potentially emerging disease would be a priority due to its high human-to-human transmissibility, case fatality rate, spillover potential, evolutionary potential and risk of international spread. When, in late February, Covid-19 cases were reported in South Korea and Italy, speculation about a potential Disease X was generated in the media.[33] This speculation itself was a sign of the socially and politically highly disruptive character of the virus. This way of thinking is rooted in the idea of a feverishly connected world, which is extraordinarily vulnerable to rapidly adapting and mutating disease agents. The fast connections and third world urbanization, together with secretive governments and patchy level of healthcare, create evolutionary niches for pandemic influenza in a way that is unmatched by the development of epidemic surveillance and control systems.

HISTORICAL PATTERNS OF POLITICAL CO-OPTION PLAY A ROLE

It is difficult to appreciate the political aspects of Covid-19 in the absence of engagement with historical cases where serious epidemics have played a part. Although much of the interplay between lethal epidemics and the realm of interstate relations is contingent upon specific circumstances, some general, recurring, and conventional themes can be highlighted.

1. Imbalance. The uneven and lopsided distribution of the burden of a disease among states can cause shifts in the prevailing balance of power. In a general sense, disease distribution maps can be used to provide a sense of "who is who" on the map of power when it comes to the supposed efficiency of governance. Besides the level of impressions, in more specific cases, asymmetry affects the outcomes of specific turns of events, such as military campaigns. Historical cases are numerous; for example, the asymmetry affected the tragic outcome of the contact between the Spaniards and Native Americans after 1492.[34] A more recent example is that of the very uneven burden related to HIV/AIDS. The developing countries, especially in southern Africa, continue to face a relative disadvantage in comparison to the developed north. Thus, sharp asymmetries in the distribution of the disease burden can result in shifts in the distribution of power. Moreover, the uneven distribution turns easily into disempowering stereotypes and according biases. The pattern of spread attracts culturally meaningful explanations. It can cause emotional storms as sometimes rash and irrational actions are taken to fight a disease or maintain relative immunity from it. The "innate" tendency of states to derive legitimacy from a certain sense of physical and moral superiority with respect to other states can lead to the common belief that other states or groups of states are, and have been, more prone to the horrors of epidemics. In this way, epidemics can foster nationalist and exclusionist identities and support elites accordingly.

In terms of the geographical spread of the burden, Covid-19's dynamic has been clearly uneven. It originated in a Chinese city and, up until the end of February, was mainly confined to a few provinces in China. The efforts to contain it have led to a widespread imposition of quarantine and self-isolation that have also hit the Chinese economy and global supply chains.

30   Honigsbaum, Mark (2013). Regulating the 1918-19 Pandemic: Flu, Stoicism and the Northcliffe Press. *Med Hist.* 57, 2: 165-185.

31   World Health Organization (2015). Blueprint for R&D preparedness and response to public health emergencies due to highly infectious pathogens. https://www.who.int/docs/default-source/blue-print/blueprint-for-r-d-preparedness-and-response-meeting-report.pdf?sfvrsn=156d23be_2.

32   World Health Organization (2018). Prioritizing diseases for research and development in emergency contexts. https://www.who.int/activities/prioritizing-diseases-for-research-and-development-in-emergency-contexts.

33   E.g. Bloomberg (22 Feb 2020).The Coronavirus May Be 'Disease X' Health Experts Warned About. https://www.bloombergquint.com/business/coronavirus-may-be-the-disease-x-health-agency-warned-about.

34   E.g. Diamond, Jared (1997). Guns, Germs and Steel: The Fate of Human Societies. W. W. Norton & Company.

Trade has been hampered and the economy is suffering in and around China, and further afield. The disease burden is shifting away from China, in ways that are politically and economically meaningful. The outbreaks in different regions and states – for example in Europe and North America – not only consume the strategic attention of Western states, but increasingly raise the possibility of an emerging economic recession among them.

2. Signifier. Public health is not only important in the eyes of one's own citizens, but also provides an invaluable instrument for conferring status onto states as legitimate and respected actors. A rampant lethal epidemic disease can easily be read as a strong signifier of lower status and governance failure, as a sign of decline. In the declinist framing of epidemic diseases, the epidemic becomes only one symptom of a more acute and dangerous "political dis-ease". Attempts to hide a disease can be motivated by this logic. When the bubonic plague hit the Indian city of Surat in 1994, concern about the international repercussions initially led to attempts to conceal the problem and, once that proved impossible, to downplay the seriousness of the outbreak. A further example of attempts to conceal an epidemic disease is provided by Thailand's efforts to cover up an outbreak of cholera in 1997 by calling it a case of "severe diarrhoea". This tendency to hide diseases in an attempt to avoid international embarrassment, which could potentially harm the state's political and economic interests, can be witnessed all over the world. As the UK's failed attempts to hide BSE in 1996 demonstrated, states are rarely totally open about the outbreak of a potentially serious epidemic disease. They have too much to lose in terms of respect, legitimacy, and status.

