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**Securitizing infectious diseases in the People's Republic of China:  
An analysis of the response of the central government to the influenza A (H1N1)  
pandemic, 2009-2010**

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Thesis submitted in part fulfilment of the requirements  
Of the Doctor of International Relations degree at the School of Global Studies  
University of Sussex

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I hereby declare that this thesis has not been and will not be, submitted in whole or in part to another University for the award of any other degree.

### **Abstract**

Amidst growing scholarly interest in global health governance and the securitization of infectious diseases, this thesis presents an analysis of the Chinese government's response to the influenza A (H1N1) pandemic in 2009-2010. China is a crucial actor because of its growing economic and political influence in global health governance, the comparatively large size of its population, and because China is also considered to be the likely geographic site for the outbreak of a future flu pandemic. Although the existing literature has not explored the Chinese response to the pandemic in much detail, closer analysis reveals that Chinese officials implemented one of the harshest public-health responses in the world - even for Asian standards. Curiously, in contrast to securitization, they did not characterise pandemic influenza as a verified existential threat, but simultaneously as plausibly catastrophic and mild. In explaining the Chinese response to the H1N1 pandemic, the thesis explores three key factors: (1) the wider international context that China was operating in, (2) the political organisation of the country, and (3) its historical experience. Overall, the thesis argues, the harsh accent on containment in the response was motivated by a strong desire to internationally demonstrate the capacity of the country to deal with pandemic influenza, especially as a way of vindicating the tarnished image of China about its poor performance to control other epidemics. On the other hand, the equivocal comprehensive characterisation of the disease resulted from emerging evidence of the mildness of the disease and the caution of Chinese leaders to prevent social panic. The case study contributes to filling a gap in the literature about securitization applied to global health and China. It also highlights the relevance of historical experience to identify patterns of security frameworks. Contradictory evidence may emerge to recognize the occurrence of securitization when the characterisation of the alleged threat is not consistently existential, even when other criteria like the involvement of high authorities, the priority status of an issue, the implementation of disruptive measures, the allocation of special funds and the use of security language are identified. On the other hand, understanding securitization as defined by the existential nature of the threat or as open to an intensified interpretation affects the assessment of the evidence.

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## **Abbreviations**

APEC - Asia-Pacific Economic Cooperation

APEC HTF - Asia-Pacific Economic Cooperation's Health Task Force

AQSIQ - China's General Administration of Quality Supervision, Inspection and Quarantine

ASEAN - Association of Southeast Asian Nations

CCDC - Chinese Centre for Disease Prevention and Control

CDC - Centres for Disease Control and Prevention

ECDC - European Centre for Disease Prevention and Control

FAO - Food and Agriculture Organisation of the United Nations

GHSI - Global Health Security Initiative

GIPP - *Global influenza preparedness plan*

GOARN - Global Outbreak Alert and Response Network

HIV/AIDS - Human immunodeficiency virus / acquired immune deficiency syndrome

IHR - International health regulations

IPAPI - International Partnership on Avian and Pandemic Influenza

IPP - Influenza Pandemic Plan

OIE - World Organisation for Animal Health

PIPR - Pandemic Influenza Preparedness and Response

PRC - People's Republic of China

SARS - Severe Acute Respiratory Syndrome

UK - United Kingdom of Great Britain and Northern Ireland

UN - United Nations Organisation

U.S. - United States

WHO - World Health Organisation

## Chapter 1. Introduction

Global health has become a major area of international diplomatic activity and scholarship over the past two decades. Throughout the 1990's, policymakers and scholars in the fields of global health and international politics became more committed to highlighting the threats posed by microbial agents to international security (Kirton, 2009). Novel diseases like HIV/AIDS, Ebola and Marburg had made it into the headlines, and the capacity of modern medicine to treat them appeared limited. Re-emerging infections were also catching the attention of experts and policymakers. As a consequence, the issue of antimicrobial resistance became another source of concern for them. Academic and official reports published in those years reaffirmed the linkages between security and global health. Epidemics like those caused by HIV were thought to seriously damage the social fabric of underdeveloped countries, leading to regional conflicts which would, in turn, affect the interests of liberal democracies there (Whiteside, 2000; Piot, 2001; USAID, 2002; Price-Smith, 2002). The fall of the Soviet Union and the terrorist attacks a decade later also reinforced the anxiety in liberal democracies about the looming threat of bioterrorism (Alibek, 1998). Growing concern about such health-based threats has thus animated the rise of global health security as an area of policy investment and academic study.

Within this burgeoning field of global health security, pandemic influenza ranks very highly amongst the list of perceived threats because of its allegedly catastrophic consequences. The disease gained renewed significance since 1997 when recurrent epidemics of highly pathogenic avian influenza broke out in East Asia. Historical reappraisals of the effects of the great pandemic of 1918-1919 supported the prospect of harrowing scenarios for the next pandemic, whose occurrence was assumed to be a matter of time (Laver, Bischofberger & Webster, 2000; Taubenberger & Morens, 2006, 1918 influenza...). For a disease with a striking potential for rapid contagion around the world, an unprecedented level of collaboration of countries, international organisations and non-governmental associations was required. The Severe Acute Respiratory Syndrome (SARS) epidemic in 2003 made clear that modern transportation enhances the propagation of diseases. Furthermore, in an interconnected world, extreme social panic was observed to bring about acute economic losses. By 2005, the U.S. was spearheading a collective effort to create specialised institutions and networks of collaboration to work on the surveillance and analysis of influenza strains (Abraham, 2011; Barker, 2012; Kamradt-Scott, 2013). Pandemic preparedness has become a key objective for many governments around the world.

Against this background, there was also a considerable international concern when a new influenza pandemic of H1N1 began to unfold in 2009. The first flu pandemic of the 21<sup>st</sup> century occurred at a political crossroads in global health. It was the first international health crisis after the redrafting of the *International Health Regulations* (IHR). The pandemic also offered an unprecedented opportunity to track its evolution ‘in real-time’ (M. Chan, 2009, April 29). As a subject, the pandemic is a formidable event for its extensive coverage by the media. Yet the pandemic also marks a fascinating episode through which to study global health security, and specially the processes of security framing widely referred to as the ‘securitization’ of health.

Such framing processes have become the subject of extensive debate in security studies. For many International Relations scholars, a reformulation of the scope of security studies was an urgent matter in light of changes brought about by the end of the Cold War (Krause & Williams, 1997; Smith & Acharya, 2002). A response to this call came from the authors identified by the label of the Copenhagen school, who introduced the notion of securitization in the late 1990s. They defined some sectors which expanded the traditional militaristic focus of security studies. The framework proved to be quite influential in the field of global health security over the last fifteen years. The richness and prolificacy of the perspective is observed in works dedicated to the refinement of the framework (Balzacq, 2011, *Enquiries...*; McInnes & Rushton, 2012), those addressing health security and ideologies (Stephenson and Jamieson, 2009; Hameiri, 2014, D’Arcangelis, 2017), and those delving into the definition of the health security agenda (Elbe, 2006; Kamradt-Scott & McInnes, 2012; Hanrieder & Kreuder-Sonnen, 2014; Honigsbaum, 2017). Other subjects attracting scholarly attention are the divergent health security interests of developed and developing nations (Youde, 2008; Curley & Herington, 2011; Jin & Karackattu, 2011), power politics and health security (e.g. Gordon, 2011), and the negative and positive effects of securitization (e.g. Elbe, 2006).

### **China as a case study of global health security**

Within this wider international response to the H1N1 pandemic, moreover, China is an interesting case study to undertake specialised research about global health security and securitization for at least four reasons: its political and economic rise, its social determinants for the spread of infectious diseases, the peculiar dynamic of its response to the pandemic may not conform with the model of securitization as introduced by Buzan, Wæver and de Wilde, and a literature gap. Concerning the first point, China is a nuclear power since 1964,

with permanent membership and veto power in the Security Council. Its economic growth of about 10% per year has encouraged experts to debate on the potential of the country to surpass the U.S. as the largest world economy in the coming years (Carter, 2014). China also holds membership in a long list of UN agencies and international and regional organisations. It is sensible to affirm that an assertive participation of the country in global health governance is a critical aspect to promote its political identity as a responsible power.

With regard to the second point, one-fifth of the world's population lives in the country – consequently, Chinese people get one-seventh of the disease burden of the world in terms of lost years of healthy life (Y. Z. Huang, 2013, *Governing...*, p. 5). Inadequate handling of epidemics there may propitiate the spread of infections to the rest of the world, as it occurred with SARS in 2003. Indeed, the country is considered the likely place of origin of important epidemics in the past that include pandemics of influenza in the twentieth century (Barry, 2004; Crosby, 2003; Enemark, 2009; Laver, Birschofberger & Webster, 2000; Wataru, 2003; World Health Organisation [WHO], 1999). Seasonal influenza occurs permanently within the vast territory of the country, and most of the viral strains recommended by the WHO since the late 1980s for the development of influenza vaccines emerged in China (Oshitani, 2001). As Paul Farmer has cogently expressed, 'when China sneezes, the world catches a cold' (2006, p. xxii).

The third point made about China as an interesting case to undertake research on global health security comes from the observation that the response to pandemic influenza A (H1N1) may not conform to the framework of securitization as introduced by the Copenhagen school. In some respects the response was securitized because the disease became the primary subject of the political agenda, high authorities were directly involved in decision-making, special funds were allocated, overt security language was used and quite disruptive measures were adopted and implemented. Indeed, quite a few countries adopted restrictive measures on travel at an early stage of the pandemic, especially in East and Southeast Asia. The response of China follows the regional trend, which may be explained by the experience with SARS in the macro-region and the underdevelopment of public health systems in many of the countries there. Since news of the outbreaks in North America was broadcasted, countries like Singapore, Myanmar, Laos and China committed to the implementation of containment, but the latter outstood by the duration, determination, extent and length of its application. Whole rounds of passengers were quarantined and massive manhunts were carried out in an effort to prevent the spread of the disease, including Mexican, American and Canadian visitors.

In a very important respect, the securitization of the disease in China is not clear. The comprehensive characterisation of pandemic influenza was not consistent about its verified

existential character.<sup>1</sup> In other words, one of the facilitating conditions of securitization was not completely fulfilled. This question will be further developed in this introduction.

Point number four is simple. Despite the analytical potential of securitization, its application to the case of China's response to the 2009-2010 pandemic is yet to gain its share in the global health security literature, and the thesis aims to contribute to filling this gap. This author only found two articles at the time of writing where the theory is applied to the subject of avian influenza from a regional perspective (Caballero-Anthony, 2006; Curley and Herington, 2011). Another article treats the case of the disease in China (Wishnick, 2010). No one of the commented works addressed the pandemic of 2009 in China.

### **Theoretical framework**

The term securitization in the thesis refers to both the process of labelling an issue as a security question and the theoretical approach proposed by Ole Wæver, Barry Buzan, and Jaap de Wilde (the Copenhagen school) to study such process. In accordance with this perspective, the attribution of security significance implicates the participation of an authoritative actor (generally the state) who promotes an inter-subjective understanding about an existential threat to a valued referent object in a political community. The process starts with the making of securitizing moves (generally discursive) which attempt to legitimate the implementation of extraordinary countermeasures (Wæver, 2008). The idea of the securitizing move in the Copenhagen school was inspired by the notion of speech act by philosopher of language J. L. Austin. Accordingly, certain words entail the fulfilment of an action; in the case of security claims, a dynamic of threat and defence follows.

Three facilitating conditions of securitization affect the framing process: the grammar of security, which is the internal demand of the speech act; the position of authority of the securitizing actor, which determines the likelihood of the audience to accept the move, and the features of the alleged threat that may or may not be amenable to securitization. The Copenhagen school authors propose a list of sectors of analysis beyond the military (environmental, economic, societal and political sector), but not a health sector because related matters were considered as part of the environmental sector. Buzan, Wæver and de Wilde associate security frameworks with superlative expressions that indicate the existential nature of threats, the extraordinary measures that are carried out against them and the

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<sup>1</sup> The adjective 'comprehensive' is used with the term characterisation to distinguish specific characterisations of influenza from a general perspective of its orientation to show, or not, an existential character. This is a useful step to carry out the securitization analysis.

exceptionality which characterises the political momentum of a security crisis. After this initial consideration of the theoretical framework, it is pertinent to introduce the research questions of the research and its main findings.

### **Research questions and the main argument**

The main research question goes as follows:

*How, if at all, was the response of the Chinese government to pandemic influenza A (H1N1) securitized?*

A set of three subsidiary questions has been formulated to help answer the main question.

*To what extent was the Chinese response to pandemic influenza shaped by the securitized perspectives on the disease endorsed by pandemic-preparedness mechanisms at the international level?*

*What role did China's historical experience of infectious disease outbreaks play in the response to pandemic influenza by the Chinese government in 2009-2010?*

*What implications does the Chinese case have for securitization theory, especially with regard to its applicability to authoritarian countries?*

The brief response to the main research question is that the evidence of this research is not conclusive to determine whether the Chinese response to the pandemic was securitized or not and that the position of the researcher about the existentiality of the alleged threat as a prerequisite of securitization determines the provision of an affirmative or a negative answer. There are empirical elements in this answer that need to be specified as they address the 'how' element of the main research question. More can also be said about the theoretical elements.

Concerning the empirical elements, the evidence of the research is inconclusive because, as mentioned before, aspects of the Chinese response to the pandemic are compatible with the circumstances associated with securitization by Buzan, Wæver and de Wilde. Nevertheless, the characterisation of the disease was inconsistent and not associated with a verified existential threat. On the one hand, the plausibly catastrophic nature of pandemic influenza A (H1N1) was emphasised by health authorities in China. They did so

because they saw in the pandemic an opportunity to demonstrate the capacity of the state to articulate a coherent and effective response against epidemics, by the same token they were aiming at the vindication of the country from faulty responses in the past to other infectious diseases, especially SARS. The social and environmental determinants of disease in the country were often invoked to claim that the disease could adopt a highly pathogenic and lethal nature. On the other hand, Chinese officials could not dismiss emerging assessments of the mildness of the A (H1N1) virus. And they also stressed this perspective at times to quench fear.

With regard to the theoretical elements of the response to the main question, a negative response can be supported if the existentiality of the threat is taken as a prerequisite of the occurrence of securitization. The securitizing conditions are clear on the point, there is a level of 'securityness' of issues which determine their successful framing as security questions. If this trait is strong, there are good chances to make a 'legitimate claim to survival' (Buzan, Wæver & de Wilde, 1998, p. 36). Thus, observing that the comprehensive characterisation of the disease was inconsistent, the Chinese response to the pandemic is not taken for a securitized one. The problem with this response is that it misses an aspect of securitization introduced as well by Buzan, Wæver and de Wilde. According to them, politics, politicization and securitization are stages of an intensifying perspective of politics (Buzan, Wæver & de Wilde, 1998, pp. 71-2, 165). From this viewpoint, the usefulness of the high 'threshold' of the existential character of a perceived threat can be questioned.

Mark Salter and Michael C. Williams have suggested that an intensified understanding of securitization is necessary because it would be more sensitive to the different stages of the construction of a threat. McInnes & Rushton have suggested a similar perspective when they recognize the potential for partial securitization brought about by this continuum; therefore, definite judgements on the question 'may not always be appropriate' (2012, p. 3). The views which favour the intensifying perspective of the political in securitization have their own flaws. They render the distinction between politicization and securitization impractical. Consequently, the category of securitization can be unduly broadened. As observed, there are unresolved issues in the theory that need further reflection. Therefore, this author opted for providing an open response to the main research question. The evidence is inconclusive to determine if the Chinese response was securitized.

In response to the first subsidiary question, the security bias of international pandemic preparedness provided the grounds for Chinese officials to stress the plausibly characterisation of pandemic influenza A (H1N1). Therefore, the securitization of the disease at the international level affected the response of China to the pandemic in 2009-2010. Pandemic influenza has been securitized at the international level (Abraham, 2011; Barker, 2012;

Kamradt-Scott, 2013). The WHO and the US government have been main advocates of the development of pandemic preparedness capacities around the world and of a securitized perspective of the disease. The *Global influenza preparedness plan* (GIPP) affirms the benefits of framing the disease in security terms. It was expected that ‘a new appreciation of infectious diseases as threats to global and national security offers the prospect that high-level political leadership could be enlisted in support of the necessary intersectoral planning’ (WHO, 2005, *Global influenza...*, p. 4). The claim that pandemic preparedness has been securitized does not mean that the responses to the pandemic in 2009-2010 by different countries were securitized, but that the nature of the preparedness scheme, originally thought to tackle an avian-influenza-like pandemic, is prone to generate securitized responses.

Chinese officials started considering the security implications of pandemic influenza, as observed in the *Response to pandemic influenza and emergency preparedness document* (People’s Republic of China [PRC] Ministry of Health, n.d.), where it is affirmed that the sizeable population of the country, the historical experience with past pandemics and the underdevelopment of the public health system put the country in a vulnerable position. Therefore, if not properly addressed, a pandemic would inevitably cause social and public panic (*hui he qunzhong de konghuang* – ‘会和群众的恐慌’). Economic activities and social life would suffer a heavy blow (*shi jingji huodong he shehui shenghuo zaoshou chenzhong daji* – ‘使经济活动和社会生活遭受沉重打击’), even leading to ‘social unrest’ (*shenzhi yinfa shehui dongdang*, – 甚至引发社会动荡, para. 3).

In response to the second subsidiary question, historical experience is claimed to have affected the response to the pandemic in 2009-2010 in China because Chinese officials were aware that the perception of the response to other epidemics in the past at home and abroad was negative. This is why, as noted in the previous paragraphs, they were determined to project a positive image of China as a partner of global health security. By considering historical experience, this research puts an accent on an underdeveloped issue in securitization. The integration of historical experience in securitization research was not sufficiently stressed by the Copenhagen school.

The review of the response to some infectious diseases in the country also suggests that when issues of external sovereignty are thought to be at stake, a more coherent pattern of securitization emerges in which the characterisation of alleged threats supports an emphasis on implementation. Sovereignty is a key concept for the notion of political threat in the works of the Copenhagen school. Accordingly, nations face political repercussions at the international level that are brought about by their problems to exercise effective control over

their territory. In these authors' words, 'it is possible for legitimacy to be contested from outside [...]' (1988, p. 144). A crisis of external recognition threatens the 'organisational stability of the state', and it can adopt the form of pressure about a particular policy (1998, p. 142).

The clearest case where concerns about external sovereignty and public health converged is SARS. This epidemic brought public-health emergencies at the forefront of the political agenda. Hu Jintao made an impassioned speech at the meeting of the Politburo of the CCP on April 29, 2003, in the midst of the crisis. The 'national spirit' of the Chinese people was invoked to join efforts against the disease. Days later, Hu made a call for a 'People's War' to counter the threat ('Xinhua dispatch covering President...', April 29, p. 42). SARS demonstrated that a health crisis has the potential of triggering substantive regulatory changes that have reinforced the obligation to report outbreaks of disease. As Katherine A. Mason observes, 'ever since the disappearance of SARS, global health authorities had been waiting for another deadly virus to emerge from the PRD [the Pearl River Delta], which had long been known as an incubator of novel flu strains [...]' (2015).

After SARS, Chinese representatives joined and even promoted a number of multilateral forums about the handling of infectious diseases with a focus on their security implications. China organised the Symposium on Emerging Infectious Diseases for the Asia-Pacific Economic Cooperation (APEC) in April 2006. In this event, a consensus was reached about the effects of emerging infectious diseases for the 'health, prosperity and security of the Asia-Pacific region' (PRC, 2006, September 14-15, para. 10). At the beginning of that year, the Chinese government had sponsored a pledging conference in Beijing to raise funds for the prevention and control of pandemic influenza. Furthermore, the bird flu was framed as a security question in the celebration of the 40 years of the Association of Southeast Asian Nations (ASEAN) one year later, in which China took part (X. G. Zhang, 2007). Mainstream media in the country also made use of security frameworks in their coverage of the event (Chang, Wang & Zhang, 2007).

The engagement of China with global health security had already advanced to some extent due to the international pressure about its epidemic of HIV/AIDS. The central government started to recognize the implications of the disease in 2001. This change ensured access to critical funding to fight the disease (Huang, 2006; Saich, 2006; Chan, 2010). Lai-ha Chan offers an affirmative interpretation of the engagement of China with global health initiatives because Chinese officials do not want to project the image of a system challenger. The interaction with multilateral organisations would encourage a 'learning process for China to securitize the spread of infectious diseases as a security threat' (2010, 124). External

pressure may have been a factor for the National Administration for the Protection of State Secrets to declassify information on natural disasters, including epidemics, in 2005. The move assured more coherence with previous regulations that made reporting of diseases a mandatory action for any individual – e.g. Article 31 of the *Law on the prevention and control of infectious diseases* (PRC, 2004).

In response to the third subsidiary question, there are some implications for the application of securitization to the study of an authoritarian country that can be observed from the study of the case. The first is that the researcher should not take for granted that authoritarian regimes can dispense with the usage of discourses which legitimise adopted actions. The Chinese state did require to stress the plausibly catastrophic characterisation of the disease and to use specific referent objects of security. The choice of these referents can also say something about the polity of the country. References to 'social stability', 'social order' or the 'leadership of the [ruling] Party' may suggest that the security framework in use about an epidemic is already overspilling into the political sector. In these circumstances, authoritarian practices like the imposition of bureaucratic control or strengthened controls over the media can occur on a temporary basis.

The term 'bureaucratic centralisation' draws upon the notion of 'bureaucratic control' proposed by Yanzhong Huang, who affirms that when facing a perceived health crisis, the central government is able to coordinate the response by means of the creation of 'powerful ad hoc coordination bodies to mobilize resources from different sectors, leading to the temporary reproduction of a bandwagon polity (2013, 12-3). Saich (2006) and J. H. Huang and J. McBeath (2010) share this perspective. It is observed that the central state had the capacity to define in broad terms the actions to implement by provincial governments during the pandemic. In principle, inquiring about the implications for securitization derived from the analysis of the Chinese polity in this research required to reflect on the notion of conventional and exceptional politics in securitization. The boundaries between both dimensions, in accordance with the depiction of liberal democracies by the Copenhagen school, could not be boldly projected into the analysis of alternative political contexts. An open stance which is empirically grounded was necessary.

Finally, the response to the third subsidiary question needs to regard that there is also the issue of more effective limits for dissenting views in the coverage of crises. For the case of public health, the Communist Party is still reluctant to disclose information about public health (Cowling, personal communication, University of Hong Kong, 2015, May 8; Thomas, personal communication, The University of the City of Hong Kong, 2015, May 8; S. Liu, 2011). After having responded to the subsidiary questions, it is pertinent to introduce the main argument

of the thesis and the main findings of the research. The argument is phrased in the following terms:

*Chinese leaders carried out a stringent policy of containment against pandemic influenza A (H1N1) because they saw in the health crisis an opportunity to vindicate the image of the country from the deficient handling of infectious diseases at the turn of the century and, consequently, to present China as a responsible partner of global health security. To fulfil these objectives, they depicted pandemic influenza A (H1N1) as a plausibly catastrophic threat rather than as a verified existential one. On the other hand, surging evidence of the mildness of the disease and the caution of Chinese officials not to generate widespread social panic resulted in an equivocal comprehensive characterisation of the disease.*

The main findings of the thesis are thus: 1) the historical appreciation of epidemic control as an area in which the Chinese have seen a potential source of threats to the external sovereignty of the country, 2) the observation that the Chinese state, even if considered an authoritarian regime, may need discourses which legitimize measures adopted during an emergency and which encourage the compliance of the general population, 3) the recognition of the unsolved status of the depiction of securitization as a threshold or as an intensifying system which may lead either to narrow interpretations of securitization or to a failure to distinguish securitization from politicization, 4) the appreciation of the incompatibility of the liberal advocacy of the Copenhagen school and their claims about empirical openness to do research about security.

### **Methodology**

The last chapters of the thesis rely on the analysis of official documents and news reports. The state-centric approach of the work is supported by practical considerations. There is a vast amount of primary sources about the 2009-2010 pandemic that could be appraised under the light of the existent research about influenza and about the response of the country to infectious diseases. There is also research about the implications of the pandemic for preparedness (Fidler, 2010; Keller, Ansell, Reingold, Bourrier, Hunter, Burrowes & MacPhail, 2012; Taubenberger & Morens, 2010) and historical research about social responses to the disease (Bresalier, 2011 and Jackson, 2009). Some authors have written about the pandemic from the perspective of security studies (Abraham, 2011; Barker, 2012, Infectious insecurities...;

Davis, Lohm, Flowers, Waller & Stephenson; Kamradt-Scott, 2013). Academic articles in Chinese were consulted, but only a few of them appeared useful to address aspects that are relevant to study the security implications of the pandemic (see Miao, Liu & Wang, 2009; Shen, Yan, Wang, Su & Li, 2009; Shi & Zeng, 2009).

Official documents were consulted to investigate the response to the pandemic at different levels. Besides the guidelines, plans and reports issued by the WHO, there is also a good amount of transcripts of the press conferences held during the crisis. Online archives for ASEAN and APEC are available online. The Guangzhou Library provided access to the Wanfang Database of Chinese Laws and Regulations during fieldwork. Most of the relevant documents are circulars. These materials were critical for the study of discursive usages in official communications since the beginning of the century. Hundreds of documents about the national response to the pandemic were taken into consideration for the research. Chinese news reports are the third group of sources. Even if they are expected to reflecting official views, they are valuable material to follow in detail the evolution of the response and to identify main concerns. The online archives of the *China Daily* in Chinese were quite useful to define a basic core of news reports, which was eventually extended through the tracking of wires issued by the Xinhua News Agency in different outlets.

Fieldwork was carried out for three months in Guangzhou, Hong Kong and Beijing in 2015. The main objective was to inquire about the extent of adoption of security frameworks during the implementation of the response to the pandemic and therefore to contribute to the writing of Chapters Six and Seven. The cities were chosen because of the epidemiological significance of the Pearl River Delta and due to the political relevance of the capital city. Long-term permits for research are hardly granted by the Chinese government, and budget considerations prevented the undertaking of short, consecutive and informal stays in the country.<sup>2</sup> Provided that official views are the main focus of the research, elite interviews were planned. This approach is aimed at understanding ideological and motivational positioning for policy-making and implementation (Goldstein, 2002; Richards, 1996), and the functioning of organisations. Names of officials and scholars working in or about epidemic control were gathered from academic documents. Authors of news reports were generally out of reach.

The rate of reply and acceptance of requests for interviews was low, but the relevance of the interviewees compensated for the reduced number of participants. Officials of a provincial and a local Centre for Disease Control and Prevention in the mainland agreed to

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<sup>2</sup> A couple of researchers at the University of Sussex who also study sensitive questions in China revealed to this author that they benefited from long stays in the country in the form of collaborations with NGOs before engaging with their doctoral studies. This option was beyond reach for this research.

participate as well as top researchers in the field of influenza research and Asian studies in Hong Kong. A couple of these interviews were conducted while already being in China. Because the prospect of a wide sample was not considered achievable since the beginning, a qualitative approach was adopted through the design of semi-structured questionnaires. To prevent a strong bias on the inquiry about security frameworks, a number of relevant but indirect issues were addressed first in the interviews like the lasting effects of SARS on epidemic control in the country, the challenges of transitioning from containment to mitigation during the pandemic, the nuances about the provision of a notion of severity and the communication strategy to handle the crisis. Usually, conversations ended with a direct question about the possible usage of security language. Informed consent procedures were carried out after their approval by the Social Sciences, Arts and Humanities Cross School Research Ethics Committee of the University of Sussex.

Although the level of Chinese of the author enabled functional communication for logistic aspects during fieldwork, it was necessary to get language assistants for different purposes. One of them helped with English-to-Chinese translations and proof-reading of e-mails to potential interviewees. At some point, writing in Chinese to them became critical to entice them to participate. This assistant also helped with English-to-Chinese translations of the semi-structured questionnaires that were used in the interviews. Another assistant was hired to make transcriptions of recorded interviews in Chinese, which were eventually translated into English by this author. Both assistants have post-graduate education. In some cases, interviews in English were conducted, although critical concepts were registered in Chinese.

The Copenhagen school affirms that the 'way to study securitization' is discourse analysis (1998). In other words, securitization is thought to be primarily observed by paying attention to the narratives that prove the occurrence of the security framing process. 'Whenever discourse and the structures thereof are interesting in themselves, discourse analysis makes sense'. They make it simple: 'Read, looking for arguments that take the rhetorical and logical form defined here as security'. The context is also indicative. 'If a security discourse is operative in this community, it should be expected to materialize in this text because this occasion is sufficiently important [...] Since the security argument is a powerful instrument, it is against its nature to be hidden' (1998, p. 177).

*The scope of evidence*

Buzan, Wæver and de Wilde put a strong emphasis on discourse analysis while adopting a philosophy of language that recognises the social expectation for action associated with certain kinds of discourse. For these authors, the presence or absence of the word security in the evidence does not determine the occurrence of securitization.

Actors who securitize do not necessarily say “security,” nor does their use of the term security necessarily always constitute a security act. We use our criteria to see if they take the form of “politics of existential threats,” with the argument that an issue takes priority over everything else and therefore allows for a breaking of the rules (1998, p. 33).

Unfortunately, Buzan, Wæver and de Wilde did not elaborate more on the question, therefore, the relation between speech and action and the nature of evidence remains as an underdeveloped aspects of the framework (Wilkinson, 2007, p. 22). Alternative discursive constructions may provide evidence of the attribution of existentiality to a threat which demands a complex policy response. The evidenced used in the case study, chapters six and seven, is discursive. It can be classified in two great groups. The first may be considered primarily textual because it is related with the comprehensive and specific characterisations of the alleged threat and the referent objects. The second group of evidence refers policy implementation during the response.

Concerning the characterisation of the alleged threat, in the first group of evidence, narratives may indicate endangered referents (e.g. human life and social order during epidemics). The featuring of threats is affected by a number of variables related to the risk perception of the threat like available knowledge, dreadfulness, timing, among others. The narratives may also give an account of the stage of evolution of the crisis (the grammar of security). Enunciators may be self-identified, whether they are securitizing actors or functional actors. The referent objects are important elements to justify the application of stringent measures. At the same time, they are expected to reflect the multiple consequences of the ongoing crisis. After all, the implications of global health security threats unfold in an overspill dynamic along sectors.

In the definition of a group of evidence referring policy practices, this author follows a number of scholars who have suggested that the observed phenomena in securitization studies must reflect policy change in terms of budgeting, military involvement, law issuing or institutional response (Salter, 2011, p. 121; Caballero-Anthony, Emmers, Acharya; Nick Thomas,

personal communication, The University of the City of Hong Kong, 2015, May 8). Three practices are taken into account in this research: policy instruments, allocation of special funds and calls for public participation.

Policy instruments define the scope of governmental action to handle an alleged threat, and they are likely to entail the granting of extraordinary and centralised powers to coordinative bodies constituted by high officials or specially appointed authorities. At its highest peak, the threat displaces other issues from the political agenda; hence, intensive cooperation and less functional differentiation may occur amongst authorities at different levels of government. The communication between them intensifies in a context of constant updating of regulations and guidelines. Documents which follow this evolution are important to get a full picture of the crisis.

Special funds are allocated as part of the policy repertoire of the state to strengthen its coping capacity and to provide an incentive for authorities at different levels to carry out the required measures to cope with the crisis (Bertelli, 2012). For the Copenhagen school, the allocation of resources signals securitization if the move can only happen through securitization (1998). This stance is unclear about the possibility of the allocation of funds being a part of the escalating process of security framing rather than an outcome of it. Extraordinary resources may result from a new allocation or may be part of a pre-established emergency fund. Central authorities usually have a pivotal voice for the approval of the usage or creation of these funds, but these arrangements are highly dependent on the distribution of fiscal authority within the structure of governments. Additional resources may also become available through international organisations which have previously securitized an issue, what Ilavenil Ramiah calls 'catalyzing actors' (2006, p. 150).

With regard to calls for public participation, the convergence of a particular conception of a political community and a perceived threat, or in the terms of Hinchliffe and Bingham (2008, People, animals...), a kind of body politic and a kind of bioinsecurity, is likely to shape calls for the participation of populations by the state during a health crisis. The engagement of social sectors in the implementation of countermeasures provides legitimacy to the actions undertaken. Cooperation for the strengthening of networks of surveillance and the acceptance of immunisation, when available, are common areas to achieve behavioural change and to promote participation. There might be calls for the adoption of a responsible attitude for self-care, which lies at the juncture of the individual and the collective. In their extreme form, these appeals engage broad sectors of the population to carry out tasks of direct epidemic control like the targeting of vectors.

### **Structure of the thesis**

The thesis is structured in eight chapters, including introduction and general conclusions. Chapter Two ('The international securitization of infectious diseases') conveys the argument that infectious diseases have been remarkably securitized since the 1990s. The chapter also goes over the basic features of securitization (discursive and state orientations) and the equivocal perspectives of securitization as a threshold-like and as an intensified framework. Finally, the elements of the environmental sector of securitization for the analysis of the response to infectious diseases are identified.

Chapter Three ('The evolution of security frameworks in China') argues that Chinese leaders have been adopted a new conception of security since the 1990s which includes non-traditional security and an extended agenda with different fields. This change was possible because of the demise of ideology brought about by the implementation of the Reforms and the adoption of a conception of national development which converges more with international standards of statehood. The analysis is supported by initial reflections about sovereignty and the standard of 'civilisation'.

Historical analysis is carried out in Chapter Four ('Epidemic control in China and securitization') to argue that epidemic control has been a sensitive field of governance which has been related sometimes with threats to the external sovereignty of the country. When this is the case, explicit securitizations have occurred. The first part of the chapter analyses the response to infectious diseases during the so-called 'Century of Humiliation'. The second section focuses on two campaigns against infectious diseases in pre-Reform China. Finally, the third section compares the progressive security framing of HIV/AIDS and the explicit frameworks of security of SARS.

Chapter Five ('The international securitization of pandemic influenza before 2009') goes over the securitization of pandemic influenza at the international level to argue that the cooperation of developing countries is affirmed to be essential to halt pandemics at their point of origin. Therefore, they have been under huge pressure to join the multilateral effort on the field. The chapter also includes an analysis of the evolution of international pandemic preparedness and a section about the influenza diplomacy of China and neighbouring countries in ASEAN and APEC.

The argument of Chapter Six ('The Containment drive against pandemic influenza A (H1N1) in China in 2009') is the main argument of the research. Consequently, it is about the implementation of harsh containment against pandemic influenza being supported by a plausibly catastrophic characterisation of the disease because Chinese leaders wanted to

project a positive image of China as a global health partner. Evidence of the mildness of the disease and the will of Chinese officials to prevent social panic resulted in an inconsistent representation of pandemic influenza. The chapter is divided into a section which studies the evolution of pandemic preparedness in the country, a middle section about the practices of containment. The third section studies the discourses in use at this phase.

Chapter Seven ('Mitigation of pandemic influenza A (H1N1) in China, 2009-2010') argues that in spite of the lack of a planned transition to mitigation, Chinese officials persevered in their objective of projecting a positive image of China as capable to handle the pandemic and as a responsible partner of global health security. For this purpose, they emphasised the plausibly catastrophic characterisation of the disease, especially during the first peak of the crisis. The chapter is divided into three sections with study the practices of mitigation, the discourses in use and the closure of the pandemic.

General conclusions are developed in Chapter Eight. The first section elaborates on the relevance of the main research question. Afterwards, two respective sections give a detailed account of the main empirical and theoretical contributions of the work. There is a note on the limitations of the research.

One last point should be made in this introduction about the current circumstances to undertake research in China. The production of academic knowledge in the country is becoming a pressing matter. Since the first months of 2015, the administration of Xi Jinping has pushed to gain stronger control of academia. Accordingly, universities are expected to become Party strongholds (Phillips, 2016, December 9). Establishing contact with experts – especially in the fields of political science, international relations and law, and securing interviews with them has become more difficult (Phillips, 2017, September 14; Phillips and Pilkington, 2016, May 24). In June 2015, a researcher doing fieldwork about global health commented in an informal meeting with this author that the conditions to conduct his research were being affected by the seemly inclusion of related issues within the sensitive spectrum of Chinese politics. Carrying out research in a context of stronger ideological control will pose great challenges, and research undertaken during this transition will be helpful for scholars to assess potential ways in which pervasive mechanisms of control are likely to affect their own research.

## Chapter 2. The international securitization of infectious diseases

This chapter argues that since the 1990s, infectious diseases have been redefined in terms of security threats. The review of the widest process of securitization of epidemics is necessary to identify the role of main international actors and processes related to the shaping of the respective international agenda. Upon this basis, it will be possible to understand the broad implications of securitizing pandemic influenza, a process which may have occurred in 2009-2010, as inquired by the main research question. The first section of the chapter introduces securitization, its linguistic foundations, its state orientation and the dilemma of its representation as a threshold-oriented and as an intensifying perspective. The second section reviews the elements provided in the environmental sector of securitization for the analysis of the response to epidemics. The last section is dedicated to the evolution of the agenda of infectious diseases, with an emphasis on three outstanding issues: HIV/AIDS, bioterrorism and SARS. These crises were critical to respectively reveal the limits of modern medicine to cope with the evolutionary response of pathogenic agents, to stress the role of human activity in the potential enhancement of these agents, and to appraise key vulnerabilities and frameworks of security that resulted from the surge of the first epidemic of interregional dimensions caused by a novel virus in the century.

### Securitization, main concepts and orientations

From the 1980s, the research programmes at the Copenhagen Peace Research Institute showed a growing influence of strategic studies. Barry Buzan adopted a systemic view of security which reflected the work of Kenneth Waltz. Nevertheless, he was critical of objectivistic epistemologies associated with the realist tradition in IR. Ole Wæver was also interested in critical perspectives of the orthodox epistemology of realism. He eventually became interested in J. L. Austin's philosophy of language, which helped him develop the notion of securitization, an approach focused on the labelling of issues and developments as security questions. The concept attracted the attention of Buzan and Jaap de Wilde. The three researchers furthered the development of these ideas in a seminal work: *Security - A new framework for analysis* (1998). These authors, usually referred as the Copenhagen school, adopted in that work an integrated view comprising realist analysis, middle-grounded theories and constructivist perspectives. They advocate for the expansion of the agenda of security studies by defining sectors beyond the traditional militaristic scope –environmental, economic,

societal and political. This way, the framework was aimed to appear more suitable for the study of non-conventional threats to national security that started attracting attention after the Cold War.

### *The linguistic grounds of securitization*

For the Copenhagen school, security is a contested field whose definitions are only produced in specific political contexts. It is revealing that the lack of a clear-cut definition of the term did not affect the position of the idea of security as an organizing principle of International Relations in Buzan's perspective. He equated the relevance of security with that of 'power'. In his 1991 edition of *People, states, and fear*, Buzan suggested that 'security' is more 'versatile, penetrating and useful [...] to approach the study of international relations than either power or peace' (1991). Ole Wæver also reflects on the question of defining security in these terms.

What then is security? With the help of language theory, we can regard 'security' as a speech act. In this usage, security is not of interest as a sign that refers to something more real; the utterance itself is the act. By saying it, something is done (as in betting, giving a promise, naming a ship). By uttering "security," a state-representative moves a particular development into a specific area, and thereby claims a special right to use whatever means are necessary to block it (1998, Alternative... section, para. 4).

Wæver put emphasis on the uttering function of security –which should be understood in accordance with J. L. Austin's philosophy of language. Certain terms and phrases cannot be judged on the basis of their trueness or falsity because the linguistic meaning they convey is the complete performance of an action according to conventional procedures that must be correctly executed by specific persons in appropriate circumstances. The procedures express certain thoughts or feelings that the participants share and they act accordingly. These rules determine the 'performance of an act *in* saying something as opposed to performance of an act *of* saying something [...]'. A practical example of this kind of linguistic agency is the 'I do' of Western marriage ceremonies, which implies 'I [...] take this woman to be my lawful wedded wife [...]' (Austin, 2006). An adequate understanding of security as a 'speech act' comes also from the classification of discursive acts proposed by Austin.

We first distinguished a group of things we do in saying something, which together we summed up by saying we perform a *locutionary act*, which is roughly equivalent to uttering a certain sentence with a certain sense and reference, which again is roughly equivalent to 'meaning' in the traditional sense. Second, we said that we also perform *illocutionary acts* such as informing, ordering, warning, undertaking, &c., i.e.

utterances which have a certain (conventional) force. Thirdly, we may also perform *perlocutionary acts*: what we bring about or achieve by saying something, such as convincing, persuading, deterring, and even, say, surprising or misleading. (Austin, 1962, p. 108).

Buzan, Wæver and de Wilde pay attention to an inherent logic of language. Succinctly, they affirm that ‘discourse analysis can uncover one thing: discourse’ (1998, p. 177). The sociology of Pierre Bourdieu is also influential in the Copenhagen school. The notion of ‘magical efficiency’ supports the stance that language conveys a performative force, an ‘insurrecting potential to break the ordinary’ (Buzan, Wæver & de Wilde, 1998, pp. 46-7). Symbolic power can do without coercion, but it has to be recognised as it is based on ‘the belief in the legitimacy of words and those who utter them’ (Bourdieu, 1991, p. 170). For Wæver, security is an utterance that ‘entails consequences which involve risking oneself [...] a way to ‘raise the bet’ (1998, Security, Politics... section, para. 2).

Buzan and Wæver’s reluctance to provide a concept of security reflects their interest in subjectivist epistemologies. The authors affirmed in a co-authored work that ‘objective security assessment is beyond [...] our means of analysis’ – in other words, that security is a constituent of political practice (Buzan & Wæver, 1997). The reluctance is clearly stated by Wæver:

The central idea of the theory is, that it is not up to analysts to try to settle the ‘what is security?’ question – [...] one can study this as an open, empirical, political and historical question [...] (2008, p. 582)

The Copenhagen school’s lack of a concept of security echoes the position of Arnold Wolfers about the symbolic strength of security (1952, p. 84), while also relying on the notion of ‘essentially contested concepts’ proposed by Walter Bryce Gallie. Accordingly, some disputes would be fed by perfectly respectable arguments and evidence, but they would not be resolved anyway (1983, p. 169). In the view of international politics of the Copenhagen school, the notion of security would remain undefined while preserving its organizing status. This was possible by focusing on the very procedure of framing security. Buzan and Wæver affirmed concisely in *Regions and powers* that ‘the very act of labelling something a security issue – or a threat – transforms this issue and it is therefore in the political process of securitization that distinct security dynamics originate’ (2004, p. 71).

Securitization is made by *speech acts* – combinations of ‘language and society’ – that involve *referent objects* (things to be existentially threatened), *securitizing actors* (enunciators) and *functional actors* (relevant parties but not properly enunciators of security). The outcome

of the performance of the speech acts is, in other words, the transcendence of mere securitizing moves into proper securitizations, and this is affected by the three facilitating conditions: the grammar of security, 'the social conditions regarding the position of authority of the securitizing actor' and the 'features of the alleged threats that either facilitate or impede securitization'. Although the linguistic foundations of securitization are pervasive, the framework reflects the integration of other views. The Copenhagen school authors admit that their definition of security is self-referential and constructivist, whilst their stance on social relations is less constructivist (1998). Therefore, not only should linguistic aspects be scrutinized, but also the political circumstances that shape them. Wæver published a definition of securitization in 2008 that sums up much of the reflections of *Security*.

Securitization is the discursive and political process through which an intersubjective understanding is constructed within a political community to treat something as an existential threat to a valued referent object, and to enable a call for urgent and exceptional measures to deal with the threat. Other central concepts in the theory are 'referent object' (that which is deemed threatened and holds a general claim on 'having to survive', e.g. the state, the environment or liberal values), 'securitizing actor' (the one who makes the claim – speech act – of pointing to an existential threat to this referent object and thereby legitimizing extraordinary measures, often but not necessarily to be carried out by the actor itself), and 'audience' (those who have to be convinced in order for the speech act to be successful in the sense of opening the door to extraordinary measures, otherwise not available). (Wæver, 2008, p. 582)

Because the construction of an intersubjective understanding is at play, an empirical inquiry about the relations of power in context is convenient. Curiously, the main focus of the framework is put on the securitizing actor rather than on audiences (Williams, 2011, *The continuous evolution...*). After all, it is the audiences who ultimately validate the process. The lack of a formalisation of the audience in the Copenhagen school is a methodological flaw that may result from Wæver's reading of the philosophy of language of Austin. For Thierry Balzacq (2011, *A theory...*), the definition of security as a speech act in *Security* equates the illocutionary with the perlocutionary categories of discourse. In other words, the mere invocation of security is wrongly taken for a successful framing. Studying securitization only in cases where it is achieved, as the Copenhagen school authors recommend, is not a convincing argument to solve the question.

*State orientation of securitization*

The expansion of the agenda of security studies seems to be the product of some recognition that non-state actors have gained political clout after the Cold War, but the analytical centrality of the state has prevailed in the work of IR scholars. This dilemma was suggestively termed the 'Westphalian straitjacket' by Buzan and Little. In their words, this is 'the strong tendency to assume that the model established in seventeenth-century Europe should define what the international system is for all times and places' (2001). The main unit of analysis of securitization in the Copenhagen school is the state. In *People, States, and Fear*, Buzan defines the state as the 'most powerful type of unit', with no standard life-cycle (1983, p. 37). Population and territory constitute its physical support. As an idea, the state may adopt different institutional forms and governmental functions. Indeed, 'the institutions of the state comprise the entire machinery of government, including its legislative, administrative and judicial bodies, and the laws, procedures and norms by which they operate' (1983, p. 53). The state conveys a legal aspect by the external recognition of its capacity of self-rule (sovereignty), which is in turn unequally distributed at the international level and logically indivisible domestically. The nation is 'a large group of people sharing the same cultural, and possibly the same racial, heritage, and normally living in one area' (1983, p. 45).

A remarkable characteristic of the state in the work of Buzan, Wæver and de Wilde is its collective nature. Buzan had affirmed that 'security has a meaning independent of the state at the level of the individual [...]' (1983, pp. 33-34). By contrast, he eventually wrote in *People, states, and fear* that a Hegelian-Marxist reading of the state –as more than the mere sum of its parts– had empirical utility). In a co-authored paper, Buzan and Wæver suggested that the state had 'sui generis state-level attributes' that could not be inferred from an aggregate understanding of its properties (Buzan and Wæver, 1997, p. 245). This position is endorsed in *Security* through the idea of 'methodological collectivism'. Accordingly, 'much of social life is understandable only when collectivities are seen as more than the sum of their 'members' and are treated as social realities [...]' (1998, p. 40).

In general terms, the Hegelian argument of the ontological peculiarity of the state is not a sound justification for its primacy in the analysis of international security. The state orientation of the Copenhagen school project would be endorsed in empirical terms. Hence, state-centrism is 'a possible but not a predetermined outcome' (1998, p. 37). They accept that security is a 'biased' area 'in which the state is still generally privileged as the actor historically endowed with security tasks and most adequately structured for the purpose'. They also

define securitization as a 'state-dominated' framework rather than 'state-centric'. Years later, in *Regions and powers*, Buzan and Wæver, they would argue that 'it is possible to formulate a theory that is not dogmatically state-centric in its premises, but that is often somewhat state-centric in its findings [...]' (2004, p. 71).

The dilemma of seeing the state as a source of insecurity has resonance in the works of the Copenhagen school, especially when the state is at the risk of falling under the control of factious interests (Buzan, 1983; Buzan, Wæver & de Wilde, 1998). Securitization has opened the logical possibility for main actors other than the state to declare a security emergency in a legitimate way and for alternative referents to be invoked, but the interpretation of politics that supports the framework is state-centric and therefore the logical possibility is not really formalised in the framework.

### *The threshold-intensification dilemma*

Securitization is affected by its equivocal depiction as a threshold-like and as an intensifying framework. The image of the framework as a threshold-like approach is founded on the key notion of extremity, which corresponds to a cognitive and intersubjective process of perception of a security threat with specific institutional implications. The following question posed by the Copenhagen school illustrates the point: 'When does an argument with this particular rhetorical and semiotic structure achieve *sufficient* effect to make an audience tolerate violations of rules that would otherwise have to be obeyed?' (1998, p. 25).<sup>3</sup> The perception of an existential threat, as observed in the previous sections, justifies the application of a commensurate response. At this point, formal arrangements supporting decision-making and implementation may have been developed.

The Copenhagen school authors care for precision in the identification of a threshold that they place very high. This is the case because, as already noted, they are biased against securitization because it opposes conventional mechanisms of deliberation in liberal democratic contexts. This perspective offers clarity from a methodological viewpoint, but it also constraints to a significant extent the application of the framework for the analysis of circumstances which may not escalate until the very point of declaring an existential threat and of acting against it, even if such circumstances are revealing about the dynamics of security framing in the context under study (Bigo, 2002; Howell, 2014). The threshold approach is restrictive in three ways: by dismissing the ordinary, by conditioning the whole

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<sup>3</sup> Cursives are mine.

process to audience acceptance and by suggesting that only 'successful' cases of securitization are pertinent for analysis.

More can be said about the blind spots of the threshold perspective. Olaf Corry affirms that there is a multiplicity of security practices below the level of exceptionality around the notion of risk (2012). Because of its permanent nature, risk can only be managed, but not eradicated. The possibility of harm conveys an existential nature that demands long-term institutionalisation of precautionary measures. The existence of an existential threat may also be accepted by a specific audience without the process ending in the authorisation of extraordinary measures. For Salter, this situation calls for a new category in securitization (Williams, 2011, *Securitization and the liberalism...*). In his view, risk represents the transitional stage between normalcy and the threat. Circumstances of 'failure' for the actual acceptance and application of exceptional measure are a pertinent subject of analysis for securitization because one of the strongest points of the framework is its critical perspective of the construction of threats.

An apparent way out to the dilemma of the threshold approach is suggested by Mark Salter and Michael C. Williams. They suggest that an intensified understanding of securitization can be more sensitive to the different stages of the construction of an existential threat. This means that the roots of securitization are also under analysis when the escalation of perception is still at the level of conventional politics. The concept of intensification is linked to the notion of the political in Hans Morgenthau, which he understood as 'a particular orientation towards an issue – any issue – that involved an intensity of importance with the possibility of mortal violence at its apogee' (Williams, 2011, *The continuing...*, pp. 217-218).

Curiously, the Copenhagen school also developed an element of securitization which embraces the idea of intensification and which conveys a strong potential to reconsider the threshold orientation. Buzan, Wæver and de Wilde consider that there is a transitional dynamic between politics, politicization and securitization. Ordinary politics are based on stability in a Weberian sense. Issues can move from the realm of conventional politics to a stage of disruption of stabilised patterns which is called politicization – the concept is based on Laclau's notion of the political. This disruption entails the potential for the reorganisation of power distribution in a liberal context, where mechanisms of accountability may be strong. When issues are politicised, they gain relevance in governmental agendas but they are still dealt with through conventional political deliberation. Preparedness in different sectors may indicate the occurrence of politicization, and security language is likely to be used at this point (1998). Politicization and securitization are usually complementary; the former opens up and the latter closes down. Indeed, the political instability that securitization entails initiates at the

stage of politicization, with the acceptance of political responsibility to deal with the question by public officials. The position of an issue within the complex formed by the three stages determines its level of importance against other issues that compete for attention within aggregated perspectives of security.

To some extent, the threshold approach does a disservice to the empirical potential of securitization. Wæver questions that security and insecurity could be seen as binary opposites (Wæver, 1998). For the analysis of political contexts which differ from the liberal democratic context within which securitization was conceived, an intensified perspective of securitization may be more convenient because elements of the security discourse and non-discursive practices may be accentuated or played down without a predetermined logic; they may complement or even contradict each other at some point of the evolution of a crisis. Nevertheless, the proposal is not without its specific limitations. The adoption of the intensifying approach seems to render more difficult any attempt at distinguishing politicization from securitization. Does this distinction matter? To some extent, it does if the researcher is committed to offering a straightforward answer on whether a political community has indeed securitized an issue or not. If the researcher is more interested in the process of resignification of a perceived threat rather than on its final appraisal as an instance of successful securitization, the intensification approach seems more convenient.

### **Infectious diseases and securitization**

Securitization considers epidemics within its environmental sector, which is the most complex in terms of the number and variety of issues under its scope. Although reflections about infectious diseases are scarce in the definition of the sector, they are insightful. Three ideas can be explored for further consideration: the distinction between a scientific and a political agenda, the linking of environmental threats with notions of civilisation, and the distinction between acute crises and creeping disasters. Concerning the first point, the scientific agenda involves a global epistemic community providing an authoritative assessment of the security implications of an issue, whilst the latter wields the power to recognize the issue, to accept political responsibility to deal with it and to carry out actions. Functional actors are also regarded as is the case of mass media and representatives from industrial sectors. Both agendas follow their own standards – scientific in the respective agenda, and government, media and public-dominated in the political one.

In liberal democracies, governments are responsive to their constituencies for their performance in the handling of security threats. On the other hand, academic institutions are, in general terms, committed with the pursuance of innovative knowledge (Göransson and Brundenius, 2011). Nevertheless, it is critical to appreciate that the scientific agenda is bound to its own political dynamics, for instance, through potential sources of research funding (The New York Times, 2015), the hiring of private partners to provide consultancy in public health agencies (Elbe, 2010; Zacher & Keefe, 2008), or through the growing influence of scientific circles on the public sphere because of technological advance – as observed in the evolution of the Global Outbreak Alert and Response Network (GOARN). The role of functional actors is an interesting area for further development in securitization.

With regard to the notion of civilisation as a referent object, security issues are classified by the threat they pose to human and natural systems. No further elaboration is provided in the environmental sector on the question. A first observation is that a vertical distinction of both kinds of threats fails to recognize horizontal interactions between them. Threats to civilisation can emerge from affectations to the environment, specifically to animal health. After all, around half of infectious diseases have an animal origin (Centers for Disease..., 2017).

Ulrich Beck's idea of the risk society can also be a source of reflection about the civilisational side of environmental threats and the field of infectious diseases.<sup>4</sup> In Beck's view, our current 'civilisation' is defined by a peculiar awareness of the systematic production of uncertainty (Beck, 1992).<sup>5</sup> Scientific knowledge plants the seeds of both progress and its potential for self-destruction. There is uncertainty on whether the accomplishments of modern sanitation and biomedicine can be effectively maintained, as expressed in the *Global burden of disease report* of 2016.