In the Covid-19 case, the likely presumption is that China's initial management of the disease has been, at least partly, affected by the need to safeguard perceptions. Similarly, in the U.S., there were attempts to downplay the significance of Covid-19 during the initial phase that has led into much criticism of inaction. The concern is that status-related worries and fear can lead states to hide or downplay the actual number of cases and deaths or inabilities/unwillingness to respond adequately. Cover-ups for status purposes can hamper the containment efforts quite drastically.

3. Propaganda. Lethal epidemic diseases can serve as effective propaganda tools for eroding perceptions about one's enemy. Diseases have always called for a socially and politically understandable explanation,

whether warranted or not. During the centuries of plague in Europe, the pestilence was interpreted as a divine punishment for sin and moral corruption. Not surprisingly, for a short time when the plague epidemic struck, city-states and other localities became citadels of "righteous" and "healthy" politics: The alleged disease spreaders became enemies of the people and people's enemies, whether domestic or foreign, were easily presented as related to the spread of the epidemic. The stock narrative of an epidemic duly contains a well-established dynamic that easily leads to the attribution of contagious disease to foreign sources and political adversaries. This tendency has been particularly pronounced during periods of heightened interstate conflict and world-order tensions. For example, in the early 1980s, the Soviet authorities falsely insisted in their propaganda that HIV was the outcome of a U.S. military experiment that had gone terribly wrong. The purpose was to point out that the United States was a vicious, perverse, and underhanded superpower that should not be trusted.

Unsurprisingly, Covid-19 has seen a proliferation of disinformation. Various conspiracy theories have surfaced claiming that Covid-19 is an artificially created disease. Two main variants of false theories are that the virus was created either by the Chinese or the U.S. for some yet to be fully comprehended geopolitical objective. Russian trolls have been accused of creating and spreading these stories.[35] In the Covid-19 case, China's draconian efforts to control the disease are connected to the national struggle for cohesion and strength. At the same time, Beijing readily views the travel restrictions imposed on China by other countries very critically, or as a sign of outright anti-Chinese behaviour.[36] It considers that the disease broke out in China, rather than originated from China. This seemingly slight semantic difference was meant to combat the perception that the coronavirus was "made in China". In the West, Covid-19 has been interpreted as a "mess" created by China. However, as the disease inevitably spread, the political meaning attached to it has become more domestic and local in the West as well. For example, in the U.S., its spread has been increasingly connected with the Trump administration's perceived mismanagement, or with the

35   The Guardian (22.2.2020). Coronavirus: US says Russia behind disinformation campaign. https://www.theguardian.com/world/2020/feb/22/coronavirus-russia-disinformation-campaign-us-officials.

36   E.g. South China Morning Post (1.3.2020). China hits back at American 'coronavirus overreaction' with travel warning for US. https://www.scmp.com/news/china/diplomacy/article/3052302/china-hits-back-american-coronavirus-overreaction-travel.

perceived mismanagement of states that are led by the Democratic Party.[37]

4. Co-option and pretense. A state can use the outbreak of a lethal infectious disease as an excuse for politically motivated actions, such as restrictive manoeuvring or economic sanctions. An epidemic can enable states to divert people's anxiety and frustrations away from its own actions or lack of action, and also to justify its actions against perceived threatening elements. Throughout the history of states' interaction with epidemics, it has been very difficult to distinguish between their genuine efforts to minimize the health implications of epidemics and their opportunistic attempts to minimize or gain political benefits from an outbreak. For example, historically, during an epidemic, it has not been unknown for hospitals set up to accommodate patients to be filled with dissidents; politically unwanted elements can find themselves in quarantine or isolation of one form or another for reasons of "public hygiene". On the other hand, manipulation and trickery have not been confined to the abuse of internal enemy images – they have also been extended to the level of international interaction, too. International relations have witnessed some attempts to use epidemics as a pretext for military or strategic gain. States have used regulations whose original purpose was to stop the spread of epidemics by containment in order to "reap political benefit". Furthermore, disease-related practices provide ways of legitimizing otherwise politically impossible decisions, which would primarily be motivated by economic and political self-interest, ruthless ambition and power politics.[38]