[...] two very different views of the future of health can be envisioned: rising threats such as climate change, food insecurity, water shortages, pandemics, human security, continued increases in obesity, or antimicrobial resistance that could undermine past health gains; and the realisation of the huge potential of new medical and public health breakthroughs driven by genomics, nanotechnology, and other technical developments (Murray, Lopez, Naghavi & Wang, 2016, p. 1521).

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<sup>4</sup> Indeed, the work of Beck has not been sufficiently explored for the analysis of global health security (Polu, 2012, p. 7).

<sup>5</sup> Nikolas Rose has shown a critical stance about the risk society because of its 'homogeneous' and 'all-embracing' character (Petersen, 2012, p. 709)

Perhaps, a 'post-antibiotic' apocalypse, which has attracted increasing attention in Western media, is the best way to represent the idea of civilisational endangerment because it entails the prospect of a long-lasting change. It entails the reversal of a key technological achievement which has been a defining factor of modern life.

The third suggestive idea in the environmental sector, the distinction between acute crises and creeping disasters, is closely related with one of the facilitating conditions of securitization: the features of the alleged threat. Buzan, Wæver and de Wilde suggest that the former are prone to be securitized, whilst the threat posed by the latter may be perceived as more distant and, as a consequence, the endorsement of their securitization is more difficult (1998, 83-4). Andrew Price-Smith applied a similar criterion for the classification of health crises. The first category, outbreak events generate global fear, mass migrations and quarantines (e.g. plague and Ebola). On their part, attrition processes induce less fear and mass mobilisation, but their human morbidity and mortality in the long term, as well as their economic and social impacts, may be more significant (2002). Attrition diseases would generally be harder to diagnose as they would present a mismatch between infection and the appearance of symptoms; longer treatments would be required. Governments and international organisations may also be ill-prepared to maintain a steady response.

Other authors have also explored aspects which influence the framing of epidemics. McInnes distinguishes four factors of risk assessment: normality, agency and mass communication (Rushton, 2009). Rushton stressed out the combination of novelty, immediacy and severity. Later on, McInnes and Lee made a point about severity, acuteness and the risk of global spread (2012). These works probably drew upon the risk perception literature which focuses on public health. For instance, P. Bennett (1998) and D. Berry (2004) suggest that diseases acquire more relevance when there are substantive gaps in their knowledge (and related possibilities of control). Their dreadfulness, timing (length of the crisis), and institutional and media responses also influence their attributed importance. Official documents of global health reflect the influence of risk perception. The decision instrument of the 2005 IHR stresses out death rate, novelty, unexpectedness and the risk of international spread (WHO), and the *World health report* of 2007 urges countries to act against 'acute', 'new', and rapidly spreading health events threatening populations across boundaries (WHO).

There is one last point to reflect on securitization and infectious diseases which is related to a more comprehensive feature of the work of the Copenhagen school. Buzan, Wæver and de Wilde are quite sensitive about the relevance of geography for the analysis of international security, as observed in Buzan and Wæver's regional security complex theory. Therefore,

perspectives of global health security which stress the role of geography as a key explanatory factor may find securitization suitable for their analysis.

### **The international security agenda of infectious diseases**

A group of researchers affirm that the ‘association between health and national security was broken in the [early and mid-] 20th century by decolonisation, improved sanitation, and the introduction of vaccines and antibiotics [...]’ (Feldbaum, Lee & Michaud, 2010, p. 87). As European powers were severing direct administrative ties with their former colonies, they were relieved of the task of sanitizing areas that were constantly stricken by outbreaks of disease. Thus, the medical advances in industrialized countries could be orientated to the infections of major prevalence within their own territory. Efforts of post-war reconstruction frequently stressed the exceptional opportunity to leave ‘unhealthy’ features of old destroyed cities in the past and to embrace hygienic modernity in its fullest meaning (Calame, 2005). Broad-spectrum antibiotics, which started to be introduced in the mid-1930s, generated profound changes in medical practice due to a substantial increase in prophylactic procedures (Landecker 2015). Medical interventions were thought to lead to an ‘epidemiological transition’ in industrialised countries because of the reduction of the mortality rates of infections like typhoid, cholera, pneumonia, influenza, whooping cough and diphtheria. Advances in the control of tuberculosis and sexually-transmitted diseases were noteworthy in the U.S. since the mid-1950s because of the introduction of antibiotics. All these factors bred optimistic views about infectious diseases, even if some of them were a continuing problem in vast areas of the developing world like malaria.

Mounting evidence of microbial resistance emerged at an early point of the medical revolution – streptomycin-resistant pathogens were observed in the same year of the introduction of this drug into the market in 1946. Antibiotic-resistant meningitis was detected around that time (Artenstein, 2013).<sup>6</sup> Western scientists reluctantly accepted groundbreaking evidence published by Japanese scientists about the horizontal transfer of genes responsible for resistance among microbial specimens in the mid-1950s (J. Davies & Davies, 2010). The problem of antibiotic resistance became much more evident since the 1960s, but it still took some time for the question to emerge in political agendas. The seventh pandemic of cholera caused by the novel biotype El Tor since 1961 stressed out the pressing question of resurgent infections (Lee & Dodgson, 2003). Outbreaks of emerging diseases were making matters worse

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<sup>6</sup> See Iverson & Waksman (1952). For a timeline of first incidents of resistance see Lewis (2013).

like Marburg hemorrhagic fever in 1967 (Brown, 2014), Lassa hemorrhagic fever in 1969 (Macher & Wolfe, 2006), Ebola in 1976, and Rift Valley fever in 1977. Despite mounting concerns among scientists for the mortality rate of these novel infections, these outbreaks were generally seen as episodes not seriously challenging the health systems of wealthy countries. Scientific optimism was also reinforced by the successful eradication of smallpox. Other security concerns like the potential of a nuclear catastrophe captured more the attention of policy-makers (Feldbaum, Lee & Michaud, 2010).

The surge of the HIV/AIDS pandemic was a breaking point in global health security. By the end of the 1980s, the negligence of industrialised countries to act against the spread of the virus was clear. In 1991, the Institute of Medicine, which later became the National Academy of Medicine, appointed a multidisciplinary committee (on Emerging Microbial Threats to Health) to identify the most pathogens, to decide on countermeasures and to give advice on future threats. The Committee recommended that the U.S. took the lead in promoting the creation of a multinational surveillance system (Lederberg, Shope, Oaks, Bloom, Buchanan, David, ..., Spielman, 1992). The expert group gave some guidance to enhance the production of selected vaccines and to create stockpiles. Measures to ensure the availability and rational use of antimicrobials were also encouraged.

By the start of Bill Clinton's Presidency, a series of epidemics were catching the public eye in the nation (cryptosporidiosis, hantavirus syndrome, salmonellosis and resistant-health care infections) (Heymann, 2010). The President was supportive about the improvement of existing mechanisms of response, so in the mid-1990s, the U.S. Department of Health and Human Services were designated to lead these efforts (Levi, Vinter & Segal, 2009). The situation abroad was also appalling; in 1993, the World Health Organisation declared that the return of tuberculosis was a global crisis (Price-Smith, 2009). The resurgence of old diseases became a common issue of both the health agendas of wealthy and poor countries. The outbreaks of pneumonic plague in India in 1994 and Ebola in Zaire in 1995 motivated further discussion about the reform of the IHR (Guénaël, Greenspan, Hughes & Heymann, 2007).

#### *HIV/AIDS and the disease-security nexus*

The pandemic of HIV/AIDS increased the concern of wealthy countries about infectious diseases in a substantial way. Susan Sontag reflected insightfully about the features of the new infection. Indeed, 'infection' (and infectiousness) precedes actual illness for a relatively long period of time. Rather than a specific illness, the virus triggers a 'spectrum of illnesses' that appear as an 'ideally comprehensive illness'; therefore, she calls it a 'disease of time' (1989, pp.

20-21). Furthermore, by being a sexually transmitted disease, it was likely to originate 'at the point where body and population meet', in terms of Foucault (1997, pp. 251-2). Sex became a sort of 'inadvertent suicide' in those years (Sontag, 1989, p. 26). HIV/AIDS 'undermined the claims of modern medicine and public health to be able to conquer fatal infectious diseases' (Petersen and Lupton, 1996, p. 7). The virus made clear to broad audiences that evolution determines permanent adaptation of the microbial world.

The HIV/AIDS epidemic expanded worldwide in a time of economic contraction and neoliberal policies which spending on public health. The leadership of the WHO was in crisis due to the gains of the political clout of the World Bank. Governmental action against HIV/AIDS in the U.S. started to be noticeable in May 1983, when the Congress approved specific funding for research and treatment. Five months later, the WHO had the first meeting to evaluate the situation of the pandemic (U.S. Government, 2006, May). More concerted efforts to face the international crisis were undertaken in 1987 with the definition of a global strategy by the WHO with Resolution 40.26, the creation of the Global Programme on AIDS (GPA) and the introduction of the issue in the UN General Assembly (Resolution 42/8). The amount of funding provided by the GPA more than tripled between 1987 and 1991 from \$30 to \$109 USMD (Lee, Zwi & 2003). In 1991, the U.S. Agency for International Development (USAID) launched AIDS Control and Prevention, the largest programme of its kind in that time (U.S. Government, 2006, May). The outstanding role of the U.S. to securitize HIV/AIDS has been motivated by a sense of vulnerability to external infections that could be imported from abroad. A report published by the Institute of Medicine in 1992 appraised the significance of AIDS for national security in these terms:

As the human immunodeficiency virus (HIV) disease pandemic surely should have taught us [...] there is nowhere in the world from which we are remote [...] some infectious diseases that now affect people in other parts of the world represent potential threats to the United States because of global interdependence, modern transportation, trade, and changing social and cultural patterns (Lederberg, Shope & Oaks, 1992, p. v).

HIV/AIDS was the first case of an infection being defined beyond the conventional boundaries of public health or development (Elbe, 2010). The analysis of the implications of HIV/AIDS for the security of the U.S. attracted attention since the end of the 1980s. A report published in 2000 is quite telling about the views of American officials on key questions of epidemics and governance in impoverished African countries. The author argues that most productive cohorts upon which trade and the administration of the state rely would be seriously affected. Economic stagnation is considered in a context where resources would also

be diverted. Increasing orphaning would threaten social stability and the enforcement of tough measures to control the epidemic would hinder human rights. Stigma would lead to a lack of leadership and social chaos. AIDS may also become a voting issue and the state may break down (Whiteside, 2000).

Similar views were held by renowned microbiologists like Peter Piot. In his view, the impact of HIV/AIDS was not limited to a public health perspective because it has repercussions on the economy and social stability (2001). The security framing process advanced considerably in January 2000, when the Security Council – convened at the behest of top U.S. officials, declared the disease a security issue. After the meeting, a report was issued by the National Intelligence Council of the United States in which infectious diseases are deemed a continuous and significant threat to national security and the interests of the country abroad (Price-Smith, 2002). The same year, the World Bank affirmed that AIDS was ‘its number one priority’ (Garrett, 2001). HIV/AIDS was also incorporated in the National Security Strategy of the President, issued in September 2002. Think tanks in the U.S. wrote similar reports, but some of them also promoted political values which were both the means to fight the disease and the very referents that HIV/AIDS threatened, namely, citizen participation in political and social decision-making; strong legal systems that promote access to justice; responsive, transparent and accountable governance; local governance and decentralisation (USAID, 2002). These references to ‘good governance’ echo the demands of the World Bank to improve accountability from country receivers of funding to tackle the pandemic.

The literature on global health security has reproduced the links between HIV and governance publicised by American reports. For instance, Price-Smith, one of the strongest advocates of a ‘security-disease’ nexus, affirms that HIV/AIDS threatens ‘the very institutions that define and defend the character of a society’ (2002, p. 124). Other authors, like Altman, show similar concerns about the vulnerability of young people, the educated and the skilled, and the effects of the pandemic on key functions of the society (2003). Economic effects are taken into account as well as stigmatisation and its contribution to conflict (McInnes & Lee, 2012). Potential crises of legitimacy due to a lack of capacity to face the social consequences of the disease are deemed conducive to authoritarian practices (Price-Smith, 2002). Other issues treated in the literature are the alleged HIV/AIDS prevalence of military forces and the effects of local conflict in the form of sexual violence and the inability of refugee camps to maintain adequate standards of medical practice. Heymann associates hindered military readiness with an increased potential for regional conflict (Heymann, 2010). These arguments have been extended to the broader scope of the issue of emerging and resurgent infectious diseases in general (see Gayer, Legros, Formenty, Connolly, 2007; Heymann, 2010; Price-Smith, 2002).

Some criticism has been raised regarding the weakness of the evidence for some of ideas just mentioned (Elbe, 2009; Elbe, 2010; Feldbaum, Lee & Michaud, 2010; McInnes & Lee, 2012). Military reports about HIV/AIDS prevalence in African countries are hardly available. Economic estimations are simplistic while not reflecting the diversity of circumstances among African countries. The effects of the disease on government personnel may be dismissive of the difference between prevalence and mortality, mainly among elites with access to antivirals. Evidence for the international implications of the pandemic is also weak if considering that the spread of disease alone is an insufficient factor for the triggering of armed conflicts (Elbe, 2010). This criticism has encouraged reflection about the political motives behind the endorsement of security agendas on HIV/AIDS. A potential danger is envisaged when the state becomes the main referent of security. The door might then be open to violations of civil liberties (Elbe, 2006).

The HIV virus exemplifies the astonishing capacity of pathogens to generate resistance against medication. The magnitude of the detrimental effects of the disease on communities and countries will surpass in the long term that of the worst epidemic catastrophes in human history. Paradoxically, one of the features of the HIV/AIDS infection has resulted in the uneven acceptance of its securitization at the national level; its clinical temporality. The outbreak logic that defines a health security is characterised by the adoption of measures that are disruptive for the social fabric, therefore they can be hardly sustained for a long time. With gradual clinical evolution, political attention diverts easily to more immediate issues. Furthermore, the change of the disease in industrialised countries from a deathly to a chronic one because of biomedical advances has affected both its temporal perception and its attributed existentiality there.

In a historical perspective, it is still noteworthy that an attrition disease like HIV/AIDS paved the way for the international securitization of infectious diseases. The change of perception the agenda brought about is well summarized by Jim Whitman in three points: 'In microbial terms, globalization is already a reality', 'stability is a special case of change, not the natural order of things', and 'history may prove an inadequate guide: the possibilities are more extensive than recorded experience' (2000, pp. 4-5). Governance in the time of globalisation became more reactive and necessarily open to imagination.

#### *Bioterrorism, a direct path to securitization*

For Susan Peterson, infectious diseases 'do not challenge U.S. security as directly or to the extent that many scholars and practitioners currently claim' (2009, pp. 145-6). An attrition

disease like HIV/AIDS, therefore, provides time for countries with advanced public health systems to cope adequately. State capacity is, again, a critical variable. For sure, another issue would keep the attention of policymakers more responsive to realist perspectives of international politics: bioterrorism. Its securitization has been mainly an American endeavour, especially at the end of the 1980s, when defecting scientists from the Soviet Union disclosed information on the biowarfare programme of their country. In a speech before the Joint Economic Committee of the U.S. Congress, Dr Kenneth Alibek, a previous high official of the Biosafety Directorate at Biopreparat (the major biological warfare institution of the Soviet Union), gave a chilling account of the extent of the production of biological weapons by the Soviets. Research, development and production activities allegedly involved over 60,000 people, and there were hundreds of tons of stockpiled anthrax formulation and dozens of tons of smallpox and plague (Alibek, 1998).

Another source of renewed concerns about bioterrorism was the biowarfare programme of Iraq, which started to gain much attention in the Kuwait crisis. The CIA issued a report in 1990 about the production of biological weapons in the country (Miller, Engelberg, Broad, 2002). During the Gulf War, there were extensive preparations for the anthrax immunisation of American and British soldiers. Around 150,000 American troops received one or two shots in 1991 (Grabenstein, Pittman, Greenwood & Engler). Botulinum toxoid was also distributed, although on a more limited scale. After the war, the United Nations Special Commission was appointed to ensure the destruction of chemical and biological armament in Iraq. At this point, the securitization of bioterrorism reached truly international dimensions. Between 1992 and 1995, the United Nations Special Commission provided evidence of the biowarfare programme in the country through in-site investigations (Seelos, 1999). The engagement of the United Nations reinforced the international character of the securitization of the issue. In the same period, the CIA accumulated evidence of the acquisition of needed materials from Western countries by the Iraqi government for this purpose.

The attack with sarin gas in the Tokyo subway in 1995 by the Japanese cult Aum Shinrikyo contributed to the sense of emergency in the U.S. That year, the budget for bioterrorism preparedness in the Department of Health and Human Services reached \$158 million dollars (Shalala, 1995). The event spurred a perception of global terrorism among policy-makers as 'apocalyptic, international, equipped with the financial assets and scientific skills to develop and use weapons of mass destruction' (Guillemin, 2004). It was also reported that the sect had unsuccessfully attempted to use anthrax.

Bioterrorism gained relevance in the agenda of Prime Minister Tony Blair in 1998. In the context of the lack of cooperation of the Iraq government with the United Nations Special

Commission, he introduced the issue for discussion in the House of Commons (Achcar, 1998). President Clinton had been in contact with public health and biomedical experts to explore the state of preparedness of the nation in April 1998. \$460 million dollars were approved for a biodefence plan supported by the President for the first year of a total of five (Miller, Engelberg & Broad, 2002). He also affirmed that he expected an attack with biological or chemical weapons within the next five years (Peterson, 2009). The protection of the military was again at the forefront of preparedness; a large anthrax immunisation programme started (Grabenstein, Pittman & Greenwood).

The anthrax letters sent in the aftermath of the 9/11 attacks brought chemical and biological weapons to the forefront of the US government agenda again. Officials affirmed in 2002 that evidence recently discovered showed the intention of al Qaeda to acquire biological agents (Blair, Fottler & Zapanta, 2004).<sup>7</sup> Furthermore, smallpox vaccination was reintroduced for the military at the end of the year (Grabenstein, Pittman & Greenwood). The anthrax attacks also encouraged institutional action about dual use of biological technology. Although this question had been in the spotlight since the declarations of Alibek to Congress and due to the inspections in Iraq in the 1990s, it was until 2004 that a National Science Advisory Board for Biosecurity was established within the National Institute of Health to develop guidelines on the matter. The issue acquired a more complex dimension one year later when a Fort Detrick biodefence researcher was declared a 'sensitive suspect' in the sending of the anthrax letters (McInnes & Lee, 2012, p. 154).

The Global Counterterrorism Strategy by the United Nations in 2006 promoted the development of mechanisms to ensure that biotechnology is not used for terrorism (The Bulletin of the Atomic Scientists, 2007). Some research projects have motivated heated debate on the risks and benefits at play. Australian scientists increased by chance the virulence of mousepox while trying to produce a viral contraceptive in mice in 2001. The poliovirus was synthesized from scratch after a genomic map in 2002. The influenza A (H1N1) virus of 1918 was reconstructed in 2005 (McInnes & Lee, 2012). More recently, the Trump administration lifted a ban on the allocation of funding for research which renders germs more lethal (McNeill, 2017, December 19). The possibility of purported human action would have to be added to the equation of naturally-emerging biohazards hanging over Western populations. At this point, realist orthodoxy about security converged with a non-traditional security issue.

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<sup>7</sup> Further information after the arrest of an operation chief in the terrorist group demonstrated their technical sophistication to attempt the use of anthrax as a weapon (Kurth, 2003).

*The empowerment of the WHO during SARS*

The response to SARS had profound implications for the securitization of infectious diseases. During the crisis, the WHO benefited from the evolution of wide surveillance networks which could circumvent the censorship of implicated states to provide critical information. A strengthened authoritative position of the Organisation meant that countries were less able to ignore the framing processes that occur at the international level about the disease. Some years before SARS, the WHO had been trying hard to recover political power, especially because its regular budget had been frozen since the early 1980s. Although its voluntary contributions have been growing steadily, there are constraints about the use of this money.<sup>8</sup> Furthermore, the World Bank was able to gain a strong influence in the field of global health. Under the leadership of its Director-General Gro Harlem Brundtland, the WHO engaged in global partnerships for the prevention and control of some infectious diseases (e.g. the Roll Back Malaria programme, the Global Alliance for Vaccines and Immunisation, and the Stop TB campaign) (Brown, Cueto & Fee, 2006). The developing of the most relevant international networks of epidemiologic surveillance at present started in 1997 when the WHO and the Public Health Agency of Canada developed the Global Public Health Intelligence Network. The system was able to gather information from online news outlets, public e-mail systems and discussion groups (Cecchine & Moore, 2006). The network was incorporated in 2000 into the GOARN – 120 governments were participating. This diversification of stakeholders contributed to a broader acceptance of the necessarily heterogeneous nature of global health governance (S. E. Davies, 2010).

GOARN was praised by the World Health Assembly in May 2001 as a ‘cost-effective’ mechanism, even if it meant for governments that the WHO would no longer depend on them to facilitate epidemiological reports. Thus, for a great number of state members, a flexible stance on sovereignty was needed for the sake of ‘health security’.<sup>9</sup> A growing consensus about the value of early epidemic warning and the news on the Chinese mishandling of SARS were critical factors for the Organisation to decide about the adoption of travel advisories. The advisories were a successful way to push governments, especially China, to cooperate, but they entailed a course of action that was beyond the standard operating procedure of the Organisation; their application was not subject to the approval of member states. The advisories were also a turning point in other respects. By addressing non-state actors

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<sup>8</sup> In 2002, the share of donations in the total budget was 60% (WHO, 2011, Financing of the World H...).

<sup>9</sup> The WHA issued a report from that meeting with the suggestive title of ‘Global Health Security: Epidemic Alert and Response’ (Mackenzie, Drury, Arthur, Ryan, Grein, Slattery, ... Bejtullahu, 2014).

(travellers and health care workers), the WHO marked a further distancing of traditional notions of sovereignty (2009). Even if political and economic damage to state members could be expected with the advisories, halting the epidemic was the priority (Fidler, 2000).

SARS put the technical and operational capabilities of the global health architecture to a real test (Mackenzie, Drury, Ryan, Grein, Slattery, ..., Bejtullahu, 2014). It also accelerated the revision of the IHR, which concluded in 2005 (McInnes, 2015). The new *Regulations* approved the usage of non-state sources and state members committed to strengthening their surveillance capabilities. The creation of decision-making groups and the authority of the WHO to issue 'emergency' and 'standing' recommendations are also specified (Zacher & Keefe, 2008). A classification of three groups of infections was introduced to expand the scope of reporting. A first category includes diseases which always represent emergencies of international concern (smallpox, poliomyelitis, human influenza by a new subtype, and SARS). A second group is formed by diseases which may trigger a severe international crisis (cholera, pneumonic plague, yellow fever, viral hemorrhagic fevers, West Nile fever and 'other diseases of special national or regional concern') (WHO, 2005, IHR). The third group is open to any communicable disease according to four criteria: severity, unexpectedness, a risk of international spread, a risk to international trade or travel. The classification shows a meaningful shift in global health priorities. Two decades after its eradication, smallpox not only would be back in the agenda, it would also become a primary security issue because of the threat of bioterrorism. Poliomyelitis was made reportable precisely because its eradication seems viable. As already noted, 2005 was an important year for the international securitization of influenza. Curiously, cholera and plague, the top historical priorities of global health security, became less significant.

## Conclusions

This chapter analysed basic aspects of securitization that need to be taken into account in the rest of the research. For example, it should be noted that security is about the endorsement of certain perspectives about a logic of defence and threat. The promotion of these ideas depends on the construction of an intersubjective understanding among enunciators (securitizing actors), functional actors and audiences. Although Buzan, Wæver and de Wilde did not develop a philosophical justification for the primacy of the state in securitization, the state is in practice a privileged actor because of its resources and power position. The dilemma of the representation of securitization as a threshold-like or as an intensifying perspective remains unsolved. This is a critical point which affects the interpretation of the occurrence of

securitization. Furthermore, the final answer to the research question will be inconclusive in part by this dilemma. If an existential characterisation is an indispensable element of securitization, processes whose comprehensive characterisation is inconsistent cannot be considered to be securitized. Otherwise, if an intensified perspective is adopted, the distinction between securitization and politicization is blurred.

The distinction between a scientific and a political agenda is an outstanding feature of the environmental sector of securitization, within which epidemics are considered. Nevertheless, its description, as introduced in the works of Buzan, Wæver and de Wilde, does not seem to engage much with the political dimension of the scientific agenda. As suggested, the distinction between environmental and civilisational crises is difficult to sustain given the animal origin of a great proportion of pathogenic agents. It is also important to stress the convergence of securitization with approaches of risk perception to reflect on ideational factors which influence the security framing of infectious diseases.

The empirical part of the chapter is equally important because main actors and processes in the surge of the agenda of resurgent and emergent infectious diseases are identified. Infectious diseases have been securitized in a more remarkable way since the last decade of the twentieth century. The HIV/AIDS pandemic was a groundbreaking factor to question complacent views about the chances to control infectious diseases in Western countries. HIV stressed the issue of antimicrobial resistance and the limits of medical science to deal with novel infections. Because of the manifold repercussions of the disease, especially for developing countries, its securitization became a model for the shaping of a disease-security nexus in official and academic works. The health diplomacy of developed countries about the disease also reflects a strong ideological drive to promote accountability and democratic practices; they became requirements to access funding and referent objects of global health security.

The non-traditional and traditional agendas of security overlap in the securitization of bioterrorism. After the end of the Cold War, western powers considered non-state organisations and rogue states the potential actors to introduce purported human action into the equation of the threat posed by infectious diseases.

SARS emerged in a moment when national, international and non-governmental actors joined together to create and improve early warning systems of epidemic surveillance which integrated non-official sources of information. In a context of a flawed response of China and the international spread of the SARS coronavirus, the WHO had political room to implement a measure which exceeded its institutional attributions at the moment, the issuance of travel advisories. The advisories added economic pressure over national actors, which then adopted

a more cooperative position to control the disease. The crisis accelerated the redrafting of the IHR, which in turn had profound implications for the securitization of infectious diseases. The usage of non-official sources was ratified and a new classification of reportable diseases was introduced with flexible criteria for the early reporting of epidemics.

The securitization of infectious diseases suggests that there is some progress in the promotion of the field as a key area of governance. Allegedly, the wellbeing of populations is seen as a legitimate and shared aim amongst the actors in the international system. The external component of sovereignty then becomes more important as specific collective responsibilities gain relevance (Buzan, Wæver & de Wilde, 1998). States are supposed to resort less to traditional approaches of sovereignty to obstruct cooperation in important matters addressed by international organisations. Reluctant states run the risk of being perceived as 'outsiders' whose reckless actions or omissions threaten international society, order and law. It is pertinent now to reflect on the room for the admission of non-traditional security issues in the Chinese political system.

### Chapter 3. The evolution of security frameworks in China

The argument in this chapter is that Chinese leaders have become more responsive to notions of non-traditional security since the 1990s due to the relaxation of ideological control brought about by the implementation of the Reforms and due to the adoption of a conception of national development which converges more with international standards of statehood and governance. The answer given to the main research question depends on the points hereby developed because infectious diseases are non-traditional issues. Scholars and diplomats in China have engaged with the analysis of non-traditional security in the country. In general terms, the increased convergence of notions of governance with international standards pursued by Chinese leaders has been thought to contribute to the successful economic development of the country. Curiously, despite the demise of ideology and the institutional changes brought about by the reforms, Chinese leaders draw upon authoritarian practices when responding to crises in non-traditional fields. They are wary of negative public perceptions of their performance on these subjects (Kang, 2015, p. 54).

These empirical observations are developed in the third section. Before that, the concepts of sovereignty and the standard of civilisation are reviewed as they help understand the changes in notions of security and governance that have been mentioned. A second section is made of brief notes about the pertinence of adopting an empirically grounded perspective of the exception.

#### Sovereignty and the postmodern state

How may evolving notions of global governance affect the decision-making processes of Chinese leaders when dealing with a security crisis? The relative position of countries in the international system affects their willingness to contribute to global regimes and governance. For Buzan, Wæver and de Wilde, the international system is dominated by a Western-driven international society that has become more homogeneous and concentric around its Western core after the Cold War (1998).<sup>10</sup> Buzan and Wæver's affirmative reading of the successful projection of liberal-democratic values reaches a programmatic tone in the hierarchical classification of states they proposed in *Regions and powers*.

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<sup>10</sup> In the works of the Copenhagen school, Hedley Bull's view of the international society is deprived of its critical overtones about the long-term sustainability of Western cultural and political expansion.

Postmodern states are a relatively new phenomenon, mainly concentrated in the capitalist core. All are within the strong state end of the spectrum, and none are much driven by traditional military security concerns about armed invasion or massive bombardment. These states have moved on from the Westphalian model. They still retain the trappings of modernity such as borders, sovereignty, and national identity, but for a wide range of things, especially economic and cultural transactions, do not take them nearly as seriously as before. Postmodern states have a much more open and tolerant attitude towards cultural, economic, and political interaction, and have by and large convinced themselves that opening their economies, and to a lesser extent their societies and politics, to a wider range of interactions is good both for their prosperity and for their security. Necessarily, therefore, they have desecuritized much of the traditional agenda of threats. But at the same time, they have acquired a new security agenda [...] (Buzan & Wæver, 2004, p. 23).<sup>11</sup>

Post-modern states display a less interventionist character because of their acquired economic and political status. The project of a globalized liberal and democratic culture is supposed to irradiate from them. The political prominence of Western powers is explained by Buzan, Wæver and de Wilde as a product of their internal political consolidation when they reached the previous stage, the modern state. A significant change was the commitment of the state with the pursuance of the welfare of its population while also limiting the use of force to the attainment of public security. In a time of remarkable scientific and technological progress, governments became more specialised. Administrative efficiency substituted for the old dynastic principle of the divine right to rule as a key source of legitimacy. This development demanded, in turn, the definition of mechanisms ensure the 'orderly and durable' transferring of power (Buzan, 1983, p. 53).

The projection of power by Western states over the world due to their accumulated welfare and political stability in the following centuries confirms in the view of the Copenhagen school that the adoption of liberal and democratic values is a necessary step to reach the postmodern stage. States which get away from democratic parameters are at risk of being bedevilled by their coercive mechanisms of succession and their authoritarian responses to political opposition. Modern (non-Western) states, as compared with postmodern states in the hierarchical classification of *Regions and powers*, still show a weak adoption of institutional reforms to boost their internal political consolidation. They see themselves as self-reliant, pursuing development agendas while protecting their sovereignty with determination (2004, p. 23).

The Copenhagen school authors place China in the modern category just described. Buzan had affirmed earlier that the country suffers from political weakness because there is no 'domestic consensus on organising ideology'; therefore, Chinese leaders maintain 'extensive

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<sup>11</sup> A likely source of inspiration about the idea of postmodern statehood in this terms is Cooper (1996).

internal security establishments'. There are no 'reliable long-term mechanisms for the transfer of political power'. For him, the chances of the country to become a regional and a global power are as great as the risk of being entangled in political and economic disarray (Buzan, 1983, p. 66).

The position of a country in the hierarchical order proposed by Buzan and Wæver has profound implications for the configuration of security frameworks. Indeed, it will be observed that securitization is opposed to democratic values in the Copenhagen school. Thus, security framing contradicts the path of progress of Western countries and to some extent the model of international society endorsed by those actors. The following lines by Buzan, Wæver and de Wilde, are quite telling about their stance on the point.

We do not wish to question the general progress of Western international society, and we are on record here and elsewhere arguing in favor of desecuritization as the long-range political goal (1998, p. 210).

For these authors, security framing implicates a failure of deliberative politics. Because an existential threat endangers key aspects of the survival or the political identity of the community, prompt mechanisms of decision-making and response implementation are required. Therefore, the attributions of the executive power are expanded without clear restrictions. After all, the ongoing evolution of the crisis provides the elements to justify that expansion. The very nature of the response to an existential threat entails a risk for the preservation of the political arrangements which have defined the internal consolidation of democratic states. Because of this, claiming security is a serious political choice with a strong inertia. In the words of Lene Hansen, 'once on the political agenda, politicians cannot turn their back on threats to national security without rearticulating the situation in such a manner that it is no longer one of security [...]' (2006, p. 31).

Modern states in Buzan and Wæver's hierarchical category embrace traditional notions of sovereignty, whilst the postmodern would present a post-Westphalian approach which is less sensitive to economic and cultural transactions. Reflecting on the concept of sovereignty with more detail is needed to further explore the ways in which statehood may affect security frameworks. Sovereignty is a foundational principle of modern political life and international relations which refers undisputed control over a territory by an agent with authority (Paltiel, 2007, p. 30). It also distinguishes the inside and the outside of the political community. Derived dichotomies of this essential separation correspond to the domestic and the foreign, the self and the other, the one and the many, the identical and the different (Devetak, 1985).

Notions of governance pointing to modern conceptions of sovereignty have implicated a trade-off between rulers and ruled for the definition of the values and the aims which justify the existence of the modern state. This dimension can be taken by the internal expression of sovereignty. Concerning the outside, the stability of the community depends as well on the mutual recognition among a group of theoretically equal political units, which is the reason Paltiel defines sovereignty in terms of a 'cartel' or a structure of closure (2007). The preservation of this model of political organisation requires the common admission of an opposite premise, the anarchy of the system.

Sovereignty is an underpinning concept in securitization for at least three reasons. First, the concept plays a central role in the Westphalian conception of International Relations and securitization is a state-oriented framework. Second, the exercise of sovereignty, as observed in the previous paragraphs, is linked with the internal consolidation of a political unit and its position in the international system. Third, the sectors of securitization are not ontologically separated, they have mutual implications (for the last point see Buzan, Wæver and de Wilde, 1998, p. 168). There is one kind of security frameworks which is particularly relevant for this research. In the political sector, a lack of capacity of states to effectively control problems in their territory is likely to trigger negative political effects at the international level. Thus, by pressuring about a particular policy area, external actors may question the legitimacy of a country (Buzan, Wæver and de Wilde, 1998, p. 144). The political sector is a likely factor in the configuration of security frameworks, especially because the legitimacy of the modern state, as commented before, is linked to policy performance.

### **Global standards of 'civilisation'**

There is another important notion to reflect on security frameworks with a political dimension: the standard of 'civilisation'. Gerrit W. Gong, an influential author on the question, admits that defining the standard has remained a difficult task. The standard operated as the European criteria to define the sovereign status of peoples.<sup>12</sup> In *Security*, Buzan, Wæver and de Wilde took over the classical sense of the notion of the standard of 'civilisation' to depict in stark terms the consequences of not gaining admission into modern statehood.

When a political unit is not recognized by others, its sociopolitical institutions are not considered to embody legitimacy, and its territory is considered politically empty and

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<sup>12</sup> Bowden observes the influence of nineteenth-century anthropology on political analysts about the distinction of civilized versus savage portions of humankind (2004, p. 51)

available for occupation. If, in addition, the people are not recognized by others as fully human, they risk being treated either like domesticated animals and so enslaved or like vermin and so eradicated (Buzan, Wæver & de Wilde, 1998, p. 61).

It is quite telling that these lines were not used to explain the subjugation of populations in the nineteenth or early twentieth centuries. They were used to reflect on the admission of post-Cold War states into the international system in accordance with the parameters of democracy, human rights and economic law.<sup>13</sup> The resolve to achieve international dominance is not a relic of the past. After all, the benefits of Kantian democratic peace are out of the reach of non-democratic states. A second use of the notion of the standard in *Security* shows a different and also relevant overtone.

It has become accepted as part of the emerging “standard of civilization” that a civilized state is a democratic, open-market economy. States must either accept this (and so open themselves to the center) or reject it (and face not only exclusion from the highest rank of states but also risk becoming less of a state in the eyes of international society and thereby more exposed to intervention by the center). (1998, pp. 153-4).

The key word in this quote is ‘emerging’. The definition of common values and practices is a dynamic question. Authors differ about the importance of values other than democracy and economic openness in a contemporary standard of ‘civilisation’. For instance, Gong affirms that human rights, anticolonialism, non-discrimination, national self-determination, and equitable (re-)distribution of economic wealth have not achieved universal consensus (1984, 13). By contrast, and from a more recent perspective, Mozaffari claims that human rights and fairness are becoming fundamental values of the standard (2001, p. 255). An understanding of the standard which recognizes its dynamic nature seems to be sensible at this point. Specific regimes of governance which reflect global standards of civilisation may be identified, but such identification does not preclude the possibility of gradual or reluctant adoption, if not open rejection, by countries not located at the postmodern core of the international system.

The recognition of the dynamic nature of standards keeps the notion useful for the analysis of international politics because, as Gong argues, it remains ‘a feature of any international society wherein cultural diversity and pluralism exist coetaneously with hierarchy and anarchy’ (1984, p. 248). These lines suggest that an anarchic structure does not prevent

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<sup>13</sup> This usage is similar to Martin Wight’s distinction of the ‘world city’ and the ‘world rural district’ (Bowden, 2004, p. 52).

the occurrence of a qualitative change of values, as observed by Mozaffari (2001). On the other hand, it is also sensible to regard that the diversity of interests among states weakens the potential of ethical considerations to ground international society.

Gong's work has inspired further reflection about the features of a contemporary standard. Fidler's work in this idea advanced on this line by considering a transition from a Westphalian to a global standard of civilisation which occurred after the end of the Cold War.<sup>14</sup> The main subjects which defined the agenda of the Westphalian order were basic notions of human rights, liberalized commerce, modern diplomacy and West-oriented interest and values. By contrast, the new standard aims for solidaristic rationalism, a perspective combining a legacy of conflict avoidance from the older standard and an unprecedented impetus for the pursuance of a shared likemindedness, of cultural integration (Fidler, 2001).

The transition between both standards is characterised by a stronger emphasis on the comprehensive responsibilities of states toward their populations, by the creation of more sophisticated legal instruments and regimes and by an increased awareness on the importance of coordinated action to face global challenges. A deficient performance in the first of the points is likely to entail political costs that may emerge from international regimes. Fidler argues, that the new standard has developed 'notions of government illegitimacy under international law' (2001, p. 148). Perhaps, as Mozaffari remarks, the most significant feature of a global standard of civilisation is its stronger emphasis on ethics as endorsed by a number of social actors who shape public opinion (2001).

Standards of civilisation have entailed a potential to encourage the undertaking of reforms. In populations of east and southeast Asia, an obvious sense of identity crisis resulted from the political, economic and social effects of imperial domination (Gong, 1984). The standard of 'civilisation' was an equivocal instrument of domination which enabled political entities to make sense of their defeat at the hands of foreigners while also providing them with the *theoretical possibility* of emancipation through reform. In the case of China, scholars engaged in heated debates about the role of traditional culture to explain political and social turmoil. At some point, some of them elaborated a formula which rejected the comprehensive character of the standard: 'Chinese learning for substance, Western learning for practical use' (*zhongxueweiti, xixueweiyong*; ab. *tiyong*, 中学为体西学为用 –) (F. Liu, 2010, p. 44). Thus,

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<sup>14</sup> The term 'global' reflects well the role of globalization as an enhancing circumstance to argue for the definition of common identities and interests in the view of the commented authors. By contrast, the localizing forces which rung against the shaping of homogeneous traits are generally disregarded in the literature about the standard.

reforms could be carried out without destroying Chinese cultural identity. Others encouraged the undertaking of radical reforms which included the rejection of traditional culture.

### **A note on exception and context**

The idea of existentiality is a core aspect of securitization. In its more basic expression, this existentiality refers to the possibility of death or the severe deterioration of political and social conditions. In the words of Buzan, Wæver and de Wilde, all other problems become irrelevant 'because we will not be here or will not be free to deal with it [the perceived threat] in our own way' (1998). The featuring of such threats justifies the application of exceptional measures because conventional political mechanisms are unable to deal with the question. In the perspective of the Copenhagen school, the designers of the liberal state attempted to find ways to incorporate the exercise of exceptional politics within the scope of politics. States located out of the liberal democratic core are likely to invoke traditional notions of sovereignty to bargain on the way they may accept to cooperate in global regimes. After all, such cooperation depends on their own needs and capacities. In other words, there is a necessary process of adaptation of global standards.

Securitization, as presented by the Copenhagen school authors, disregards a contextual understanding of the exceptional. In liberal democracies, the exceptionality of adopted measures may refer to limitations on rights, the allocation of resources and social energy, and stricter mechanisms of control of information. It may be the case that these measures are part of the repertoire of conventional politics in non or less democratic regimes as they might account with their own mechanisms to ensure approval and allegiance by their audiences about measures implemented in times of crisis. The scope of what is politically acceptable might be entirely different to Western assumptions because the relations between state and society could be driven by specific circumstances not contemplated by securitization (Wilkinson, 2007). If securitization is taken for a viable approach to transcend its Eurocentric matrix in the analysis of non-liberal regimes, the tension between the political philosophy and the empirical openness of the Copenhagen school should be recognised.

A more empirical approach to securitization can pay attention to historical experience. Unfortunately, Buzan, Wæver and de Wilde scarcely addressed the integration of historical reflection into the grammar of security. They just mentioned that securitization is shaped by 'geographical, historical and political factors' (1998, p. 70). Despite this, they used in a conspicuous way long-term perspectives to explain the sectors of securitization. Two of the facilitating conditions of securitization are perhaps the most suitable elements of the

framework to reflect on its interaction with historical analysis. ‘The social conditions regarding the position of authority for the securitizing actor’ suggest an interesting agenda to inquire about the definition of relations of power and about the nature of political systems. ‘The features of the alleged threats that either facilitate or impede securitization’ can explore the ideological and social processes leading to the characterisation of threats and referent objects. Aspects of the first condition will be addressed in the following section by delving into the evolution of security frameworks in China.

### **Chinese polity and security frameworks**

This section analyses the configuration of security threats in pre- and post-Reform China. The fundamental difference between both periods lies in the highly politicised nature of the former and the diversification of the security agenda reflected in the latter. In the pre-Reform period, an artificially induced state of permanent war confronted sectors of society among each other in accordance with the prevailing interpretation of the main contradiction provided by the Chinese leadership. Frameworks of security, therefore, corresponded mainly to the military and the societal fields. Perspectives of non-traditional security gained room after the adoptions of the reform, not only because ideological control relaxed – giving precedence to the economy over politics, but also because economic development demanded the adoption of notions of governance with converged to a greater extent with international standards of statehood. When public perception of the handling of non-traditional threats has been thought to hinder the legitimacy of the leadership of the Party, authoritarian practices are likely to re-emerge.

#### *Pre-Reform polity and bandwagon politics*

Political power in China lies in the hands of a Party-state, or more specifically, of a state dominated by a one-party system.<sup>15</sup> In theory, the National People’s Congress is the highest institution in the structure of the Chinese state, but most important decision-making processes take place within its executive organ, the State Council. Therefore, the Council, although accountable to the Congress and its Standing Committee, is entitled to issue law proposals, to formulate administrative measures, to outline the national economic plan and state budget, to oversee public order and to rule over non-central levels of the state administration, including

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<sup>15</sup> For analytical purposes, this author follows the distinction between Party and state proposed by S. P. Zheng (1997).

ministries and commissions (Saich, 2004). This concentration of power is also found in the structure of the Party, specifically, in the Central Committee of the Party, and even more specifically, in the Politburo Standing Committee, within which the General Secretary of the Party is a member (Chen, 2011). The political elite in the country did not reach power by means of direct universal suffrage. They hold 'exclusive, unaccountable, and arbitrary power' (Y. Z. Huang, 2013, *Governing...*, p. 13).

The Party exerts a profound and pervading influence on the state, a circumstance which Tony Saich observes for 'all communist regimes', but which is quite remarkable in China (2004, p. 126). Notably, the General Secretary of the Party also occupies the Presidency of the country. Prominent individuals in the Party structure, especially members of the Politburo, have served as Premier of the State Council. The structure of the Party-state is well represented by what Schurmann called 'dual rule' (1968). Executive branches (central ministries) with authority over lower echelons conform 'vertical rule', whereas 'horizontal rule' corresponds to Party committees organised by geographical jurisdiction. The result is that administrative units report to their upper level in the ministerial structure and to the Party committee at its own level (Saich, 2004).<sup>16</sup>

For Avery Goldstein, pre-Reform politics are defined by 'bandwagoning', which is the trend of the different elements of the political system to follow an orientation determined by the leadership to achieve a specific aim. 'Bandwagoning' is explained by three aspects of the political system: a highly hierarchic ordering principle, sharply skewed distribution of resources and capabilities and weakened functional differentiation (Y. Z. Huang, 2013, *Governing...*). The ordering principle can be understood as the vertical hierarchy of command in accordance with the structure of dual rule of the Party-state. In this context, political struggles are likely to end up in the physical extermination of defeated sectors. The role of ideology was critical to legitimize the system, especially by presenting the Party as the guiding institution for the instauration of the 'dictatorship of the people'.

Concerning the distribution of resources, the pre-Reform state in China was highly centralized, therefore, the definition of economic policy, fiscal policy and the budgeting for the provinces were under the control of central officials. (X. Chen, 2011). Weak functional differentiation in the political system resulted from the underdevelopment of state institutions and legal instruments due to the highly hierarchic structure of power. Indeed, for Weatherley, charismatic legitimacy, which was the foundation of the political order during the Mao era,

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<sup>16</sup> The use of the adjectives 'vertical' and 'horizontal' in these lines differ from the use in the rest of the thesis. The decentralisation of the Reforms does not allow to draw vertical lines along ministerial functions. In the rest of the work, horizontality represents the convergence of ministerial agencies, and verticality refers the integration of multiple layers of authority.

was 'fundamentally incompatible' with legal and rational legitimacy (2006, p. 34). During the Great Leap Forward, the legislative and the judicial powers were subjected to the authority of Party committees and the first Constitution was abolished.

It is expected that in a political system with a remarked concentration of political power and dominated by charismatic legitimacy, decision-making is highly centralized about important issues. In a speech written in 1953, Mao Zedong affirmed that major questions would have to be discussed first by the Party committees before implementation was conducted by the government, whereas secondary issues would be dealt with through leading Party groups in the departments of the government (1986, p. 370). For Schurmann, Communist leaders showed a strong will to define means of active organisational control which contrasted with the 'passive compliance' of the subjects of traditional dynastic China (1968, p. 9). It can also be argued that the Communists counted with popular support to settle the foundations of a regime which promised political order after successive periods of political and social instability.

#### *Pre-Reform control over the media*

The significance of media control in pre-Reform China can be appreciated in the role that the Xinhua News Agency fulfilled in those years. The revolutionary leaders showed an interest in mass media long before the foundation of the People's Republic, as observed in the evolution of the Xinhua News Agency, which emerged in the context of the Japanese invasion in China and the political offensive against the invaders launched by the United Front (Peng, 1963, 83; Xin, 2006, 47). After their arrival into power, the Communists seized independent news agencies in the country while also positioning Xinhua as the key source of information to specify the goals and aims of the new regime. Xinhua was also an important means for the Party to release news abroad to compete with the agencies of capitalist countries about the coverage of Chinese matters.

Under the control of the Central Committee of the Party, the Xinhua News Agency enjoyed exclusivity of releases on Party events, government documents and the covering of sensitive issues whereas the *People's Daily* benefitted from publishing exclusivity. The agency and the Party outlets were engaged in an interdependent relation sustained by governmental subsidies (Akhavan-Majid, 2004, p. 557; Xin, 2006, pp. 49-50). Xinhua had a dominant voice in the provision of cross-regional and foreign news to local newspapers. Many of the outlets operating throughout the Chinese territory benefitted from subsidies. Therefore, they were also included in the dynamic of 'organized dependency' described in the previous section. It is

telling that since these years, reports generated by Xinhua are commonly published in a number of outlets at the same time. In China, 'the political effect of a news story [is] determined by the number of newspapers that published the item without editing it [...] (Xin, 2006, p. 49).

Cooperation of media outlets and news agencies was expected not only because of the economic benefits derived of the subsidy system, but also because they were thought to implement self-censorship on the basis of two concepts which were part of the ideological control in the regime: self-criticism (*ziwo piping* – 自我批评) and 'struggle against selfishness, criticize revisionism' (*dousipixiu* - 斗私批修). The exercise of self-criticism was a core principle of the organisational practice of the Party. It pervaded all layers of common life in the work unit and in the community (Schurmann, 1968, 48). It is important to stress that the intensity of the control over the media seemed to vary due to political circumstances. Mao Zedong affirmed in 1955 that in times of struggle against counterrevolutionary forces, 'authoritarian, or dictatorial' methods were required to overcome the conflict by means of observing 'rigid rules of behavior' (1986, p. 566).

#### *Security frameworks in pre-Reform China*

Security frameworks in pre-Reform China are driven by the artificial reproduction of a war-driven order which confronted sectors of society against each other. The looming threat of foreign conflict reinforced the self-regulated character of Chinese society. leading to a recurrent pattern where a spilling over effect was claimed to occur between the political and the military sectors. Before developing these points, it is pertinent to go over basic aspects of the predominant ideology promoted by the Chinese Communist Party. The theoretical work of Marx and Lenin and the thought of Mao Zedong were the foundations of the organising ideology of the People's Republic. In Marxism, the proletariat and its interests are the most progressive force to overturn the yoke of bourgeois domination (Weatherley, 2006). The Party is an indispensable element for the realisation of socialist construction. The People's Republic, in theory, was a transitional stage until the ultimate goal was achieved. Thus, there was no foreseeable time frame for the Party to relax its control over the state (S. P. Zheng, 1997).

Chinese leaders have rejected consistently the adoption of liberal democracy as promoted by Western powers. This does not mean that they can do without an ultimate referent of legitimacy, which is the idea of the 'Chinese people'. The relation between government and the ruled is determined by the adoption of the 'mass line', a long-lasting

legacy of the Party. The mass line has sometimes been defined as a kind of 'attitude' or 'working method' which confirms the concern of the Party-state for the interests and thoughts of the people (X. Chen, 2011, p. 89). In the words of Mao, 'all correct leadership is necessarily from the masses, to the masses' (Mao, 1943), an idea which refers back to the notion of democratic centralism.

Mao's theory of contradictions provided a practical framework to interpret the dialectic relation of the proletariat with other elements of society that may represent an obstacle to the aim of socialist construction. Things entail a fundamental contradiction in their development. Some contradictions stand out among others to the point where one of them becomes the main contradiction, which should be targeted so that revolutionary aims are achieved. 'Old processes and old contradictions disappear, new processes and new contradictions emerge, and the methods of resolving contradictions differ accordingly' (Mao, 2007, p. 78). Political contradictions could show a domestic, an international or a domestic and international scope. For instance, Mao recognises that when imperialist aggression breaks out, the contradiction between imperialism and the country becomes the principal contradiction. The chairman's ability to redefine the principal contradiction given its unquestioned ideological authority enabled him to bend the political order of the country to his will (A. L. Chan, 2001).

In pre-Reform China, an emphasis on the principle of class struggle made the contradiction among social sectors the antagonistic contradiction. Two profound consequences of this accent were the instability of the notion of 'national unit' (Schurmann, 1968, p. 11) and the artificial reproduction of a war-driven order (S. P. Zheng, 1997). For the class struggle principle to become pervasive, the alienation of the Other, the counterrevolutionary, had to consider their expelling from the national project. This ideology was put into practice through mass campaigns, which were an important instrument to implement policies dictated by the Party.<sup>17</sup> Some of these mobilisations reached nationwide proportions; others targeted sectors and groups in specific geographies. The legitimacy of the launching of mass campaigns relied on the conviction of the wisdom and strength of ordinary people (Horn, 1971). Internal enemies were supposed to remain hidden in different sectors of the society; thus, their identification was a primary task. Mutual surveillance ensured that political stance became a determinant aspect of everyday life in a self-regulated community (Jeffreys & Sigley, 2009).

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<sup>17</sup> Mass campaigns evolved from the experience of military organisation, social mobilization and ideological control during the Jianxi and the Yanan phases of the revolution.

*Reform and authoritarian resilience*

The death of Mao Zedong in September 1976 was a catalyst for the reorientation of politics in China. The leaders of the country were aware that the legitimacy of the regime was tarnished by the Great Leap Forward and the Cultural Revolution. Therefore, they lessened the relevance of utopian ideology and discarded charismatic styles of leadership. The formula of pre-eminence of politics over economics was also reverted. Economic growth would be pursued through a strategic mix of economic planning and market liberalisation. The path for economic reformation was first indicated by the re-adoption of Zhou Enlai's four modernisations (in agriculture, industry, national defence, and science and technology) in the National People's Congress in early 1978.<sup>18</sup> Class struggle was declared to no longer be the principal contradiction of Chinese society (Deng, 1980, December 25). The new overall objective was to quadruple the gross annual industrial and agricultural output for the end of the century. The disintegration of the commune organisation in rural spaces and the adoption of a market-led administration of production units between 1980 and 1983 were followed by the implementation of reforms in urban areas.

Chinese leaders also procured the empowerment of a technocratic elite, sometimes by getting ousted officials back to their positions, and further bureaucratic regularisation and specialisation (Wright, 2010). The number of departments within the ministries grew rapidly. A necessary condition for this process to be carried out was the de-politicization of certain policy issues (Y. Z. Huang, 2013, *Governing...*). These changes were accompanied by a remarkable process of decentralisation carried out in the 1980s over financial resources, and to some extent, supervisory and management control on different fields as well. With regard to the first kind of decentralisation, it is telling to observe that subnational levels of government in China had access to 54.84 % of fiscal expenditure – this was an outstanding proportion among non-democracies by the end of the century, whose average was 17.76 % (Hess, 2013, p. 82). The multiplication of officials involved in decision-making processes affecting specific fields of governance has led to the characterisation of the Chinese political system as one of 'fragmented authoritarianism' (Huang & McBeath, 2010, 248).

Yanzhong Huang draws upon the categories of analysis of the pre-Reform political system in China proposed by Avery Goldstein (as previously mentioned) to identify main features of the functioning of the state after the implementation of the reforms. Thus, the ordering principle became less hierarchical, the distribution of resources became highly

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<sup>18</sup> The Four Modernizations had been introduced by Zhou in 1963.

dispersed and functional differentiation increased. What is relevant for this research is to observe that a temporary reversal of these changes can be observed when Chinese leaders face the challenge of a perceived threat with likely political implications. Saich affirms that the Party 'can override any legal decision and intervene where it thinks appropriate' and 'the provinces have been willing to go along' (2004, pp. 137, 159). Yanzhong Huang notes in a similar tone that

[...] In the face of a perceived crisis, central political leaders with strong esprit de corps may manage to tighten central bureaucratic control and minimize functional differentiation through the creation of powerful ad hoc coordination bodies to mobilize resources from different sectors, leading to the temporary reproduction of a bandwagon polity [...]. (Y. Z. Huang, 2013, *Governing...* 12-3]

This phenomenon was verified during fieldwork. An official of a local Chinese Centre for Disease Control and Prevention (CCDC) in Guangzhou told this author:

[...] an analysis [is] made by our government, then, [there is] something to achieve, to put forward some measures, and they must be effective. The people is called upon to follow our measures. It is this kind of language (Personal communication, anonymous district CDC in Guangzhou, 2015, April 13).