Covid-19 has also involved compromises and political considerations. In the case of China, the imposition of even stricter controls on Covid-19-related communications emerged in a context where the country had been internally challenged by many negative trends: a slowing economy, trade tensions, and a recent swine fever emergency.[39] Indeed, there have been some concerns about growing dissent. It seems that disease management and control can, perhaps, facilitate a

degree of political control as well.[40] This can catalyze the development of social control systems that could otherwise have taken years to implement. Outside of China, the politics of Covid-19 has surfaced in the U.S. for one, as the disease has arisen in the middle of a highly polarized pre-election climate. Due to the fear of economic turbulence before the election, the Trump administration has tried to downplay the significance of the disease; the President himself has claimed that Covid-19 has been hyped up by domestic political opponents to such a degree that it is merely a hoax-like scare.[41] His opponents, on the other hand, can co-opt the ramifications of Covid-19 for 2020 election campaign purposes, if there is a widespread sentiment that the administration has failed in epidemic preparedness and response.

5. Fear and panic. Epidemics cause panic and drastic reactions, which in turn can cause economic hardship. For example, when an epidemic disease (re-)emerges, reactions almost automatically lead to havoc in related markets. The markets panic and the economy suffers when there are sharp changes in consumption patterns or trade barriers are established between states. In the globalized world, this reaction is one of the most common communal responses to anxiety provoked by diseases. Another important example of pandemic fears is related to worry over air travel. There is arguably a close relationship between international air travel and microbial traffic.[42]

The fear factor applies to numerous recent infectious diseases, such as SARS, avian flu and now Covid-19. The rapid spread of such a disease across national borders can be associated with intercontinental flight connections. The fact remains that in today's interdependent global economy, market reactions provide a key gauge for lethal epidemic diseases. Any prolonged closures of major industrial production sites in places like Wuhan, Northern Italy, and Central Europe are going to lead to major value chain and security of supply disruptions. Similarly, the U.S. and the EU are the two main market areas in the world. If economic activity freezes up there due to restrictions, quarantine, and people staying at home, the repercussions are going to be very negative for economic growth as

37   The New York Times (7.3.2020). Trump, His Eye on the Border, Overlooked the Coronavirus Threat. https://www.nytimes.com/2020/03/07/opinion/trump-coronavirus-us.html.

38   For example, the U.S. government considered the term blockade to be too offensive during the 1962 Cuban missile crisis. So it officially imposed a quarantine instead, which carried a stronger sense of international legitimacy.

39   On the swine flu emergency, see e.g. National Public Radio (15.8. 2019). Swine Fever Is Killing Vast Numbers Of Pigs In China. https://text.npr.org/s.php?sld=751090633.

40   The New York Times (2.3.2020). In Coronavirus Fight, China Gives Citizens a Color Code, With Red Flags. https://www.nytimes.com/2020/03/01/business/china-coronavirus-surveillance.html.

41   Vox (29.2.2020). Trump casts criticism of his coronavirus strategy as a Democratic Party "hoax". https://www.vox.com/policy-and-politics/2020/2/29/21159054/trump-coronavirus-strategy-democrats-hoax.

42   Ali, S. H. and Keil, R. (2006). Multiculturalism, Racism and Infectious Disease in the Global City: The Experience of the 2003 SARS Outbreak in Toronto. *Topia.* 16 (2006): 23–49.

well as the financial system. If Covid-19 crisscrosses and returns in waves, as pandemics can, the political and economic impact is going to be much more lasting than was the case with the SARS scare in 2003. The disruptions may trigger increasing decoupling of the global economy as alternative solutions to East Asian production sites are sought.[43]

PROGNOSIS FOR COVID-19'S IMPACT

The key lessons to be learnt from the Covid-19 outbreak, at least at this stage, point to ways in which it can act as a trigger for and precursor to various new developments. The following eight conclusions highlight the evolving global impact of the coronavirus outbreak in more detail.

Contagious diseases are political: During modern times, contagious diseases have become a part of the language of health governance. The idea has been to separate health governance as a functional field of expertise from the politics of diseases. With this in mind, the modern understanding of governance sees politics, at best, as counterproductive and, at worst, as detrimental to expertise based on international health activities. Covid-19, together with its precursor diseases, clearly indicates that any pandemic is, from the onset, always political in ways that the modern global health paradigm cannot fully cope with. Patterns of politization should be recognized, and good governance activities should try to mitigate their impact on the actual preparedness for and control of pandemics.

Covid-19 can trigger a major economic shock: Whereas the impact was significant but the recovery fast after SARS in 2003, the disruption caused by Covid-19 appears to be both significant and more lasting. The disruption to key global production areas is likely to be combined with a demand slump as the main markets in Europe and the U.S. freeze up due to business closures, isolation policies, and general confusion.