In post-Reform China, the occurrence of bureaucratic control can be observed in the media and in different fields which have been increasingly framed through the language of non-traditional security. Both questions are addressed in the following sections.

### *Authoritarian resilience and the media*

The conditions in which media operates in China changed substantially with the reforms. Private investors (entrepreneurs, media professionals, advertisers, semi-official groups) became *de facto* owners of publishing groups that remained under official control. The government still appointed leading positions in media administration but professional management defined the rest of hiring decisions. Although media still had to act as a 'mouthpiece' of the Party, its contents had to adapt to commercial competition. This was mainly because subsidies were gradually terminated and advertising revenues were allowed since 1979 (Winfield & Peng, 2005). As the interdependent relation between agency and outlets eroded, Xinhua had to make sure that its wires got published. Therefore, the agency founded its own publications, and other media organisations followed the move, including the *People's Daily*.

Xinhua tried to arrange news provision networks to compete with similar private initiatives. Income for Party organs depended much more on their readership and readers could only be attracted by adapting their contents. For instance, the success of evening and metropolitan editions in public and private organs is explained by the wide acceptance of 'soft news' and 'human-interest stories' (Xin, 2006).

In a context of less stringent controls of information, news publishers can push the boundaries and make criticism acceptable by upholding nationalist frames (Vuhori, 2011). With regard of self-censorship, own-administered control is encouraged by a number of quasi-legal instruments like the 'Ten Must-Nots' guideline, issued by the Central Propaganda Department in 2004 - they warn about the usage of 'sources from unauthorized origins' (S. Li, 2010). Major regulations ban the publication of information that opposes 'the Constitution', which endangers 'national security', 'state secrets', 'sovereignty', 'national unity', 'national dignity', 'multinational unity', 'social stability', etc. (F. Liu, 2010, pp. 38-39). A clear tendency is evident towards the control of content that challenges directly the Party and the state.

Online news outlets are now an important source of information for the public, therefore and the Party, as widely documented by academic analysts, has shown a continuous interest in getting the web under control to constrain alternative political view to reaching the Chinese population, which happens to be the world's largest cyber community. The Internet poses formidable challenges to traditional mechanisms of political control, but the Chinese state has been definitely in the avant-garde on their development and implementation (Wang & Mark, 2015). Prohibitive moral frameworks have been used before 2009, which is the relevant time frame of this research, to justify the application of means of control over online information, like the aim of curtailing online gaming, pornography and gambling.

Besides the armies of '5-cent' censors and software developers to update technical means of control, administrative dispositions to support the efforts of the Chinese state have been issued since the beginning of the centuries; for example, the 'Public pledge on self-discipline for the China Internet industry' of the Chinese Internet Association of March 2002 (F. Liu, 2010; B. Liang & Lu, 2010). Guidelines are a peculiar instrument. They strive to influence conduct without making their statements legally binding, but they can trigger governmental discipline without overplaying the state's hand. It is not surprising that business managers, among them news editors, usually play safe by sticking to more stringent limits than those indicated in the guidelines. As their counterparts in printed media, they are subjected to the rules of the open market for the generation of their contents.

The spaces of relative freedom mass media gained after the implementation of the reforms in China should be fairly appraised. As Xi Chen notes, official media plays an

‘amphibious role’ as a mouthpiece of the Party and as an apparel of ordinary people’s opinions which may reveal the misdeeds of state agents (2011, p. 126). Press freedom and censorship are highly dependent on the perception of central and local officials on the potential political reverberations of news reporting. Both positions result from the adoption of a fine-tuned balance between persuasion and coercion. On the persuasive side, Chinese leaders have been willing to show a commitment for the enhancement of transparency about the handling of public matters in different fields (Kang, 2015, 34; Huang & McBeath, 2010, 220-1). By contrast, tighter controls over press coverage can be expected when the stability of the political regime is compromised.

### *Non-traditional security in post-Reform China*

New conceptions of security have gained prominence in China over the last two decades. Chinese leaders started promoting a ‘new security concept’ in the ASEAN Regional Forum in 1996. Later on, Jiang Zemin referred the concept in a meeting with Russian President Yeltsin in 1997 and Foreign Minister Qian Qichen did it as well during the 30<sup>th</sup>-anniversary celebration of ASEAN (Ong, 2007; Hunter & Liu, 2008). In that decade, Chinese leaders were wary of American domination in a unipolar world, therefore, they favoured multilateralism and the projection of a non-confrontational profile of their country by presenting China as a ‘responsible great power’. *China’s National Defense*, a white paper published in 1998 by the Information Office of the State Council, stressed a suitable diplomatic tradition of the Chinese repertoire to remark the non-belligerent nature of the foreign policy of the country: The Five Principles of Peaceful Coexistence. In general terms, these principles had promoted a traditional notion of sovereignty and international cooperation.

The State Council issued in 2002 *The China Paper on the New Security Concept* in a context of Chinese support to the War on Terror launched by the U.S –China had joined the International Convention for the Suppression of Terrorist Bombings and the International Convention for the Suppression of the Financing of Terrorism in November 2001 (Lo, 2008). Again, the image of the country as a non-challenger was reiterated in the Sixteenth Chinese Communist Congress in 2002 through Jiang Zemin’s echoing of the notion of ‘strategic opportunity’, which had been introduced by Deng Xiaoping in 1982. Accordingly, a new world war was unlikely to occur in the foreseeable future, hence, a long period of peace appeared favourable to promote the economic development of China (Bates, 2007). There is only one aspect in which Chinese leaders are unwilling to compromise, even if a conflict escalates into a military dimension: the ‘One China’ policy.

In 2002, a new generation of leaders took office under the administration of Hu Jintao and they were soon put to the test by SARS. The disease was a watershed process which evidenced the multidimensional vulnerability of sustained economic development in the country, upon which the legitimacy of the regime relied. The mishandling of a policy issue was observed to trigger harsh criticism about the capability of the Chinese regime to care for its own population and to address a security problem endangering the whole of the international community. Both internal and external sovereignty was compromised. Furthermore, economic turmoil broke down as a result of social panic. In these circumstances, it is not surprising that public debates about the loss of agricultural land, pollution, water shortage, social justice and transparency in governance intensified since 2003 (Hunter & Liu, 2008; Bhalla, 2005, p. 215). Laws and regulations were issued in different sectors, indicating that the Chinese state was pursuing further convergence with international notions of governance.

A new white paper on defence was published in 2004 in which a comprehensive agenda of 'traditional and non-traditional' security was adopted. It is clear that there was an increased awareness among policymakers about the 'interconnectedness of internal and external security' (Craig, 2007, p. 17). In the same year, Hu Jintao started promoting a new catchphrase to represent China's diplomacy: 'peaceful development'. The political moves just commented encouraged officials, scholars and think tank members to reflect on the new concept of security. Despite the momentum, there has not been a formal identification of the constitutive fields of non-traditional security from a Chinese perspective. The incorporation of non-traditional security in China has also been challenging because it demands a more flexible position about national sovereignty as many of the issues under consideration demand multilateral cooperation. There is also the question of the level of institutional preparedness in the country, which may be insufficient to adequately cope with the varied range of non-traditional threats, as reckoned by Yu Xintian, a member of the Shanghai Institute of International Relations (Craig, 2007, 2007).

A brief review of the evolution of some of the different fields of non-traditional is carried out in the following paragraphs. The exercise confirms the interconnectedness of internal and external security, the spill-over effect of crises along sectors of security and, sometimes, the implementation of bureaucratic centralisation.

The surge of economic opportunities of a criminal nature in the cities of the southern coast of China after the implementation of the Reforms encouraged the issuing of laws and regulations which introduced notions of economic crime and financial liability. By the mid-1990s, Chinese officials in the central government were eager to publicize an image of China as a country which offered a safe environment under the rule of law for foreign direct investment.

The criminal code was amended and approved in January 1997 (Saich, 2004). The revised version included chapters on 'Crimes of Undermining the Order of Socialist Market Economy' and on bribery and embezzlement (Keith & Lin, 1999). The remarkable interrelation between internal and external security in the economic sector became more apparent during the Asian crisis in 1997. Chinese leaders opted for not devaluating the renminbi to prevent longer-lasting stagnation of the regional economy (Y. S. Cheng, 2002).

Energy security is a driving factor in China's foreign relations because of the essential character of petroleum, gas and even coal products to fuel industrialisation and national development. The state appeared unable to satisfy the soaring demand of energy inputs since the early 1980s, therefore, it started withdrawing from the exertion of direct administrative control of the sector since 1983 (Wysocsanska, 2014). In 1993, the country became a net oil importer, rendering the country more vulnerable to price fluctuations. Further administrative withdrawal took place with the dismantling of the Ministry of energy in 1993 (Craig, 2007). National oil companies were also granted more autonomy in those years. Unlike most countries, the Chinese state lost at a progressive pace its capability to define coherent energy policies for the whole country (Y. Xu, 2010). Some recapture of control was attempted through the creation of leading groups, but conflicting interests of powerful actors prevented any success. National oil companies have been able to pursue their commercial objectives over their political duties (Houser, 2008).

Prospects to increase energy production in China are constrained by a relative scarcity of deposits, developmental conditions and technical capability (Liu, 2013). On the other hand, the more the state rely on outer sources, the more dependent supplies become on external factors like viable transportation through dangerous waterways like the Malacca Strait (Craig, 2007). China's diplomacy has also been affected at times by the deals Chinese oil companies have made with Sudan and Iran – in an attempt to compensate for the latecomer position of the country in the access to oil resources. International pressure eventually forced China to support Security Council sanctions against the latter and to become an active mediator for the civil war in Sudan (International Crisis Group, 2017). In this case, notions of international governance and the image of the country as a responsible partner were at stake. A last note on the sector is pertinent. Even if the central government is not able to solve the structural problems of energy security in the short or middle term, it has certainly an upper hand to instruct the oil companies to supply energy 'in times of an emergency or a crisis' (Tunsjø, 2014, p. 103).

Disaster management is an area in which a significant change of policy orientation has occurred after the adoption of the reforms, signalling that Chinese leaders became aware of

the interconnectedness of internal and external security. In October 1980, there was an inter-ministerial Consultation on Acceptance of Aid from the United Nations in China. The next year, the Chinese government filed its first request for emergency due to floods in the Yangtze and a drought in the north (Kang, 2015). Since that decade, a comprehensive institutional framework to cope with natural hazards was created. By the end of the decade, the government appointed an ad hoc National Commission under the State Council. A white paper was also published in 1994 following UN recommendations (Bradbury & Kirkby, 1996).

The changes of the disaster management sector may have paved the way for a similar change in the public health sector, as the Chinese government also increased its cooperation with the United Nations to control the HIV/AIDS since the turn of the century - the process is studied in the following chapter. Indeed, the institutional frameworks in both sectors started to overlap with the issuing of the Regulation on the Urgent Handling of Public Health Emergencies of May 2003 - a move inspired by SARS, which in the view of Kang 'served as a template for emergency plans in other domains' (2015, pp. 33-4), and the issuing of the Master State Plan for Rapid Response to Public Emergencies in 2006, which in turn considers public health emergencies. These institutional developments are also remarkable because they point towards the assumption of a greater responsibility of the Chinese state to care for its population, which is a criterion of the formulation of global and 'civilisation' standards.

Food security is another field related to the public health sector where the interconnected between internal and external security has been observed. As in the energy sector, there is neither comprehensive legislation nor a leading ministry which can cover the varied aspects of production, distribution and consumption of food (Huang & McBeath, 2010). When scandals about the quality of food affected the external image of the country as a trustworthy partner in trade, the government has reacted with determination. After the American government protested for Chinese pet food as the likely cause of the deaths of hundreds of dogs and cats in 2007, a thorough revision of related supervisory institutions was carried out. The process ended with the execution of a high official (Olesen, 2007). Laws and regulations were enacted as well. Later on, the Japanese government complained about insecticide-tainted dumplings (Fackler, 2008). This time, the Chinese government allocated \$73 million to increase the surveillance of agricultural products (Huang & McBeath, 2010).

As mentioned before, Chinese leaders are wary of negative perceptions of their performance about the handling of public emergencies, which have multiplied as they are perceived through the focus of non-traditional security. Social unrest resulting from such mishandlings can shape a framework of security of the political sector because it represents a potential challenge to the leadership of the Party and the state in China (Kang, 2015, p. 54).

The profound inequality among social sectors and regions and the deterioration of working conditions which resulted from the implementation of the Reforms also add issues of social justice as likely triggering causes of popular mobilisation. The Party and the state face two important contradictions, as suggested by C. K. Lee: between the concentration of capital and legitimacy, and between economic liberalisation and political monopoly (X. Chen, 2011, p. 17).

Despite the aforementioned circumstances, the prevailing view among scholars is that the regime accounts with effective means to remain stable against the challenge of man-made catastrophes and natural disasters. This capability not only results from the ability of the Party and the state to exert strategic repression and co-optation, to control the media when required and to promote divisions among the masses in terms of location, ethnicity, place of origin, occupational status and job placement (Hess, 2013). The stability of the regime derives as well from the fact that most of the socio-economic sectors in China have material incentives to support (or to accept) the current political order (Wright, 2010). These appraisals do not contradict the affirmation of the anxiety of Chinese leaders about performance and 'image'. Kang's notion of the 'adaptation quandary' is useful here (2015). Accordingly, despite the remarkable success of Chinese leaders to preserve political stability, they have been unable to solve the divergence between a 'professed commitment to honor laws' and the pursuance of the diverse interests of all actors involved in the different fields of non-traditional security.

### **Conclusions**

Buzan, Wæver and de Wilde do not hesitate to recognize the moral and practical ascendancy of the liberal state, and they propose a classification of states which differentiates them by their economic and political achievements. The liberal advocacy of the Copenhagen school is incompatible with the empirical openness they suggest to study security frameworks. Therefore, empirical research about the specific interests of states and knowledge about their relations with the peoples they ruled are important elements to interpret their security conceptions. China is an interesting country for the analysis of securitization because its political system does not reflect the conventional model of statehood upon which the theory was developed. The Party is a predominant actor whose political power is not clearly constrained. Chinese leaders hold positions in both, the Party and the state. They are not directly elected and there are not advanced institutional mechanisms to render them accountable.

Does the authoritarian character of the Chinese regime affects the way securitization may occur there? The answer is affirmative as the preservation of the regime has been an

underpinning value in the formulation of security and policy agendas before and after the implementation of the Reforms. Therefore, the political sector seems to be a continuous dimension in frameworks of security. In other words, 'social stability', 'social order' or even the 'leadership of the Party' may be common referent objects of security which join specific referent objects about the sector where a crisis emerges. The recognition of the authoritarian character is observed in two specific circumstances, the application of bureaucratic centralisation and stronger controls over the media to cover those crises. By contrast, there are common elements of the occurrence of securitization that may result from a long-term process under analysis in this chapter.

China has progressively converged with liberal democracies in the recognition of varied fields of governance for which it is responsible since the adoption of the Reforms (e.g. ). Actions undertaken to fulfil related duties are supported by discourses with specific referent objects. The crisis of legitimacy of the Party after the Great Leap Forward and the Cultural Revolution pushed Chinese leaders to refocus national development upon the dictates of market liberalisation and economic planning. Charismatic styles of leadership were abandoned, and major fiscal and administrative attributions to the provinces were granted. There was a transition from a context of predominant military and political frameworks of security to one in which the frameworks reflect a greater variety of sectors. This variety also expresses a strong interdependence among sectors. Therefore, there is a potential in the post-Reform context for complex over-spilling.

For China to appear as a 'responsible power' committed to a 'peaceful rise' or 'peaceful development', the Party and the state need to reflect some acceptance of what Fidler's calls 'solidaristic rationalism'. Thus, a number of fields are at present a substantive part of the country's political agenda: the prevention of economic crime, the development of response capacities to natural disasters, the setting of efficient institutions to supervise the quality of food, and value-oriented perspectives about relations with states immersed in internal and regional conflicts. The new concept of security in China also recognizes that internal and external security is deeply interconnected. Domestic crises have a potential to damage the image of the country abroad, and international conflicts may disrupt internal development and cause a negative perception of ruling performance.

Non-traditional security threats may also entail structural problems which require long-term perspectives in policymaking. To a great extent, these complications are the product of the decentralisation carried out since the 1980s. The capacity of the state to formulate nationwide coherent policies in different sectors is weakened, even if the central government still has the power to impose a specific course of action in a short-term scenario. The

verification of the integration of non-traditional security language is an important aspect developed in this chapter given the surge of a respective international agenda about resurgent and emerging infectious diseases. It is convenient then to analyse the endorsement of security frameworks in China about infectious diseases in the following chapter.

## **Chapter 4. Epidemic control in China and securitization**

This chapter argues that infectious diseases have been explicitly securitized in China when they are associated with a political threat to its external sovereignty. In these circumstances, coordinated responses may display extreme narratives, the involvement of high-level authorities, the allocation of additional resources and calls for public participation. Studied aspects in this chapter contribute in a direct way to explain the commitment of Chinese leaders to make a case of the pandemic in 2009-2010 to pursue political objectives (points to be developed in Chapters Six and Seven). In order to respond to the main research question, it is necessary to regard the relevance of these objectives for the political elite in the country. In the early twentieth century, the handling of epidemics in China had critical consequences for its sovereignty because of the confrontation with Western powers. During the pre-Reform era, China was isolated and the prevention of epidemics merged with other political considerations. The country increased substantially its cooperation with international regimes after the adoption of the Reforms and, as observed in the previous chapter, the adoption of notions of non-traditional security. The research puts an accent on historical experience. Three comprehensive moments are analysed: the 'century of humiliation', a couple of campaigns in the Maoist era and the responses against HIV/AIDS and SARS.

### **Epidemics and security in the 'Century of Humiliation'**

Western powers incorporated China into the international system they created by force, especially after the defeat of the Qing Dynasty in the first Opium War. This conflict paved the way for the founding of the treaty system, which imposed the payment of economic compensations, the deployment of foreign troops and the exercise of extraterritoriality (Wakeman, 2008). The multicultural life in the treaty ports exposed Chinese elites to the administration of modern medicine, especially to prevent cholera outbreaks in their administered territories. Japan incorporated to intervening powers in China after their victory over the Russians in 1905. Thus, the Asian country became a model of non-white modernisation for Chinese elites. Japanese advisors were called to collaborate with Qing reformers on public health matters. Eventually, the sanitary conditions imposed by foreign powers to hand over Tianjin after the Boxer defeat made clear for Qing officials that bacteria could be used as 'an excuse to expand their territory' (Rogasky, 2004). At the turn of the

century, Qing reformers launched the 'New Policies' movement, and they advocated for the adoption of Western learning and Western medicine (Andrews, 1997).

### *Plague and sovereignty*

The inception of a concept of public health among Chinese elites converged with dire political circumstances during the outbreak of pneumonic plague that occurred in Manchuria in 1910 and 1911. Foreign powers were likely to take advantage of the situation for their respective agendas of colonial domination. Thus, the Qing Dynasty carried out an unprecedented and pioneering effort in the north of the country to control the disease. During the outbreaks of plague in Hong Kong in 1895, foreign powers advanced on the bacteriological understanding of a disease which represented a serious obstacle to their colonial interests. Their efforts paid off with the discovery of the causative agent: *Yersinia pestis*. William Summers (2012) suggests that a similar convergence of medical and strategic interests occurred in 1910 in the north of China. Because the bacteria adopted an unusual but frightening pneumonic form that facilitated its spread, the epidemic was a valuable opportunity to test modern strategies of epidemic control.

Manchuria attracted the attention of major foreign powers because of its agricultural potential and its mineral and forestry resources. It was also a region of unquestionable geopolitical relevance. The Russians strove to consolidate an exit to the Pacific, whereas the Japanese were promoted their Pan-Asian project. Both powers advanced their agendas through the construction of railways. Japan put a strong pressure on China to increase its own administrative intervention to control the epidemic in its zones of influence. Under the guise of plague prevention, the Japanese were pushing to gain administrative prerogatives in their controlled territories. They also constructed 'health' infrastructure with potential military value (Summers, 2012). Although the Chinese government was initially slow to react to the plague outbreaks in Manchuria (it took two months and two thousand deaths, according to Summers), the disease eventually became a policy priority. The Chinese medical team led by M.D. Wu Liande, which was appointed to lead with the crisis,

[...] had a mandate to do whatever they deemed fit in Manchuria so long as the epidemic was contained within the region rather than spread into [...] metropolitan China; from the Chinese government's perspective, failure to put a quick end to the plague would spell a loss of international prestige and likely intervention by foreign powers. (Gamsa, 2006, p. 151)

These lines confirm that Chinese officials were adopting modern notions of sovereignty as they struggle to control the disease. The handling of the threat required the granting of extraordinary powers to implementers over the lives of local populations. Efficacy was hard to achieve because sanitary measures opposed traditional funerary practices. Even in these circumstances, dissections, autopsies and cremation were progressively adopted (Chernin, 1989). The populace resented and resisted isolation measures, especially because they experience the harshest conditions of sanitary controls by foreign powers.<sup>19</sup> Benedict observes that this process implicated the early construction of a sense of ‘common good’ in public health (1993, p. 73). The shaping of this responsibility could not be detached from an assumed ‘expendability’ of plague victims from the lowliest sectors of Chinese society in the eyes of Qing officials.

Implementing sanitation did not suffice to prevent further conflict with foreign powers. A sophisticated strategy of diplomacy was carried out on the basis of an old approach: Enticing opposition among barbarians. In mid-January, the Chinese government asked foreign governments to participate in an international conference on plague to improve countering measures. The move affirmed the recognition by Chinese officials of the value of modern medicine and science for the control of epidemics – by this time, the germ theory had become the dominant perspective in the field. The political relevance of the conference is verified in the involvement of high politics in the U.S. to designate delegates (Chernin, 1989). Summers suggests that American representatives were allowed to initiate epidemiological investigations well in advance because the Chinese wanted to counterbalance the authoritative profile of the Japanese delegates, who were eager to engage in geopolitical considerations.

Baron Kitasato Shibasaburo, alleged co-discoverer of the plague bacteria, had been a harsh advocate for the increase of administrative intervention by Japan in China. The Chinese made explicit remarks to the British embassy in Beijing that foreign representatives in the Conference were not authorized to carry out preventive measures but to contribute to the scientific investigation of the epidemic (Summers, 2012). The emphasis on the scientific nature of the Conference conveyed the implicit message of the exclusive legitimacy of the Chinese government to decide on the response to the crisis. The reduced room for political operation also made clear that Chinese authorities were quite limited in their attempts to get recognition for China as a sovereign state by foreign powers.

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<sup>19</sup> Gamsa observes: ‘the arbitrary measures taken in Harbin and Fujiadian rank among the most intrusive of Western-managed epidemics; mass cremation and forced quarantine on a similar scale would have been inconceivable in late tsarist Russia, not to mention Western Europe, where sanitary cordons and lazarettos had been abandoned in the first half of the nineteenth century. These policies had a longer life as instruments of colonial control in Asia and Africa’ (2006, p. 166).

Within the realm of the possible, the Conference contributed to the self-confidence of the nation to make use of modern science (Yip, 1982). By strengthening their authoritative position, Chinese rulers were reaffirming that in principle their countermeasures corresponded to modern standards. Ultimately, they were also recognizing the duty of the state to look after the health of the Chinese people. When the Conference concluded at the end of April, Chinese officials were aware of the urgency of establishing a regional coordinating agency of antiplague efforts. In October 1911, the Qing Dynasty ordered the establishment of the North Manchurian Plague Prevention Service, which would operate with the criteria of Western medicine (Summers, 2012). The Manchu rulers abdicated before the Service could be founded, but the commitment of the nascent republic to establish the Service in the spring of 1912 attests to the continuity of an attributed significance to disease control as a long-term effort that was a prerequisite for the modernisation of the nation. The Prevention Service would become the most prominent health institution during the Republican period (Benedict, 1993).

### *The New Life Movement: germs and state-building*

The New Life Movement set important precedents for the response to infectious diseases in China: the movement outlined a national audience for its message, it explicitly associated the control of epidemics with the survival of the Chinese nation, it reoriented the Communist notion of mass mobilisation to the task, and it confirmed the responsibility of the state to protect the health of its citizens. The position of the nationalists to carry out the movement was based on an outstanding achievement; they were able to implement a comprehensive plan of institutional reconfiguration after 15 years of civil war. On the other hand, the new regime still faced a regionalised structure of power, protracted conflict with the Communists and the continuous threat of a Japanese invasion. Periodical famines and outbreaks of preventable diseases were common in the countryside (Wilbur, 1983). With direct assistance from the League of Nations, a Ministry of Health was instituted in 1928 (Taylor, 2005). During the Nanjing Decade (1928-1937), there was considerable international pressure on the central government to control outbreaks of plague, smallpox and cholera (Andrews, 1997). As a result, the issue received much attention in the form of public campaigns.

The New Life Movement was launched in February 1934 to strengthen national identity by means of a profound change of behaviour which included the assimilation of hygienic practice. There were different sources of inspiration for the movement, namely, Christian missions and revitalisation programmes of Japan, the Soviet Union and Germany (Rogaski, 2004), and the mass organisation of the communists. Arif Dirlik highlights the

conservatism of the movement, which attempted to re-orient the potential of disruption of the masses for a collective effort (1975). New Life opposed the selfishness of the class-struggle principle promoted by the communists while emphasising national unity. The improvement of the individual was thought to lead to a comprehensive and spontaneous organisation of society. Popular participation was reduced to a preparedness effort for the sake of the collective well-being. This conservatism is partly explained by the awareness of the Nationalists about the frailty of their command to preserve the unity of the country and to directly challenge the Japanese – expressions of hostile nationalism were strictly proscribed.

The behavioural change advocated by the movement was promoted in the form of a created space between morality and law (W. N. Liu, 2013). For the critical aim of enticing the surge of a new citizen who would be committed to the defence of the nation, the Nationalists endorsed a selective choice of Confucian principles like property, righteousness, integrity and sense of shame. The movement deplored the backwardness of local mores in everyday life that were deemed pernicious for modernisation. Table manners, clothing, house order and walking were addressed in the directives of the movement. Regional units conducted campaigns and check-ups in offices, public spaces, shops and factories with the aid of police corps and the military. Hygiene in food was encouraged and personnel were sent to clean up public spaces. Campaigns against parasites –especially flies, were implemented while pointing at their capacity to convey diseases. Household heads were called to participate in propaganda efforts and in the collection of dead bugs.

Public lectures about smallpox, plague and cholera were organised in schools in Tianjin (Rogaski, 2004). The importance of a physically strong population to prevent ‘national extinction’ was emphasised in these lectures (Yip, 1982, p. 1201). Prostitutes were registered and regularly check up to prevent the spread of sexually-transmitted diseases (Ferlanti, 2010). Beyond these occasional activities, no policy instruments were set up to support the movement. Consequently, New Life fell short in its own expectations for an actual development of epidemic control capacity in the country. The emphasis on public health occurred mainly in the first year of the movement until it faded in the midst of the war effort against Japan. The implementation of sanitary policies varied considerably across the country, and the education of health personnel did not seem to be a priority in those convulsive years (Yip, 1982). References to the rule of law were common, but no regulations on health were issued.

### Health campaigns in pre-Reform China

Two campaigns against infectious diseases are analysed in this section, The Patriotic Hygiene Campaign of 1952 and the campaign against schistosomiasis. The analysis takes into account the background of the politicised nature of this period of the history of China. The determination of the Communists to consolidate their territorial control paralleled their conviction to terminate undue interference of foreign powers in the internal affairs of the country. The adoption of a self-sufficient stance in public health inaugurated a time in which external powers would scarcely have a chance to influence the response to epidemics in China, if not by means of a direct military confrontation. The relative success of Chinese leaders to improve the health conditions of the population contributed for the first time to the incorporation of public health as a basic area of governance in the country.

The state of public health in 1949 was blight; malnutrition and infectious diseases had an important share in overall mortality (which was about 30/1000 in the general population and 200/1000 for infant population) (Taylor, 2005). Typhoid, cholera, dysentery, smallpox, diphtheria, whooping cough and meningitis were common in the countryside (Horn, 1971). Health sector officials were called to adopt four objectives endorsed in the First National Meeting on Health Work, which was held in August 1950. These aims expressed recognition of the precariousness of the resources of the state: a focus on the masses, prevention first, the unification of Chinese and Western medicines, and the conduction of health campaigns (Yang, in Selden & Eggleston, 1979). There were remarkable achievements in the first years of the People's Republic like the reduction of cholera outbreaks, a wide distribution of oral BCG for children, good access to smallpox vaccination (45% of the general population) and the setting of a network of local stations of epidemic control.

Mobile health teams were sent to the countryside to instruct about sanitary practice. An enterprise and a government health care system were established in 1951. Furthermore, state hospitals at different administrative levels were classified as non-profit units. Even if available services were of low quality, they were oriented towards comprehensive access and allowed some improvement of the living conditions of the people (Gu, 2001). Curiously, the admission of the principle of the responsibility of the state for public health was taking shape in a context in which human life could become an instrumental element for the attainment of political objectives.

*The first Patriotic Hygiene Campaign*

On February 23, 1952, in the midst of the Korean War, the *People's Daily* started publishing a series of reports about the appearance of insects, plants and objects allegedly contaminated with infectious agents like anthrax spores, typhoid, plague and cholera bacteria as well as encephalitis viruses. Around one thousand incidents were published in the news. Affected places in these narratives were located as far in the south as Qingdao, and there were mentions of sightings of American aircraft (Rogaski, 2002; Li, 2012). The issue became a diplomatic confrontation between the Communist and the Western blocs beyond the scope of the war in the Pacific. The verification of the allegations has remained elusive, with Chinese scholars usually supporting the claims and scholars abroad casting doubt on the matter. The central government raised the issue with determination in a Patriotic Hygienic Campaign that eventually became the most significant episode of mass participation for public health in pre-Reform China. Historical memory contributed to suspicion of germ warfare among the Chinese. The central government accounted with reports about the experiments with humans carried out by Unit 1644 during the Nanjing Massacre (S. Wang, 2010, p. 34). On the other hand, information about the operation of the infamous Unit 731 was made available in the socialist bloc through diplomatic channels and the media (Nie, 2010, p. 128). The cover-up of Japanese officials by the U.S. added to the Chinese claims.

The securitization of germ warfare evolved from the broader framework of the Resist-U.S.-and-Aid-Korea Campaign. Logically, the war effort itself constituted a scenario of full securitization that was justified in the organising ideology of the political system (as a contradiction between the nation and external enemies). Korea was an obvious epicentre of the security concerns of the Chinese leaders. The conflict with Japan had originated there and the peninsula became a hot spot of the Cold War. Although the military escalation of the Korean conflict was not so unexpected for the Chinese leaders,<sup>20</sup> they were shocked by the readiness of the U.S. to intervene. There were complex security implications at stake. A Western victory over the entire peninsula would radically change the balance of power in the region, opening the path for the ideological weakening of the socialist revolution in China and abroad and for the foreign invasion of the country. (Jian, 1996, p. 159).

Officially, the mobilisation of the masses for war initiated with the issuing of instructions by the Central Committee of the Party on November 2, 1950, in which gradual undertaking of propaganda was mandated, but previous mobilisations had paved the way for

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<sup>20</sup>The preparations for the liberation of Taiwan had been postponed since June 30 to strengthen the northeast front.

the ideological work. For instance, the Institute of Natural Science of China had made an appeal to all scientific workers to position themselves against American intervention in the peninsula. By mid-November, the Ministry of Industry, the Ministry of Culture, the Ministry of Health, the Tsinghua University, the Renmin University, the Beijing University and the Chinese Academy of Sciences organised forums to ensure the maintenance of basic services in Chinese cities and to orientate the propaganda work (H. H. Li & Wang, 2012). A Committee to Counter the Invasion was created on early December and it made a call to all sectors for fundraising.

The organisational structure of the Party was a key element for the emergence of associations that supported the Campaign like the China Democratic League, the Association for the Promotion of Democracy and the China Federation of Korean People, which was estimated to operate in 172 cities and counties in 24 provinces. Capital and provisions were also obtained from forced donations, overtime work, and additional production of grain (Sun, 2009). Propaganda work included the organisation of theatrical performances, the projection of slideshows, the publication of political cartoons, the creation of songs and the issuing of posters with exhorting messages to protect 'the home and the nation' (S. T. Hou, 2012).

An active diplomatic strategy abroad echoed the allegations of germ warfare of late February in the Chinese Press in 1952. Zhou Enlai sent a message through the Xinhua News Agency calling for international condemnation of the issue in March. In May, the Chinese Foreign Minister protested at the General Assembly of the U.N. (Crane, 2001). The International Committee of the Red Cross and the WHO proposed the realisation of on-site investigations but the governments of China and North Korea rejected the move. Both countries and the Soviet Union accepted the proposal of the World Peace Council (at the request of China's delegate there) to create an International Scientific Commission to investigate (Buchanan, 2001), which was integrated by scientists from the U.K., France, Sweden, Italy, Brazil and the USSR. The allegations were ratified in the report of the Commission, but representatives of the Western bloc made accusations of undue control over the investigation process and the fabrication of evidence.

The first Patriotic Hygienic Campaign comprised two important moments: the 'Five Annihilations' (*wumie* –五滅) and the 'Big Cleanup' (*daqingsao* –大清扫). In the first case, thousands of ordinary citizens and soldiers were convoked to carry out a patriotic duty: the elimination of flies, mosquitoes, mice, lice and bedbugs. The eliminated pests were quantified and processed for analysis and destruction in local units. The media depicted the areas of extermination like another frontline against imperialist forces (Lü, 2011). Some of the phrases reported by the press show a curious inversion of the usual animalisation and demonisation

that was characteristic of the derogatory language used against the 'enemies of the state' in that time. Hence, a soldier would have affirmed that 'killing a mouse is like killing a U.S. soldier' (R. Zhang & Yan, 2001, pp. 63-4). Another text tells that 'fighting a worm equates to the eradication of an American devil'. These anthropomorphic metaphors also pointed at the 'foreignness' of the threats. Pathogens could as well be compared with instruments of war. A city dweller in Tianjin would have claimed that '(bacteria) is worse than the atomic bomb' (Lü, 2011, pp. 136-137). There is less research about the Big Cleanup, but Rogaski refers the collaboration of hundreds of thousands of housewives and university high school students to clear roads and drainage canals in Tianjin (2004).

The notion of vectors of disease was powerfully used to make the threat of disease perceptible and targetable to the naked eye for its extermination. On the other hand, the state reaffirmed its authoritative capacity to recognise and locate the original culprits of the spread of epidemics (viruses and bacteria) within their associated vectors and the bodies of the Chinese people. Propaganda work was critical to publicise visual characterisations of the perceived threat. The media illustrated their reports with images of alleged evidence. Pictures of pathogens, insects and germ bombs were also used in an itinerant exhibition that toured major cities in the country (Crane, 2001). For a moment, nature became the antagonistic contradiction that endangered the nation; therefore it was subject to the ultimate response of the political system to ensure stability: annihilation (2002).

### *The campaign against schistosomiasis*

Over the centuries, the parasite of schistosomiasis has infected boatmen, fishermen and irrigation workers in the lower Yangtze valley and other areas of the south of China when they enter into contact with water contaminated by the snail vector. A nation-wide survey was conducted in 1950 to estimate the spread of the disease (Chen & Zheng, 1988, 11), but consistent actions for its control can only be noted until 1955 when the first programme on the matter was implemented. The question was included in the *National programme for the agricultural development* of 1956-1957 and a special committee was appointed with officials from the departments of agriculture, water conservancy and public health (Ling, 1979). Schistosomiasis eradication was also included in the Party's charter for agriculture of 1958. Treatment to affected people was provided (around 70 percent coverage in 1959), but the emphasis of these policies has been on preventing transmission. The complexity of the task and the limited number of state personnel compelled Chinese leaders to advocate for public participation through public lectures, radio broadcastings and fliers (Maegraith, 1958).

Personal stories were used to exemplify the burden of the disease on the Chinese society before the Liberation.

[...] the people in the worst-stricken areas were extremely superstitious. They pleaded to the gods for mercy but the gods turned a deaf ear to their suffering. In desperation, some victims even sought salvation in death (Ling, 1979, p. 422).

In the formerly desolate Shangyangpan village, there are now forty-four children under nine years of age – as many as one-fourth of the village's population. Their laughter and singing is music to the people of Shangyangpan after the long years of silence. (Ling, 1979, p. 426)

Military metaphors were used against the so-called 'devil snail'. Its elimination was the logical extension of the radical politicization of nature of the first Patriotic Hygiene Campaign. The masses were asked to 'encircle enemy forces' and to 'wipe them out thoroughly'. The environment harbouring the vector and the parasite was also targeted. Labourers were called to carry out the pumping of stagnant water, to drain rivers, to construct dams, to scorch vegetation and to add chemicals to waterways which could not be drained. By the end of September 1959, these activities covered an area of about 6,350 million square metres. Around 140,000 oxen were treated to prevent human re-infections (Ling, 1979).<sup>21</sup> These achievements were delayed by the turmoil of the Cultural Revolution. Opposing views between a 'purely technical' approach and a proletarian perspective emerged in the schistosomiasis campaigns in the 1950s. These debates echoed the notion of the social contradictions between 'experts' and 'reds'. Schistosomiasis was a priority of public health, but it did not pose an immediate threat to the external sovereignty of the country, although it jeopardized the objective of socialist construction.

### **The securitization of HIV/AIDS and SARS**

The promotion of a new concept of security in China and the growing international consensus about the need for coordinated global action against infectious diseases have been propitious processes to frame infectious diseases in terms of the language of security in China. Despite these processes, the Ministry of Health was always quite limited in its capacity to promote public health as a priority of the central government in the policymaking process. Powerful ministerial actors with main objectives other than the advancement of public health gained an

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<sup>21</sup>Up to the 1980s, after decades of extensive campaigns, snail-infected areas were estimated to have been reduced by more than two-thirds (Uttinger, Zhou, Chen & Berquist, 2005).

upper hand in a context of fragmented authority about the sector.<sup>22</sup> Furthermore, provincial governments gained fiscal and administrative powers, and they have also been devoted to their economic performance (Duckett, 2006; Y. Z. Huang, 2013, *Governing...*). These circumstances illustrate the critical shift of the Chinese state to support pro-market policies of public health since the late 1970s, which resulted in the dismantlement of the social security system of the pre-Reform era (Duckett, 2003; Duckett, 2009).

In this context, the central government only showed a determined stance to cope with the HIV/AIDS epidemic in China until the turn of the century. The adoption of a more compatible position with international standards eventually proved to be beneficial for the state because aid funds became accessible. SARS was also a turning point to address with more determination HIV/AIDS. In general terms, the growing commitment to mitigate HIV and the changes induced by SARS in the public health sector indicate that the Party and the state have been more open to frame infectious diseases in terms of security in the last fifteen years.

### *The progressive securitization of HIV/AIDS*

HIV/AIDS has been progressively securitized by the central government of China since the beginning of the century. This cautious securitization resulted from the local and international resonance of the peasant epidemic in central China, from the securitization of the disease around the world at the beginning of the century, and from a renewed emphasis on health security after SARS. Between 1985 and 1989, HIV/AIDS was treated as a 'foreign' disease which did not deserve much attention by health authorities. Containment measures were at that time the linchpin of the strategy against the disease (L. H. Chan, 2010). HIV/AIDS emerged initially among vulnerable populations in provinces at the Southern borders of the country (Yunnan, Guangxi and Guangdong) and in Yunnan. They were mainly drug-users that sometimes happened to be sex workers, so the conditions were ripe for a secondary epidemic transmitted by sex.

The association of HIV/AIDS with risk practices that are abhorrent to Chinese notions of social order and political control prevented the adoption of an expeditious response (potentially a securitized one) against the disease (Zheng, 2009). Drug consumption had been historically banned in the People's Republic, and liberal practices of sex were seen as

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<sup>22</sup> This is the case of the Ministry of Finance, interested in balancing the revenues and expenditures of the central government, and the Ministry of Labor and Social Security, inclined to defend the interests of enterprises rather than to expand effective coverage of insurance schemes (Duckett, 2003).

undesirable Western imports (Gnep, 2009).<sup>23</sup> Chinese authorities at different levels of government were reluctant to openly addressing behavioural matters. For example, there were strict regulations about the advertisement of sex-life related products, including condoms. Between 1989 and 1994, the Ministry of Health attempted to raise attention about the HIV/AIDS epidemic in the central government without much success. At least the disease was made reportable in the *Law on the prevention and control of infectious diseases* of 1989 (Y. Z. Huang, 2006).

Between 1993 and 1995, impoverished peasants in Henan were encouraged to sell their blood to centres of plasma collection run by the government (Yip, 2006). Paradoxically, the demand was boosted in these years by the ban on the imports of blood products due to the AIDS scare. Not only were syringes re-used in these centres, once the plasma was collected, the remaining blood was pooled and re-injected into the peasants. The blood products were later acquired by provincial hospitals and clinics. Apparently, additional infections ceased to occur in 1995 by this source, when the provincial government received some reports about the crisis (Gnep, 2009). Although suspicious collection units were closed, provincial authorities also concealed the crisis. For Tony Saich, the reason to do so was their fear of losing 'economic attractiveness' (2006).<sup>24</sup> People from 23 provinces, municipalities and autonomous regions reported infections by contaminated blood in the early 1990s (Saich, 2006). Estimations of the number of victims have been as high as 250,000 people among the 1.5 million who participated in the blood market (Kaufman, Kelinman & Saich, 2006).

The efforts of the Ministry of Health to promote the AIDS agenda paid off when the State Council approved a policy report incorporating behavioural intervention in September 1995. One month later, a nationwide campaign was conducted to provide information about prevention and control (Y. Z. Huang, 2006). The United Nations started to warn the Chinese government about the implications of the epidemic of HIV/AIDS in the country in 1996 (Huang, 2006). That year China received a loan from the World Bank to adopt measures against HIV/AIDS in eight cities (L. H. Chan, 2010, p. 77). Two years later, the central government issued two plans of action and a law of blood donations (Rollet, 2009). Several ministries and the Central Committee of the Party published a document on principles of prevention as well. Unfortunately, resources to implement the plans were still limited.

The pressure on the central government about the HIV/AIDS epidemic in central China intensified when health workers started reporting symptoms of AIDS and deaths by the

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<sup>23</sup> Some research even questions that words like 'gay' or 'homosexual' are really integrated into common discursive use in the country (Miège, 2009, p. 47).

<sup>24</sup> Yunnan province was an exception; since 1990, a leading group was established (Saich, 2006, p. 40).

disease among peasants in that part of the country by the turn of the century (Rollet, 2009, p. 18). This time, the fate of the victims could not be linked to an 'immoral' behaviour but to medical negligence and greed. The peasant epidemic was the irrefutable proof of the vulnerability of the general population to the disease. By late October, the Henan outbreak was on foreign news outlets (Rosenthal, NY Times, 2000). In 2001, the Chinese Health Minister finally recognized in the General Assembly the dimension of China's HIV/AIDS crisis. There were 600,000 persons living with the virus in the country, which was far from the amount declared the previous year of 22,517 cases (Gill, Chang & Palmer, 2002). Additional pressure for China to recognise the dimension and security implications of its HIV/AIDS epidemic came from the adoption of Resolution 1308 by the Security Council in July 2000, in which HIV/AIDS was declared to be an international security threat.

At the beginning of the century, China also started participating in the meetings of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the ASEAN Plus-Three seminars on non-traditional security and the International AIDS Conference (L. H. Chan, 2010). Chinese leaders wanted to promote the image of a responsible partner in global health while improving access to financial aid; security considerations were part of the dialogue. The report issued by the UN Theme Group on HIV/AIDS and the China Ministry of Health in 2001 reflects the point with its recognition that China was on the verge of a general epidemic and that HIV/AIDS 'could lead to widespread social disturbance and endanger development and security [...]' (United Nations Theme Group, 2002, p. 21).<sup>25</sup> During the meeting of the UN Theme Group in 2002, the Chinese government was criticised for its inefficient strategy against the disease. By this time, Chinese officials 'increasingly viewed [HIV/AIDS] as a security and strategic problem' (Y. Z. Huang, 2006), and the adoption of this view indicated a more open position to collaborate with international partners like the U.S. Global AIDS Program, the UK Department for International Development and AusAid from Australia. The flow of aid funds accumulated dozens of millions of U.S. dollars since the first years of the century. UN organs like the United Nations International Children's Emergency Fund and private foundations have also had a prominent role in this regard. (L. H. Chan, 2010).

SARS increased the pressure on China to securitize the HIV/AIDS epidemic. In September 2003, 'Five Commitments' against HIV/AIDS were announced, which included more responsibility and accountability, treatment and care, improvement of regulations, protection of rights and further cooperation with international partners. China succeeded in the approval of its application for the Global Fund in 2003. The central government wanted to send a clear

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<sup>25</sup> A similar claim was made in the report of 2003, see p. 2.

sign of its renewed commitment, so on December 1, the World AIDS day, Premier Wen Jiabao and Health Minister Wu Yi visited AIDS patients in a Beijing Hospital. They also announced the launching of the 'Four Frees and One Care' policy that day, which provided antiretrovirals, counselling and testing, drugs to prevent congenital AIDS, education for orphans and economic assistance to families of patients. An HIV/AIDS Working Committee of the State Council was created to coordinate related work in February 2004, which was integrated by 23 vice-ministers, vice-governors of most-affected provinces (Saich, 2006). This committee is important because it authorized the promotion of condom use and the establishment of needle-exchange programs (Y. Z. Huang, 2006).

In 2005, HIV/AIDS was included in the 11<sup>th</sup> *National five-year plan 2006-2010*. In 2006, China organised a Symposium for APEC with the co-sponsorship of the US, Australia and Thailand in which HIV/AIDS, influenza and SARS were framed as threats to 'the health, prosperity and security' of the region (PRC, 2006, September 14-15, Discussions section, para. 4). So far, these examples make clear that the international exposure of the structural deficiencies of the Chinese state to respond to a long-term health crisis eventually led to the adoption of an increasingly determined stance about the disease, sometimes with explicit considerations of national security. Certainly, this was a nuanced process given the resistance of Chinese leaders to admit their early inaction and the structural problems of the public health sector in the country. Because of its furtive epidemiological and clinical evolution, HIV/AIDS has the potential to expose these deficiencies. Furthermore, the sexual nature of the disease generates apprehension about social control.

### *SARS, 'a people's war'*

SARS was explicitly securitized in China after months of denial and a lack of cooperation with external actors by central and provincial authorities. A radical shift in China's approach resulted from unprecedented pressure exerted by the WHO, which even surpassed the attributions of its mandate. SARS was a novel airborne disease with a significant potential of infectiousness – 30 countries were affected in less than four months.<sup>26</sup> The disease often progressed to pneumonia and therapeutic handling was restricted to symptom management. The novel disease confirmed the scares of policymakers and scientists abroad about the critical role of China for the surge of infections with pandemic potential. The sense of urgency was bolstered by the high vulnerability of health workers and the perspective of huge economic

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<sup>26</sup> Victims were reported in wealthy countries like Canada, the U.S., the U.K., Germany, France and Sweden.

losses.<sup>27</sup> Chinese leaders faced an antagonistic contradiction between their willingness to promote their country as a responsible partner and the structural circumstances which prevented the launching of an effective and open response to an acute crisis of global dimensions with a Chinese epicentre. All this occurred while a generation took power in the country.

The first known case of an ‘atypical pneumonia’ –eventually labelled as SARS– occurred in mid-November 2002 in Foshan city, Guangdong, at the Pearl River Delta, which is also the greater area where outbreaks of bird flu had erupted five years before. The disease spread in Hong Kong and from there it reached other regions in the world. GPHIN started receiving reports of ‘atypical pneumonia’ from Guangdong province on November 27, (Mawudeku, Blench, 2005). The WHO Regional Office in Manila requested information from the Chinese Ministry of Health in early February 2003. The central government insisted that the situation was under control while preventing WHO officials from entering into Guangdong.

Chinese leaders showed a continuous anxiety about the symbolic implications of the disease for the image of the nation. In an interview published on April 17, Zhang Wenkang, the Ministry of Health, showed a defensive posture about the claims that SARS had originated in China. He argued that in the view of the unknown aspects of the disease, it was impossible to affirm that the disease had originated in Guangdong and that it had expanded from the province to other parts of the world (‘Chinese Health Minister on SARS’, 2003, April 17). Undoubtedly, this was a question that challenged the self-image of the country as a modern and developed nation (Mason, 2015). At the same time, it complicated the articulation of a prompt and effective response against the disease.

On March 15, the WHO declared SARS a ‘worldwide health threat’. It also issued a first travel advisory with measures for travellers and health professionals to prevent contagion. The second travel advisory, issued on March 27, called airport authorities to screen passengers coming from affected areas. Procedures to assess the status of passengers for airlines were also included. The third travel advisory of April 2 made a call to postpone nonessential travel to affected areas (Zacher and Keefe, 2008).

The leaders of the country showed determination to control the disease after the third advisory. At the domestic level, the new leadership still had to establish its political credibility (X. Lu, 2008). Therefore, they started to adopt a more cooperative stance. The first noticeable change was that the media was allowed to cover the crisis. On April 5, the Chinese Centre for Disease Control and Prevention director apologised for the poor coordination between

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<sup>27</sup> The Asian Development Bank estimated the total economic loss of the epidemic in more than US\$28 billion.

medical departments and the media and Vice Premier Wu Yi called for the creation of a national medical emergency mechanism (Goodenough, 2008).<sup>28</sup> High profile visits were paid in the following days: Wen Jiabao went to a hospital in Beijing and Hu Jintao supervised the work in the Guangdong Centre for Disease Control and Prevention (SARS Chronology, 2003). The Premier recognised the multiple referents of security of the disease in a speech given on April 13.

The successful carrying out of atypical pneumonia prevention and treatment directly relates to the public bodily health and vital safety, directly relates to the overall stability of reform and opening, and directly relates to the national well-being and our nation's international image. The entire nation should step up their efforts and resolutely and successfully fight this tough battle against the atypical pneumonia epidemic (Wen, 2003, April 13, p. 47).

Wen affirmed that SARS was 'no longer a simple health and medical problem, but a vital socioeconomic problem which has universal impact' [*sic*]. The control of the disease had to become 'the top priority of all levels of government'. Therefore, 'all levels of treasuries from the central to local shall arrange the necessary funds to ensure the meeting of the needs of the prevention and treatment work' (Wen, 2003, April 13, pp. 52-53). This call was a remarkable move to temporarily engage provincial government to exert their fiscal and administrative attributions for the fulfilment of the declared goal. The move materialized with the creation of a special fund of 1.3 billion Yuan (US\$162.5 million) on June 23; local governments were estimated to allocate 10 billion Yuan. Notably, the resources to fight the new disease almost tripled the budget for HIV/AIDS in 2003.

The launching of an emergency health system was approved On April 17. One day later, Hu Jintao convoked a Politburo meeting. Chinese leaders stressed there that a monitoring system was necessary to supervise the collective effort against the disease. SARS was soon included in the list of reportable diseases. The Premier urged all levels of government to comply with reporting. This was a strong signal for the media to openly cover the evolution of the crisis (Lee, 2008). Nevertheless, the *People's Daily* and the *Beijing Youth Daily* maintained a cautious stance as they avoided mentions about the inclusion of Beijing in the list of affected areas and the travel warning against Hong Kong and Guangdong (X. Y. Huang & Hao, 2008). This author observed that the *Beijing Review* avoided any mention of the blocking of access of UN officials to investigate in Guangdong province. The early coverage there is marginally referred in a column in the following terms:

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<sup>28</sup> At this point, Madame Wu may have started to play a coordinating role in the campaign against SARS (Y. S. Ni, 2003, pp. 8-9).

[...] why was there an intention to cover up [SARS's] impact? It can only be explained as there being a culture[sic.], where evaluation of officials' performance is closely tied to numerical reports, so closely that some individuals even pay attention only to figures, but not hearts of the people ('Opinions', 2003, May 1, p. 14).'

Although mass media seemed to operate along very cautious lines, the government had been sending signs about its support for more transparency. For instance, the central government publicised more credible numbers of SARS cases in Beijing in April (339 confirmed and 402 possible cases – Lee & Warner, 2007). Reports to the WHO were also sent on a daily basis. The efforts to show a stronger commitment went as far removing Zhang Wenkang, the Health Minister, and Meng Xuenong, the Mayor of Beijing, from their positions on April 19. One week later, Vice Premier Wu Yi was appointed as Health Minister; it was the first time for an official of such a high rank to occupy this position. Because of her previous experience in the Ministry of Foreign Trade, Wu was deemed experienced enough for 'protecting China's credibility in critical times' (Xiao, 2003, p. 10), or as another news report remarked, 'to reverse the damage done by the ineffectiveness in dealing with SARS at the early stage and rebuild China's image in the international community' (Y. S. Ni, 2003, 10).

Chinese leaders use the language of security in an explicit way to express the relevance of the threat posed by SARS. Premier Wen affirmed at the end of April that 'the consequences [of SARS] could be too dreadful to contemplate' (Xiao, 2003, p. 11). Chinese leaders were particularly concerned about the spread of the disease in the countryside, where health infrastructure was weak. The flow of migrant workers was another reason to be concerned, so the 'golden week' of early May was cancelled in Beijing and later in the rest of the country at the end of April. On May 1, Hu Jintao called for a 'People's War' against SARS. Weeks later, in a speech given in Chengdu, he affirmed that for the crisis to be overcome, the leadership of the Party was indispensable in the form of Party Committees and grass-roots organisations to carry out the control work ('Xinhua dispatch covering President...', 2003, May 14).

The mobilisation of the masses invoked during SARS can be said to respond more to the contradiction of values between the individual and the community than about the radical social contradictions that characterised pre-Reform China. Therefore, people were required to change the habits that were pernicious for the prevention and control effort like spitting and consuming wild animals. Complying with quarantine orders was also necessary. Chinese leaders drew upon nationalistic ideas to entice the population to join a collective effort. For example, President Hu affirmed in a Politburo meeting in April that China would have to rely

on its 'powerful national spirit and the unity in struggle of the people of all ethnic groups' ('Xinhua dispatch covering the meeting...', 2003, April 29, p. 42).