Global decoupling is gaining traction: At the global level, the economic and supply chain disruption caused by Covid-19 provides one more reminder of the risks posed by the efficient yet overwhelmingly interdependent global system. Its resilience is being stress-tested by the coronavirus, and the result(s) might accentuate the ongoing decoupling process.

Multinational companies are reconsidering the long-term implications of investing too much in far away production sites. They have already started to shift their production away from China to other countries in an attempt to save money as well as to become less reliant on China due to U.S.-China trade tensions and, more recently, growing risks brought about by the coronavirus outbreak.[44] Covid-19 has suddenly decreased production in China as large-scale quarantine and travel restrictions have been put in place. As such, Covid-19 can be read as a sign of the times, pointing to further decoupling once the unprecedented pandemic crisis is resolved.

Trust towards global health governance is declining: The WHO was seen in an almost heroic light after the successful management of the SARS epidemic. Avian flu and swine flu were more confusing cases, however, and the WHO's reputation suffered when it was considered to be taking too hasty steps in declaring a global pandemic emergency. The praising of the Chinese approach to handling the situation by WHO seems to have simply ignored initial inability to control the disease and its attempts to hide it. It was precisely during the first few weeks of December that the broader outbreak of the disease could have been avoided and managed (within the People's Republic). Also, it took the WHO several weeks to negotiate access to China. The weak WHO response put China in the driver's seat in the control efforts. Lack of international leadership by the United States further facilitated this. Now that Covid-19 has turned into a widespread global pandemic, trust in the health authorities and health governance at the global level will inevitably decline.

Large-scale restrictive practices are gaining ground: Measures aimed at restricting movement on a large scale, such as quarantining and cordons sanitaires, were thought to be relatively clumsy and even counter-productive responses. At best, they were seen as delaying the spread of the disease, but not actually affecting the cumulative impact over time. The modern best practice has emphasized the need to act quickly in detecting chains of contagion and isolating all exposed people so that no large-scale policies need to be implemented. Widespread quarantine could also be harmful for the much-needed meticulous detective work, as panic would likely start spreading and people would seek to escape the hot zones. However, social isolation

43   Grunstein, Judah (2020). Will Covid-19 Achieve the Decoupling That U.S. China Hawks Seek? World Politics Review. 4 March. https://www.worldpoliticsreview.com/articles/28577/will-the-coronavirus-outbreak-achieve-the-decoupling-that-u-s-china-hawks-seek.

44   E.g. The Financial Times (23.2.2020). Coronavirus is speeding up the decoupling of the global economies. https://www.ft.com/content/5cfea02e-549f-11ea-90ad-25e377c0ee1f.

(at the local level), large-scale quarantining (regionally), and travel restrictions (internationally) became the "best practices" as Covid-19 spread across China (and subsequently elsewhere), potentially also legitimizing such measures in epidemic situations in the future. Some of these measures might stay in place even after Covid-19 and they can be more easily triggered in a case of any serious epidemic somewhere in the global system.

The internally troubled U.S. is missing in action: During the Ebola outbreak in Africa that started in 2015, the role of the U.S. in mobilizing resources was key in containing the emerging pandemic. Now, with regard to Covid-19, the U.S. has not shown significant global leadership. Rather, as cases in the U.S. are mushrooming, there are increasing concerns that epidemic management is lacking and that the disease is contributing to existing serious domestic antagonism. The situation can be read as another indicator of a more lasting trend, whereby the U.S. is retreating from the global arena, and its leading influence and prestige are decreasing.

China's status and legitimacy are increasingly in doubt, especially in the West: Modern societies are supposed to be compatible with a world order characterized by mobility and cross-border flows. Such societies are seen as forming the safe, secure and sanitary apex of the global hierarchy. For China, this situation puts it in a disadvantageous position; although a part of the system of global flows, it has been associated with multiple pandemic outbreaks in recent times. Furthermore, its place as a legitimate core member of the global club of nations with an adequate, functioning governance and political system is being thrown into doubt.

China's turn inwards and the solidification of its authoritarian system is likely to continue, catalyzed by Covid-19: An epidemic can further reinforce coercive authoritarian tendencies, including the increasingly pervasive forms of surveillance that China continues to develop and utilize. Historically, diseases have led to the pursuit of further purity and civil religious adherence to norms and virtues that are associated with getting out of harm's way. China's reaction to the Covid-19 outbreak was to blame the local authorities in Wuhan and Hubei province for trying to hide it for too long. This attribution of causality and blame-game point to stricter centralization also in the future, depending on how the situation proceeds. Furthermore, speculation about the ramifications of the disease for China has tended to overlook the fact that – irrespective of actual culpability – Covid-19 was rapidly morphing into a global disease, a factual state of affairs at this moment.