The renewed claims by Taiwanese officials since mid-May to gain access to the WHO for the Republic of China was another dimension of the implications of SARS for Chinese sovereignty. Health authorities in the island had attempted to report their first cases through official channels since early April, but the processing of the reports was delayed and their figures were conflated with the pool of Chinese data. A political conflict ensued because health authorities of the Republic of China affirmed that they had not gotten relevant information from the mainland to prevent the spread of the disease. The crisis provided the Taiwanese with an excellent opportunity to advance a long-pursued cause. Twu Shiing-jer, who had just renounced as Health Minister, recognised that 'the climate to join the WHA [World Health Assembly] is much better than last year's [*sic.*]. Owing to SARS, many foreign media have interviewed us' (M. Chen, 2003). Indeed, the better the Republic of China handled the epidemic, the more negative the contrast with mainland China and the stronger their arguments for their recognition as an independent partner of global health security

The regulatory framework for the control of infectious diseases advanced in a substantive way after SARS. First of all, the *Law on the prevention and control of infectious diseases* was reissued in 2004. Two years later, a *National response plan for public health emergencies* was promulgated. Both documents made the Ministry of Health responsible for a comprehensive coordinative role while also recognising the special attributions of the State Council to define epidemic areas and to assume comprehensive control of the country during an emergency. The same year, *Regulations for the management of the report of information on infectious diseases* were issued. Other important moves to improve the reporting of outbreaks were the recognition of the right of citizens to political participation, expression and supervision of governmental work in the *Eleventh five-year plan* and in the report of the 17<sup>th</sup> Congress of the Communist Party in October 2007. In the same spirit, a *Law of response to emergency situations* published on November abolished certain provisions that obstructed the unauthorised release of information about public emergencies, including epidemics ('Cong SARS dao...', 2013, April 9).

Another effect of SARS was a renewed awareness among Chinese leaders about the urgency of reforming the health care system. During the crisis, it was observed that many people did not access treatment for financial reasons, rendering surveillance of the disease more difficult. Hu Jintao endorsed a developmental agenda which started to be noticeable in the public health sector on July 1 2005, when Health Minister Gao Qiang made a critical speech about previous health reforms (Duckett, 2009). The next year, the State Council created a

Healthcare Reform Coordination Leading Small Group, and two important documents were issued, the Opinions on Deepening the Medical and the Health System Reform and the Opinions on Developing Urban Community Health Services. Another reform was carried out in 2009, with an emphasis on massive investment in infrastructure for community services and on a stronger governmental control on incomes and expenses of Community Health Service Stations (Zhang, Yang, Wang, Gillespie, Clarke & Yan, 2016).<sup>29</sup>

The reforms conducted between 2005 and 2009 advanced in the increase of coverage at urban and rural spaces, but they were far from solving the structural problems of the system with regard of cost, access, quality and equality (Y. Z. Huang, 2013, *Governing...*). Therefore, by 2009, public health was already an important issue on the national agenda, and the pandemic that year put to the test the advances implemented after SARS. Chinese leaders were surely aware of the structural limitations of the country to articulate an effective response against the H1N1 virus. Thus, it is sensible to affirm that in 2009, the central government was wary about the surge of negative perceptions of its performance in an acute crisis which would affect popular appraisals of the comprehensive reform effort. In principle, there were conditions for the health crisis to become a framework of security overlapping with the political sector.

### Conclusions

The pertinent integration of historical experience into the grammar of security has not been sufficiently emphasised by the Copenhagen school. Nevertheless, the contributions of a long-term perspective in the analysis are significant. A historical focus may help identify specific circumstances which have led to the occurrence of securitization in political environments which differ from liberal democracies. These observations have theoretical relevance to appraise the suitability of the framework to carry out analysis beyond its Eurocentric parameters. The cases under analysis in this chapter confirm that the convergence of concerns for the control of epidemics and external sovereignty is related to the endorsement of explicit securitizations. These reflections need to be taken into account to explain why Chinese leaders strove for making a case out of the pandemic in 2009-2010 to project an image of the country as a responsible partner of global health security.

Qing officials responded with careful diplomacy to the threat posed by imperialist powers which made use of the outbreaks of pneumonic plague in Manchuria to demand

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<sup>29</sup> The State Council announced in January that 850 billion yuan (US\$124 billion) would be invested, with a participation of the central government of 40% (Y. Z. Huang, 2013, *Governing...*).

further administrative control. Adopting a modern position about infectious diseases contributed to the presentation of China as a nation in process of modernisation. The episode exhibits elements of securitization but it should be admitted that there was not yet a national audience to be addressed. The Nationalists did advance in the creation of that audience. They stressed the connection between epidemic control, the strengthening of the community and the defence of the nation. For this purpose, they took over the communist notion of the mass campaign and applied it to public health. These efforts confirmed the responsibility of the state to protect the health of its citizens.

Pre-reform China was a politicized period in the history of the country. Within the framework of the Korean war, the allegations of germ warfare triggered a comprehensive mobilisation to annihilate vectors of disease and to modify their breeding environment. The propaganda to encourage public participation defined the area of work in terms of another battlefield against imperialist forces. The campaign revived Nationalist attempts to reform the habits and the nature of the Chinese man for the sake of the protection of the nation. This model of mobilisation was applied against schistosomiasis but without the emphasis on the antagonistic contradiction between an external enemy and the nation. The campaign called as well for the reformation of values and habits.

In the case of HIV/AIDS, Chinese leaders were initially reluctant to openly securitize the disease because the furtive epidemiology and clinical evolution of the disease had exposed the structural deficiencies of the public health sector in the country. The conditions at the international and national levels changed in 2000 to encourage Chinese leaders to accept the security implications of HIV/AIDS. There would be more coverage in international media and more pressure by international actors, including the other members of the Security Council, to declare the disease an international threat. Consequently, since the turn of the century, the central government has adopted a more determined stance against HIV/AIDS.

SARS was a perfect storm for the securitization of a disease. In the middle of a transition of power, Chinese leaders faced the surge of a novel respiratory infection for which no treatment was available and with a relatively important capacity for transmission. The central government reacted initially with an obstructionist position to the efforts of the WHO to provide assistance, but the adoption of travel advisories finally forced Chinese leaders to be more cooperative. The economy was a common referent object, but equally significant was the damage inflicted against the image of the country as a responsible partner. The mishandling of SARS was particularly serious because it strengthened scares about the role of China in the surge of infections with global implications were reinforced. SARS also provided a chance for Taiwan to push for its admission into the WHA and to challenge in a direct way the

external sovereignty of the People's Republic. These conditions explain the securitized approach of the Chinese government about SARS. The disease put the reform to the public health sector among the priorities of Hu Jintao's administration. The reforms conducted between 2005 and 2009 led to some improvements in coverage, but pending tasks to solve the structural problems of the sector are still formidable.

So far, previous chapters made clear that an international agenda of infectious diseases has emerged, that the Chinese government has been open to adopting perspectives of non-traditional security, and this chapter now demonstrates that concerns for external sovereignty are an important factor in the analysis of the response of China to epidemics. Chinese leaders are committed to project a positive image of the country as a responsible partner of global health security. Therefore, it is pertinent to explore in more detail the evolution of the health diplomacy of the country on pandemic influenza at a regional level. This task, to be carried out in the following chapter, will reveal the extent of the political pressure exerted by powerful countries and international organisations to engage developing countries to collaborate with mechanisms of preparedness which would be able to respond to severe pandemics of influenza at an early stage.

## **Chapter 5. The international securitization of pandemic influenza**

This chapter argues that pandemic preparedness emerged as a priority of global health security for which the participation of developing countries was deemed essential to halt pandemics at their point of origin. On their part, China and neighbouring countries have formally adopted a language of security to frame pandemic influenza in regional forums. This diplomacy has been conducted to project an image of the country as a responsible partner of global health security. In relation with the main research question, the implementation of measures which may correspond to a securitized response to the 2009 pandemic in China cannot be explained without the previous adoption of the international regime on pandemic preparedness in the country, which conveyed a securitized perspective about pandemic influenza. The integration of the field in notions of governance in China is compatible with processes analysed in previous chapters, namely, the surge of an international agenda about infectious diseases, the adoption of perspectives of non-traditional security in China and the increasing trend in the country to frame infectious diseases with the language of security.

This chapter is divided into three sections. The first analyses main aspects of pandemic preparedness, specifically, the comprehensive features of the characterisation of the disease and the structure of the preparedness system as endorsed by the WHO. Both aspects help understand the significance attributed to influenza as a threat to global health security. The second section of the chapter goes over the evolution of the international agenda of pandemic preparedness as a response of liberal democracies to the occurrence of infections by highly pathogenic influenza in East Asia.<sup>30</sup> Without the advocacy of these actors, especially the U.S. Government, the elevation of influenza among the main international security concerns would have been a much slower and probably less amplified process. The third section studies the diplomacy of China and Southeast Asian countries in APEC and ASEAN (+3) on pandemic influenza. Special attention is paid in this section to the adoption of the language of security. The regional scope is justified by the occurrence of avian flu infections there and as a way to appreciate the pressure and the incentives of international actors to entice developing countries to take part.

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<sup>30</sup> Aspects of preparedness at the animal level that have indirect relevance to the pandemic in 2009 have been disregarded in the analysis.

### **Main features of pandemic preparedness**

A country's deficient performance in pandemic preparedness can raise concerns about external sovereignty because it is a field increasingly recognized as a primary responsibility of states by the WHO's *Influenza pandemic plan*. The rationale to justify this preeminent role has been the protection of human health. This stance is coherent with the commitment of states in the Constitution of the WHO to strive for 'the highest possible level of health' for their populations (1946, Article 1). The *U.S. Implementation plan of the National strategy of pandemic influenza* reflects this position; hence, 'protecting human health is the crux of pandemic preparedness' (U.S. Homeland, 2006, p. 8). Two set of features of the mechanisms of response are analyzed in this section. The first is made of three comprehensive traits of the characterisation of the disease: unpredictability, pervasiveness and inexorability. The second set of features refer systemic properties of pandemic preparedness as endorsed by the WHO, namely, its evolution as a system of horizontal (intersectoral) and vertical (engaging levels of authority) cooperation in accordance with a phased scheme of response.

#### *Characterisation of the alleged threat*

The evolution of pandemic preparedness is a case in which a remarked preference to target 'potential rather than actual risks' has prevailed (Braun, 2007, pp. 19-20). For this point, the politics of catastrophe outlined by Aradau and van Munster is a relevant concept. They propose a basic distinction between the intensity of the categories of disaster and crisis in relation to catastrophe. What may distinguish the 'tipping point' of the superlative stage of the later is the need of articulating a regime of conjectural reasoning and imagination that responds more to plausibility than to truthfulness (to possibility rather than to probability - which is the foundation of risk assessment) in order to access the invisible and unknowable (2011). Catastrophe is a 'figure of eventfulness' that is captured between pre-eventual processes and the reasoning of post-eventual effects (2011, pp. 9-10). The characterisation of pandemic influenza at the international level reflects well the kind of concerns which kept American security experts occupied after the 9/11 attacks. Indeed, the War on Terror and pandemic preparedness emerged from the perspective of American foreign policy. Taking into account the plausibly catastrophic nature of pandemic preparedness will be helpful to explain the characterisation of pandemic A (H1N1) in China (Chapter Six).

The unpredictability of the threat of influenza results from virological, epidemiological and environmental factors which shape its possibility of harm. Although advances in related

disciplines have been impressive since the 1930s, scientists can only make estimations about the potential of a virus to become pandemic and about the evolution of a pandemic as it occurs. Mathematical modellings are precious tools for influenza experts to offer estimations of some of the complex processes in their field. Nevertheless, models cannot be more than 'partial descriptions of the mechanisms operating in reality, containing various layers of simplification, idealization, approximation, and abstraction' (Huppert & Katriel, 2013, p. 1000). Indeed, critical aspects of a pandemic can only be determined by empirical analysis during its occurrence (Security and Prosperity... 2007, August).

Concerning some of the virological aspects, influenza viruses are classified by their proteins on their surface in 'A', 'B' and 'C' types. Only the A-type viruses present modifications that are fast enough to overcome the immunogenic defence of human populations, which people develop from their specific contact with previous influenza viruses. The mutations are the result of the faulty replication of the strands of ribonucleic acid that constitutes the viruses; therefore, these viruses evolve through time. Additionally, A-type viruses are also subjected to the exchange of genetic material among all subtypes (animal, human, pandemic or seasonal). This circumstance opens the possibility for changes to be significant enough to enable the crossing of the species barrier (birds, pigs, cats and humans are affected). When this occurs, the pathogenicity of the virus usually increases. To complicate the matter even further, not all infections by a new subtype necessarily evolve into a pandemic (WHO, 1999).

Epidemiologic control of influenza is a daunting area of public health which reinforces the unpredictable characterisation of the disease. Firstly, influenza may present a considerable clinical variety of symptoms which may, in turn, be associated with a wide range of pathogens.<sup>31</sup> This is the reason for public health officials to resort to the comprehensive notion of influenza-like illness (ILI) to carry out syndromic surveillance. Another complicated question is that influenza infectiousness may precede the appearance of symptoms and in some cases, patients develop symptomless infections with a potential for further spread of influenza viruses. The origin of these infections is usually beyond the scope of conventional surveillance. The clinical evolution of influenza also varies in terms of its severity. Although this is a key feature of the disease to justify the implementation of countermeasures, the specific susceptibility of human populations to infection has been a challenging factor which prevented an effective incorporation of this concept in the structure of preparedness.

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<sup>31</sup> This is the case of the A and B subtypes of influenza viruses, syncytial viruses A and B, parainfluenza viruses 1-4, human rhinoviruses, adenoviruses, coronaviruses, etc. (Peng, Kong, Guo, Liu, Wang, Zhu,..., Zhou, 2012).

With regard to environmental factors, migratory birds play a special role as a permanent source of infections for other hosts like poultry,<sup>32</sup> therefore, there is an interregional spread of influenza viruses and they may become endemic in some of these regions. These considerations suggest that the eradication of these microorganisms is not an attainable objective at present. Institutional coordination to address the key connection between the likely animal origin of influenza strains and their transition to strains entailing a pandemic risk has been an underdeveloped area of preparedness. WHO has stressed the importance of the connection for the policy field. As a researcher cogently explained, 'there can be no absolute certainty about the human pathogenicity or animal transmissibility of any influenza specimen (Snacken, Kendal, Haaheim & Wood, 1999).

The second comprehensive feature, 'pervasiveness', refers to the multiple societal effects associated with the occurrence of a pandemic. WHO's pandemic plans and its *Pandemic Influenza Preparedness and Response* (PIPR) have recognized that pandemics can overburden health facilities, strain economies and disrupt social order. The *U.S. implementation plan* on the matter makes clear that although a pandemic would not cause direct damage to physical infrastructure, it is expected to affect trade, travel, foreign policy, the continuity of private and governmental operations, and ultimately, 'national security' (U.S. Homeland Security Council, 2006). The *Beijing Declaration of the International Pledging Conference* on influenza supports this view when affirming that a pandemic threatens 'global economic growth, trade and security' ('*Beijing declaration...*', 2006, January 18). The Regional Office for the Western Pacific of the WHO classified the broad risks of a pandemic in five areas: livelihoods, human health, governance and security, social and humanitarian needs and economic systems.

The *World health report* of 2007 asserts that around 25% of the world population would become infected in a pandemic. The direct and indirect health costs of a pandemic for the U.S. have been estimated to range between \$181 billion and \$450 billion (Bio Economic Research... 2008). In the pessimistic scenario, the toll of victims reached 2 million people (U.S. Homeland, 2006). These characterisations remind of the security-disease complex associated with HIV/AIDS, but with a more condensed time perspective. The pervasiveness of the characterisation of pandemic influenza is clearly appreciated in plans for small business introduced by the governments of the U.S. and Australia in APEC. Their formulation was based on the experience with SARS, whose economic effects were shocking despite the relative

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<sup>32</sup> Human influenza caused by A-type viruses had been linked to animal infections since the mid- 1950s.

limitation of its spread among general populations.<sup>33</sup> This approach has also been adopted in the PIPR of 2009.

Inexorability, the third general feature of the characterisation, is about the certitude that influenza will occur in both its seasonal and its pandemic form. The feature is at the core of the politics of catastrophe. Policymakers like senator Obama frequently affirmed that the occurrence of a pandemic is not a matter of if, but when (2005, October). A report of the European Centre for Disease Prevention and Control (ECDC) in 2007 warns about the state of preparedness in the region since the first formal communication of the European Commission on the question had been issued in 2005. European countries were by then 'two years closer to the next pandemic' (ECDC, 2007, Autumn). In 2005, WHO officials suggested that interpandemic intervals roughly lasted 20-30 years (Tee, 2005). Being the case that the last pandemic had occurred in 1968, there were reasons to be concerned. Furthermore, the WHO and the ECDC suggested in a joint report that 'reinvigorated annual epidemics of seasonal influenza' were likely to occur after the first waves of pandemics (ECDC, 2007, Autumn, p. 2).<sup>34</sup>

### *Systemic features of pandemic preparedness*

The response to influenza pandemics implicates a relatively long effort organized in phases in accordance with the evolution of the crisis. It requires the collaboration of different levels of governance at the international, national and local levels. Cooperation is also necessary horizontally, among executive sectors. The phased structure is connected to a pandemic alert system while providing a time frame for the escalation of the crisis and the response. The periods of a pandemic consider a point of departure without human infections, another for the onset of the pandemic, a pandemic stage and a post-pandemic period. Although the pandemic alert system provides a narrative of the prospective evolution of a pandemic, it was not intended to function as an epidemiological description of the real crisis.

The other two general features of pandemic preparedness, horizontal and vertical cooperation, presuppose that outbreaks of the disease deserve the main attention of governments. After all, concerted action from the local to the global is required for a multilevel response. On the other hand, only the participation of highest authorities can ensure the

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<sup>33</sup>The U.S. Government presented a *Pandemic preparedness planning and implementation for small businesses guide* in an APEC meeting (U.S. Government, 2006, September 14-15. Pandemic Preparedness...). Australia developed a more state-oriented proposal in its *Functioning economies in times of pandemic APEC guidelines* in 2007 (Commonwealth of Australia, 2007, June 5).

<sup>34</sup> An inverse relation has also been suggested because yearly changes in influenza viruses might lead to a reassortment of pandemic significance.

configuration of an intersectoral approach which addresses the diverse consequences of the disease. Because a substantive part of the focus of securitization analysis is about the exceptional significance of implemented measures, it is critical for the research to pay attention to the organisation of action and objectives provided by the PIPR (2009). They are (1) planning and coordination, (2) situation monitoring and assessment, (3) reduction of the spread of disease, (4) continuity of health care, and (5) communications.

The execution *Planning and coordination* is taken for a proof of the political commitment of states to effectively collaborate with pandemic preparedness. A guidance document issued by the WHO in 2004 affirms that 'setting goals in a formal, rational, measured process also demonstrates the competence and forward-thinking of leaders and policymakers as custodians of public health' (p. 3). In the same vein, the Commission of the European Communities concluded that 'the ability to respond to an international threat to health is profoundly influenced by the extent to which the issues have been considered in advance' (2004, p. 5). Planning anticipates the definition of countermeasures for the different stages of a pandemic. The initial political impact of a speech act may be attenuated by planning. The creation of national planning committees for preparedness was recommended since the IPP of 1999. National authorities would have to procure a suitable legal framework which engages relevant public and private sectors. The WHO has an assisting role in the formulation of plans.

The *Situation monitoring and assessment* category is linked to the critical tasks of surveillance (virological and clinical) and the assessment of the epidemiological risk of influenza viruses. The products of surveillance not only determine the actions and objectives of other categories of preparedness like the reduction of spread, health care and communications, they also affect the characterisation of the threat. The notion of biological life that underlies these efforts considers its perennial capacity for the production of unknown infectious agents (Barker, 2012). Surveillance attempts to modulate these dangerous and unpredictable circulations and specificities whose transit has been favoured by a globalised world (Binham & Hinchliffe, 2008). The diversity and mutability of influenza viruses justify the permanent exercise of surveillance. As noted before, because the evolution of pandemic viruses occurs in animals and humans, the scope of surveillance would have to cover both dimensions.<sup>35</sup> The WHO accomplishes critical functions of surveillance like the coordination of the gathering of strains for the definition of recommended strains for the preparation of vaccines.

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<sup>35</sup>It is not surprising that some analysts advocate for the 'species-neutrality' of surveillance while denouncing the obsolescence of the notion of 'human disease' (e.g. Franz, 2007).

*Reduction of the spread of disease* comprises the assortment of pharmaceutical and non-pharmaceutical measures – they may indicate securitized responses. The availability of pharmaceutical means and the application of other measures of control provide a sense of political reassurance. In the *Influenza pandemic plan*, the minimisation of the effects of a pandemic was deemed attainable, but its containment was not (1999, p. 5). In the GIPP, the Organisation showed a more confident position if containment was carried out at an early phase of the crisis, usually at the animal level. If containment failed, at least more time would be gained for the strengthening of public health systems (2005, p. 2). The confidence of WHO officials was based on mathematical models which set a number of conditions for success: a limited initial spread, prompt investigations and reporting, an 80% of vaccinated populations, and isolation of patients. Neither the U.S. Homeland Security Council nor the ECDC shared this assuredness (U.S. Homeland, 2006; ECDC, 2007, Autumn), but they recommended delaying community outbreaks.

Vaccines and antivirals are key elements to minimize the morbidity and mortality of a pandemic. Because of the expected rise of the demands of antivirals during such a crisis, the WHO recommended their stockpiling. This has resulted in massive accumulations by wealthy countries and private sectors (Taubenberger & Morens, 2006, *Influenza revisited...*). The production of pandemic vaccines is supported by the scientific, technological and organisational experience in the production of seasonal vaccines. Nevertheless, technical, managerial and regulatory complications may delay estimated time frames – of about six months according to the GIPP (2005). The world capacity to produce influenza vaccines is still weak,<sup>36</sup> and there is also the question of differentiated access. Vaccine production is concentrated in a reduced group of industrialized. The WHO plays an important role to entice these countries to allocate some of their production to countries that lack production capacity, but, as expressed by U.S. delegates in a meeting on influenza in Australia, ‘no nation can be responsible for supplying the world with vaccine in a pandemic’ (U.S. Government, 2005, October 31, Vaccine and antiviral section, para. 2). For countries without production capacity, the WHO has recommended the development of production of seasonal vaccines to enhance the eventual production of pandemic ones and the advanced reaching of agreements with vaccine manufacturers (WHO, 2004).

The availability of resources tends to affect the perceived security significance of a pandemic. Limited access to pharmaceutical means may lead to a stronger role of non-

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<sup>36</sup>For instance, in 2005, the capacity to produce monovalent influenza vaccines was estimated in 900 million (Fedson, 2005), whereas the world population was about 6.5 billion. If double doses are requested for the production of a pandemic vaccine, that capacity is halved.

pharmaceutical interventions. Sometimes, implemented measures can be adopted for political rather than medical reasons. For example, the GIPP did not recommend the screening of travellers at entry ports because of a lack of evidence to support this measure. By contrast, the document asserts that ‘practice should be permitted (for political reasons, to promote public confidence) but not encouraged’ (p. 45). In general terms, main actors like the WHO, the U.S. Homeland Security Council, and health ministers of European countries agreed on the value of some screening practices, but they questioned the value of travel restrictions and border closures. The issue of political reassurance is an interesting element to reflect on the nuanced translation of the authoritative assessment of scientific agendas.

Non-pharmaceutical interventions also consider the strategies of mitigation for the continuity of business. As mentioned before, the PIPR integrates this kind of planning among its recommended actions. From a governmental perspective, the document calls for the definition of protocols for the cancellation of mass gatherings. After the declaration of phase 4, societal, individual and household measures would have to be applied simultaneously to reduce community outbreaks. Suspension of school attendance is recommended for phases 5 and 6. All the measures would be subjected to periodical assessments and adjustments.

The *Continuity-of-health-care* category is about the institutional and organisational capacity of societies to address the direct effects of a pandemic, in other words, the overwhelming of public health services and the potential shortage of materials and human resources. Because performance in this area has a direct impact on human life, whose protection has been increasingly accepted as a primary responsibility of governance, it is likely to have a direct impact in the political sector. From the perspective of the WHO, states at all their levels of governance are expected to provide affordable treatment, to conduct advanced assessments of the resilience of their public health systems and to make arrangements for the provision of needed resources and the maintenance of good standards of biosafety, infection control and clinical management. The WHO offers advice in these areas and for the implementation of measures in poor communities.

Concerning *Communication*, the WHO affirmed in its *Influenza pandemic plan* that a high demand for information which was prone to generate rumours and panic was a likely effect of a pandemic; therefore, a coordinated response by multiple sectors of society was required (1999). Pervasive references about the avoidance of panic in the documents issued by the WHO (e.g. the *Outbreak communication guidelines* of 2005 and in the *Interim protocol* of 2007) as well as in official communiqués of governments reveal that the field of risk communication has been quite influential in this area. Other aspects that are related to this tradition are the acknowledgement of uncertainty, transparency and consistency to strengthen

credibility, an advocacy of empathy for the suffering of the people and an accent on the convenience of a collaborative relation between governments and the mass media. It is clear that this category of action is directly related to the potential security framing of a pandemic.

The usage of extreme language that may indicate the existential characterisation of a threat is to a certain extent counter-intuitive to the advised caution about fear messages that risk communication pursues (Dejoy, 1999). Whether these discourses are effectively suppressed during the response to a pandemic is an empirical question. An example of the cautiousness promoted by this perspective is the recommendation of the PIPR to launching wide campaigns of information for general populations until the pandemic alert system has reached Phase 4 (p. 50). Like securitization, risk communication pays attention to the processes of the definition of measures and the authority of governments to endorse their views.

Developed countries and international organisations have been powerful advocates of pandemic preparedness. It is important to review this process from an institutional perspective to note the rationale of the emphasis on the strengthening of prevention and control capacities of developed countries. At the beginning of the century, it was thought that their prompt response to outbreaks of disease would be one of the only moments in which the halt of the spread of a virus with pandemic potential was achievable.

### **Institutional evolution of global pandemic preparedness**

The great influenza pandemic of 1918 set the parameters of the devastating effects associated with the disease. Its appearance motivated or accelerated the development of national public health systems in the U.K., Canada, France, Australia, India, Iran and Russia. (Johnson, 2006). The great pandemic also aroused the interests of scientists in industrialized countries to advance the research about the causative agents of influenza; a remarkable achievement was made by Andrewes, Laidlaw and Smith in 1933 with the discovery of influenza viruses. The collaboration among physicists, medical biologists and geneticists after the Second World War in the U.S. led to significant advances in the understanding of the biology of influenza viruses (Waterson & Wilkinson, 1978), thus an international agenda could be promoted. A World Influenza Centre (WIT) was established in 1946 to develop control methods and to limit the economic impact of pandemics. In 1950, an Expert Committee was created to support the WIT. This was the organisational background in place when the Global Influenza Surveillance Network (GISN) was created in 1952 (Kamradt-Scott, 2013). For Zacher and Keefer, GISN 'stood

alone as virtually the only organized, multilateral initiative to provide accurate information on the nature and spread of a disease' (2008, p. 48).

The human infections by an avian influenza virus in 1997 in Hong Kong was the groundbreaking moment when experts around the world started focusing their attention on pandemic influenza. In these outbreaks, patients presented respiratory arrest, multiple organ failure and coagulopathy (P. Davies, 1999) and an estimated fatality rate of around 33.3% (P. K. Chan, 2002). The virus had succeeded in infecting humans from poultry rather than from waterfowl, its traditional source. Furthermore, these infections took place in a region of the world that scientists had been associating to the surge of pandemic strains. The accumulated economic loss in Hong Kong due to the culling of its entire chicken population (1.4 million) and subsequent effects was about US\$100 million (McLeod, Morgan, Prakash & Hinrichs, n.d.).

The UN system reacted promptly to these outbreaks. A specialized global web-based tool to provide real-time updates of the crisis was developed: WHO's FluNet. On the other hand, a basic framework for a coordinated response was publicized with the issuing of the *Influenza Pandemic Plan* (IPP), the first specialized framework of action against the disease, in 1999. The *Plan* recalled attention to the great pandemic of 1918, which set the parameters of an updated worse-case scenario in which 'unparalleled tolls of illness and death would be expected' (1999, p. 5). In 1999, the European Commission earmarked resources to launch a European Influenza Surveillance Scheme (EISS) (Commission of the European Communities, 2004). The outbreaks in the Netherlands and Italy at the turn of the century also encouraged the Commission to convoke a conference about preparedness. In 2000, the Global Outbreak Alert and Response Network (GOARN) was established drawing on the basis of the GISN.<sup>37</sup> Besides the designated National Influenza Centres and the five Collaborating Centres in London, Atlanta, Tokyo, Melbourne and Memphis, this refashioned network engaged research institutes, universities, health organisations of the UN system and other networks like the Global Public Health Intelligence Network.

The WHO positioned itself as the most important authoritative agency to offer technical advice on preparedness at the regional and international levels. In 2001, officials of the Organisation helped in the definition of a general framework to develop a European response plan. The Organisation also participated in the Action Group of the Global Health Security Initiative (GHSI) about pandemic influenza in 2002. The Initiative, which is an informal partnership proposed by the U.S. after the 9/11 attacks, includes Canada, France, Germany, Italy, Japan, Mexico, the United Kingdom, and the European Commission. Participant members

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<sup>37</sup>With the incorporation of private stakeholders in 2011, the GOARN became the Global Influenza Surveillance and Response System.

of the GHSI set the Terms of Reference of a Technical Working Group on Pandemic Influenza Preparedness in the Ministerial Meeting of 2003. Much of the work of the GHSI has focused on the development of surveillance capacities and technical aspects of the production of vaccines and the usage of antivirals. At this early stage, the members of the initiative also carried out a comparative analysis of their pandemic plans (GHSI, 2004, December 10).

A number of basic instruments at the regional and national level were defined in 2004. This was an important year because, since the second half of 2003, a second wave of human infections occurred in Vietnam and Thailand with a lethality rate of 72% (World Health Report 2007).<sup>38</sup> The European Commission issued a plan and established the ECDC, which would benefit from the participation of existing national centres for disease control. Besides the Centre, the Commission already counted with other advisory bodies like the Communicable Disease Surveillance and Response Network Committee – which assists in the declaration of a pandemic, and the Public Health Preparedness and Response Planning Group. For epidemiological investigations, an Outbreak Assistance Team would be set. Notably, the OAT is expected to assist in investigations inside and outside the European Union (Commission of the European Communities, 2004, March 26). On December 2004, Australia, Germany, the Netherlands and the U.S. provided financial assistance for a WHO consultation about national and international measures with a view to modifying the IPP of 1999 (WHO, 2005, *Global influenza...*)

In 2005, infections were also reported in Cambodia, China and Indonesia (Thomas, 2006). The groundbreaking significance of these series of infections not only came out of epidemiological assessments, genetic research showed that H5N1 viruses had reassorted with viruses of aquatic birds. Indeed, in an exceptionally lethal epizootic that occurred in Qinghai Lake, China, in May and June 2005, over 6,000 migratory birds died. These events raised the attention of a group of congressmen in the US which included Senator of Illinois Barack Obama. They started advocating for the federal government to lead a global effort against the disease. In a speech about foreign appropriations for the case, Obama affirmed:

[pandemic bird flu] ‘could be one of the deadliest flus mankind has ever known – even worse than the 1918 pandemic that killed 675,000 Americans and 50 million worldwide (Obama, 2005, July 18, para. 5).

A number of animal and human outbreaks of the avian flu in 2005 added to the sense of urgency of WHO officials to advance on efforts of coordination against pandemic influenza.

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<sup>38</sup> Concurrently, infections among poultry had been occurring since the beginning of the century in the Middle East and Europe.

Human infections had been on the rise since January, especially in Vietnam. The Fifty-Eight World Health Assembly, which adopted the revised IHR, called for improvements in national surveillance and laboratory capacities to strengthen the exchange of information at regional and international levels (WHA, 2005, May, pp. 16-25). The GIPP by the WHO was also reissued this year and influenza was listed among the four diseases that required automatic reporting to the WHO. This *Plan* put an accent on the measures adopted at early stages; therefore, supporting developing nations affected by the disease was critical. In June, the WHO encouraged the U.S. to increase its national budget on pandemic preparedness. Congress was responsive and approved the allocation of \$25 million to a number of agencies, among them the Health and Human Service Department, the CDC and the Agency for International Development (Obama & Lugar, 2005).

President George W. Bush affirmed in his address to the UN General Assembly in September 2005 that avian influenza ‘could become the first pandemic of the 21<sup>st</sup> century’ (Bush). That month, the President launched the International Partnership on Avian and Pandemic Influenza (IPAPI), which has been a crucial mechanism for the securitization of pandemic influenza (Abraham, 2011). Five objectives were defined at the first meeting of this initiative in October in Washington: to raise the issue on national agendas, to coordinate international donors, to mobilize resources, to increase transparency and to build local capacity. With these moves, for which the principle of containment at source was an important factor, the U.S. started to adopt a leading role in the endorsement of pandemic preparedness at a global scale.

The UN was responsive to the commitment of the Bush administration, so the United Nations System Influenza Coordination was introduced in 2005 (WHO, WHR 2007). The UN Coordinator, David Nabarro, in accordance with the momentum, declared that the number of victims of a pandemic could reach between 5 and 150 million.<sup>39</sup> Catastrophic perspectives were reinforced in the guidance documents published by the WHO,<sup>40</sup> including the GIPP. So far, in the first years of the century, a pandemic was depicted in the scientific literature and policy documents as emerging from an avian source and behaving like the pandemic in 1918. Such a focus, as Doshi observes, ‘came at the cost of preparing for possible future outbreaks similar to the 1957 and 1968 pandemics’ (2011).

Similar views about the existential character of the threat of pandemic influenza were expressed in a resolution adopted in October 2005 by the European Parliament. Accordingly,

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<sup>39</sup> The WHO refuted Nabarro’s estimation the following day. Hence, the updated figure was ‘between two million and 7.4 million’ (WHO, 2005, Outbreak Communication...)

<sup>40</sup> E.g. *Ten things you need to know about pandemic influenza* (WHO, 2005).

outbreaks of avian flu in a member state threatened the whole Union. There was some concern for the incipient stage of planning on the implementation of isolation measures and about the definition of mechanisms to ensure access to antivirals and vaccines. The most relevant point for the adoption of a global scope was the stress on the importance of providing economic and scientific assistance to affected countries in South-East Asia (European Parliament, 2005, October 26). Work on pandemic preparedness conducted in that year at the meetings of the GHSI shows a similar orientation. Members of the initiative agreed to support the WHO with the testing of protocols for early containment. Along the same lines, a workshop was conducted in Berlin with the support of France, Germany and the WHO on capacity building for epidemic alert and response in developing countries (GHSI, 2005, November 18). WHO officials met with representatives of the Food and Agriculture Organisation of the United Nations (FAO), the World Organisation for Animal Health (OIE) and the World Bank to discuss issues of capacity building (*Beijing Declaration*, 2006, January).

A draft protocol on rapid containment was published by the WHO in January 2006. The Organisation reaffirmed there its central role for the coordination of all international support. The critical tasks of this responsibility involved the definition of procedures, the pre-identification of a pool of experts and the development of international and regional stockpiles (PRC, 2010, June 1).

The International Pledging Conference on Avian and Human Pandemic Influenza of Beijing was convened around the same time as part of the agenda of IPAPI and with the support of China, the European Commission and the World Bank. Participants included the WHO, the FAO, the OIE, delegates of more than 100 countries and representatives of technical and financial organisations. In the Conference, the U.S. pledged a contribution of \$334 million to assist affected countries in the building of surveillance infrastructure at all levels of government. These funds amounted to one-third of all international grants pledged there. Furthermore, the U.S. Government committed to work with the WHO and IPAPI to deploy rapid reaction teams and antivirals, and to implement public health measures.<sup>41</sup> The U.S. Government was willing to participate in the definition of protocols of rapid containment (U.S. Homeland, 2006).

The U.S. adopted its *National strategy for pandemic influenza implementation plan* in May 2006, which details roles and responsibilities of governmental and non-governmental agencies. The first goals of the *Plan* reflect the relevance of action undertaken abroad: 1) stop,

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<sup>41</sup> These activities were indeed carried out in 2007 by a number of agencies like the CDC, the National Institutes of Health, the Department of Health and Human Services and the Department of Defense (U.S. Department of State, 2007).

slow or limit the spread of a pandemic to the United States, 2) limit domestic spread and mitigate effects, 3) sustain infrastructure and mitigate the impact on the economy and the society (U.S. Homeland, 2006). The issuing of this *Plan* coincided with the call of the WHO to accelerate the partial implementation of the IHR in the view of the threat posed by the avian flu (WHO, World Health Report, 2007). An assessment conducted by WHO's Regional Office of the Western Pacific revealed that between January and September, the number of countries which had developed pandemic plans increased from 50 to 140-194. This significant change shows that pandemic preparedness had become a widely shared area of governance. The leading role of the U.S. in the process is motivated not only by the perceived benefits to its own security but also by an underlying political agenda which associates transparency and accountability to an assertive response to the threat of a pandemic. In its *National Security Strategy* of 2006, it is affirmed that

Effective democracies are better able to deal with these challenges than are repressive or poorly governed states. Pandemics require robust and fully transparent public health systems, which weak governments and those that fear freedom are unable or unwilling to provide. Yet these challenges require effective democracies to come together in innovative ways (p. 48).

These lines make clear that developing countries faced both the political pressure for their effective participation of preparedness efforts and a political agenda for their transformation into liberal democracies for the sake of efficiency. The incentives for developing countries to take part in international efforts have yielded fruit, as can be observed by the regional and financial organisations carrying out pandemic preparedness activities by 2006: the European Union, MERCOSUR, the African Union, the East Asia Summit, APEC, ASEAN, ACMECS, the Asian Development Bank and the World Bank. Between 2005 and 2007, international pledges for preparedness reached US\$2.7 billion (U.S. Department of State, 2008). The European Union stands out among major aid providers, with \$900 million pledged in loans and 1 billion in grants in the Conference of Beijing.

The U.S. contributed in those years with \$629 million. Some of these funds were distributed by the U.S. Department of Health and Human Services and the CDC (to strengthen the GOARN and for the Influenza laboratory of the Institute Pasteur). The country also organized programmes for the development of response capacity in more than 100 countries and jurisdictions. American cooperation included the sending of teams of experts for outbreak investigations (U.S. Department of State, 2007). Japan is another outstanding provider of aid for pandemic preparedness. In 2006 it granted US\$46.8 million for the stockpiling of antivirals

and \$49.1 million were used for communication and non-pharmaceutical supplies. Other \$20 million were allocated through the World Bank (Japan Government, 2006, May 4).

Despite the apparent convergence of interests for cooperation in pandemic preparedness, tensions have arisen between developing and developed countries due to the perception of the former about the unequal distribution of benefits from the influenza virus-sample sharing mechanism. The case deserves consideration as a weak point in the international structure of the preparedness system. Indonesia, the country where most dangerous strains of avian flu have emerged, ceased its sharing of samples since late 2006 amid growing concerns of human-to-human transmission cases. The Health Minister of the country, Siti Fadilah Supari, objected that the country was not improving its access to vaccines from the provision of viral strains of pandemic significance to the WHO. The main allegations were that samples were shared with pharmaceutical companies in industrialized countries. Indonesian researchers would have also been sidelined in the publication of academic papers (Sedyaningsih, Istandari, Soendoro & Supari, 2008). The Executive Board of the WHO supported the claims, but developed countries opposed Indonesia's demands on the grounds of the difficulties they would bring to the analysis of strains and the development of vaccines, reagents and therapeutic resources (McKenna, 2007). The issue remained unsolved by the time the pandemic of 2009-2010 broke out.

In general terms, East and Southeast Asian countries have shown a cooperative stance on pandemic preparedness in diplomatic spaces. Even if the translation of such disposition into an effective macro-regional practice is limited, it is important to know about the evolution of these institutional arrangements because they show that access to organisational and financial resources has been critical for the formal engagement of countries in these regions, including China.

### **Securitization of pandemic influenza in East and Southeast Asia**

An explicit language of security has been used to frame the threat of pandemic influenza in diplomatic forums dealing with the disease in East and Southeast Asia. Industrialized countries have played an important role in the definition of the preparedness agenda in both regions. The interest of these countries to stop outbreaks of influenza at its source has coincided to some extent with the necessity of affected countries to tackle the immediate economic effects of the disease at the animal stage. Most of the examples hereby considered to illustrate this convergence are about APEC and ASEAN. The APEC forum, in which China holds membership since 1991, attracts high visibility because of the participation of top officials and the

consequent perspective of direct inter-governmental cooperation, whereas ASEAN countries have been open to incorporate China in their efforts to control influenza through the ASEAN+1 and ASEAN+3 mechanisms.

APEC adopted a comprehensive framework on infectious diseases in 2001 with the definition of the APEC Infectious Disease Strategy. The issue was also under consideration in ASEAN. In the words of an invited lecturer there, epidemics endangered human security and the strengthening of national security appeared as a necessary precondition for the protection of the former (Abad, 2000). U.S. officials offered collaboration with APEC for the surveillance of influenza viruses in 2001 (APEC Industrial Science..., 2001, June 12). There were important considerations about the perceived potential effects of the disease for the entire rim of the Asia Pacific. For instance, the report of the Ministerial Meeting of APEC Leaders in Shanghai affirmed that the macro-region was quite vulnerable to the economic effects of the spread of infectious diseases like influenza because of its interconnectedness. Furthermore, the concentration of sizable populations in urban areas posed a formidable challenge to strategies of prevention and control (APEC Senior Officials Meeting, 2001, October 17). With this kind of perspectives in mind, the 13<sup>th</sup> Industry, Science and Technology Working Group of APEC in 2002 was dedicated to influenza surveillance.

SARS motivated countries in East and Southeast Asia to intensify cooperation for the response to outbreaks of disease. In ASEAN, the *Framework ASEAN+3 action plan* that was created during the crisis evolved into the ASEAN+3 Emerging Infectious Disease Programme (ASEAN, 2004, April 23). The Programme provided an office to monitor the human health aspect of pandemics: the ASEAN Experts Group on Communicable Diseases. Furthermore, the effects of human influenza were addressed at the second phase of the Programme. A Task Force was created in December 2004 to prevent avian influenza. The founding members of ASEAN maintained the model of divided but complementary responsibilities that had been introduced since the SARS crisis. Thailand would be in charge of surveillance, Indonesia would work on policies about vaccines, Malaysia would go over containment measures, Singapore was to coordinate the sharing of information and Philippines would supervise communications. APEC also created a Health Task Force (APEC HTF) to deal with 'health-related threats to economies, trade and security, focusing mainly on emerging infectious diseases, including naturally occurring and manmade diseases' (Republic of Korea, 2005, February 28, p. 9). In 2004, with partial funds provided by the U.S. Government, the APEC HTF carried out an

assessment of pandemic planning and preparedness among its members. Funds were also received to enhance surveillance capacities for influenza viruses.<sup>42</sup>

There were outstanding advances in institutional organisation and the allocation of funding for the development of pandemic preparedness in East and Southeast Asia in 2005 – as commented before, a remarkable year for the advancement of the pandemic influenza agenda at the system level. Besides the issuing of the new IHR, which introduced novel and more flexible criteria for the identification of a public health emergency of international concern, the WHO Western Pacific Region Asia Pacific Strategy for Emerging Infectious Diseases presented a generic structure for planning and the planning and the development of response capacities at the national and local levels. At the same time, IPAPI offered a framework for the meetings of experts and officials. In June, AusAid launched its three-year Emerging and resurging zoonotic diseases initiative, with a human-health sub-project to advance on the second phase of the ASEAN+3 EID Programme. In the second half of the year, the Asian Development Bank announced the creation of a US\$38 million Grant Project for Combating Avian and Human Pandemic Influenza in the Asia Pacific Region. Japan contributed US\$10 million to this fund. This effort was justified by the estimation of the costs of influenza pandemics for Asia published in by the Bank in that year. During a mild pandemic, losses would be about -2.6% of GDP, with US\$99 billion of lost consumption and \$14 billion in death and incapacity. For a severe pandemic, -6.8% of GDP and \$297 billion in short-term losses could be expected (Bio Economic Research... 2008).<sup>43</sup>

In 2005, with the co-sponsorship of Australia, Indonesia, Canada, China and the U.S., the APECHTF and the Task Force on Emergency Preparedness launched the initiative called Enhancement of APEC work on Preventing, Preparing for and Mitigating the Effects of Avian Influenza and Influenza Pandemics. Advances of the APEC HTF were discussed in the Avian Influenza and Pandemic Preparedness meeting organized by Australia at the end of October and in the 17<sup>th</sup> Ministerial Meeting of mid-November in Busan, Korea. The APEC members highlighted there a commitment not to duplicate but to complement the work of the WHO, FAO and OIE. There was consensus for the creation of a list of available experts to be deployed on rapid operations (APEC Senior Official's Meeting Chair, 2005, November 15). The APEC HTF also organized the Symposium on Response to Outbreak of Avian Influenza and Preparedness

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<sup>42</sup> The amounts provided were small, \$90,500 and \$235,900 for both projects from the U.S. Government. APEC allocated \$37,500 and \$165,050 requested from APEC, respectively (APEC, 2004, Health Task Force Workplan).

<sup>43</sup> Assessments about the costs for individual states for a severe pandemic published in 2006 were also alarming. Indonesia, Japan, Korea, Taiwan and China would face respective reductions in their GDP of about -9.2, -8.3, -7.8, -7.1, and -4.8% (source, Lowy Institute, in Bio Economic Research, 2008).

for Health Emergency. U.S delegates made chilling claims in this event about the security implications of an influenza pandemic in Asia.

Economies in the region have already seen the devastation that avian influenza has brought to the poultry industry. That is merely a taste of what could come. The recent SARS outbreak, in which less than 1,000 people died, led to an immediate economic loss of perhaps 2% of East Asian regional gross domestic product. An influenza pandemic could be many times worse. It would not only have direct human health implications in which millions become sick, but also from indirect causes, in many different sectors, such as tourism and travel, transportation, education, and the services sector. Worker absenteeism will lead to widespread loss of productivity. Interruption of supply chains could leave us without essential goods and products, particularly in this day of just-in-time manufacturing. Finally, we cannot ignore the possibility of political instability and weakened military defenses if sickness debilitates our defense forces. (U.S. Government, 2005, October 31, para. 5).

The growing level of anxiety about the broad but immediate repercussions of a pandemic in the region was cogently expressed in an article published in *Forbes* in 2006. Accordingly, since the very moment of the declaration of Phase 4 of the pandemic alert, 'a literal overnight collapse of the Asian markets similar to the currency crisis of 1997' could be expected (Bio Economic Research, 2008).

An explicit language of security can be found in some of the national plans of the macro-region. For instance, Indonesia's *National strategic plan for avian influenza control and pandemic influenza preparedness* affirms that the disease entails 'potential risks in all layers of society' (Republic of Indonesia, 2006). Malaysia also used an extreme characterisation of the threat of the disease in its *National pandemic influenza preparedness plan*. Accordingly, the avian flu implicated potential rapid worldwide spread, overload of health care systems, insufficient medical supplies and economic and social disruption (Ariffin, N.D.). South Korea's *Pandemic preparedness and response plan* goes over the impacts of past pandemics and warns about the heightened possibility of the occurrence of another pandemic due to the outbreaks of the H5N1 virus. It also presents a section of 'common characteristics' of influenza pandemics in which 'high morbidity and mortality' are listed beside the disruption of daily activities and overstretching of the public health system (Ministry of Health & Welfare, 2006, p. 5). The *Pandemic influenza preparedness action plan* of the Japanese Government takes into account the possibility of moderate and severe pandemics. In the worst case scenario, it estimates that 2 million 640 thousand people would die if pharmaceutical measures are not promptly used. A pandemic may also bring about 'socioeconomic collapse' to the country (Inter-Ministerial..., 2007).

Finally, it is important to note that China has adopted a securitized perspective in its regional health diplomacy about pandemic influenza. First, the country showed a similar characterisation of the disease to that of the countries just mentioned in its *Preparedness and contingency plan for influenza pandemic* (draft). Besides the direct effects on the health of the people in a context of a weak public health system, a pandemic would also devastate economic activities, social life and public order (PRC Ministry of Health, 2006). On April 4 and 5, 2006, China organized the APEC Symposium on Emerging Infectious Diseases and influenza was one of the main questions under consideration. In the report of the event, epidemics were deemed a 'constant threat to the health, prosperity and security of the Asia-Pacific region (PRC, 2006, September 14-15, 'Discussion' section, para. 4).

The explicit usage of security language in the diplomacy of China conducted in ASEAN in 2007 can be verified in a group of notes published in mainstream media. For example, a note by Xinhua referred a speech by Yu Xintian, Vice President of the China National Association for International Studies and Head of the Shanghai Institute of International Studies, at an event in this Institute which convoked experts of Japan, Korea, the U.S. and other countries to commemorate the 40<sup>th</sup>-anniversary of ASEAN. Yu highlighted SARS as an example of successful cooperation between China and ASEAN against a non-traditional security threat (F. Chen, 2007, May 11). Months later, the *China Daily* quoted the words of Zhai Kun, Director of the Research Office of Southeast Asia and Oceania in the China Institute of Contemporary International Relations. Zhai affirmed that besides the negotiations about the Comprehensive Agreement of Economic Cooperation signed between China and ASEAN, cooperation in non-traditional areas like public-health was also in the agenda (Chang, Wang & Zhang, 2007, August 2). The same day, a *China Daily* columnist reflected on the achievements of ASEAN after its 40-year-anniversary. The author pointed at the stepping up of collaboration between China and ASEAN in non-traditional security issues like SARS. He also talked about the inclusion of non-traditional security in the agenda of the first ASEAN meeting of Defence Ministers which took place in May 2006 (X.G. Zhang, 2007, August 2). Finally, a report of the *People's Daily* commented about the consensus reached by leaders of China Japan and Korea to cooperate in non-traditional security areas, including the question of avian influenza (A. Q. Jiang, 2007, November 21).

The securitized perspective about infectious diseases adopted by Chinese diplomats and reported in the media in 2007 was a response to the growing importance of pandemic influenza in spaces like APEC. For example, the disease had been defined as one of the three priorities of the working plan of the APEC HTF for 2006-2007. The *APEC action plan on the prevention and response to avian and influenza pandemics* was issued in May. For this plan,

the definition of protocols of communication and share of information was an important question to be promoted. The relevance of the disease was emphasized as well by U.S. officials during the Ministerial Meeting on Avian and Influenza Pandemics, in Da Nang, Viet Nam. In their view, the level of sharing of operational planning in Asia was poor. Therefore, 'economies that are closely linked to each other by geography, trade, or travel, have limited knowledge of what each other are doing for preparedness' (U.S. Government, 2006, September 14-15, Pandemic Influenza..., para. 2).

It is important to recognize that the adoption of security language can sensibly support the view that governments in East and Southeast Asia have formally agreed to cooperate on the agenda with relevant international partners, and funding has been a key resource to entice them to do so. On the other hand, these countries were still reluctant comply with prompt reporting in the years before the pandemic. For Nicholas Thomas, much had to be done to put plans into practice (2006). Macro-regional coordination was still at an incipient stage then.

### Conclusions

Pandemic preparedness responds to a conjectural kind of reasoning which projects plausible rather than probable scenarios. At the same time, it is a process of institutionalisation which needs to be flexible enough to coordinate a response to an 'actualized' instance of the imagined scenario, conveying unique and evolving features. Pandemic preparedness is structured as a phased scheme of response requiring horizontal and vertical cooperation. The adoption of the pandemic influenza agenda and respective collaboration by states has become a criterion of domestic and international governance. In the perspective of the WHO, national governments bear with the principal responsibility to protect human life and to mitigate the effects of a pandemic. The extreme characterisation of the disease is made of three comprehensive features: unpredictability, pervasiveness and inexorability. The first trait represents the complex assortment of factors which shape the possibility of harm by the disease. The second feature stands for its attributed societal effects. Inexorability is about the certainty of the occurrence of a 'next pandemic'.

Relevant aspects for securitization have been identified in the different work areas of pandemic preparedness endorsed by the WHO. The phased, horizontal and vertical structure of preparedness promoted in *planning and coordination* indicates the expected relevance of influenza in the policy agenda and the involvement of all levels of authority in different fields. *Situation monitoring and assessment* is about the provision of authoritative assessments of the disease. *Reduction of the spread of disease* comprises pharmaceutical and non-pharmaceutical

measures. The absence of biomedical means may induce a stronger accent on containment and isolation measures. Because the responsibility for public health is formally acknowledged in most countries of the world, performance in the *continuity of health care* generally has a bearing on the legitimacy of the state. The predominance of principles of risk communication in the communication category entails an affirmed caution to use extreme language.

The 1997 outbreaks of avian influenza in Hong Kong marked the reintroduction of influenza among the priorities of international health. At the turn of the century, surveillance networks grew in number while also becoming more sophisticated. By 2005, outbreaks of the avian flu among animals and humans had occurred in different regions of the world. A renewed impetus at the international level ensued to bring pandemic influenza to the foreground of the global health security agenda. The new IHR had been adopted and the WHO reissued its pandemic guidelines. On its part, the U.S. adopted a leading role in the promotion of pandemic preparedness. The increasing number of pandemic plans adopted since 2005 confirmed that pandemic preparedness has become a recognized aspect of modern governance at the international and national levels.

Access to resources and organisational expertise has encouraged countries in East and Southeast Asia to adopt securitized perspectives about the disease in forums of regional diplomacy. Their formal engagement also resulted from the experience with SARS because that crisis generated awareness about the multiple negative effects on the health of their populations and their economies which resulted from uncoordinated and erratic responses. China was no exception in the adoption of a more open position for the securitization of the disease at the diplomatic level. Developing countries of strategic importance for pandemic preparedness have been pushed and encouraged to join international efforts on the matter. These countries have formally admitted their primary responsibility to mitigate the effects of pandemics on their populations. They have adopted the language of security in their health diplomacy and they have elaborated plans which reflect a phased scheme of response with horizontal and vertical cooperation as endorsed by the WHO.

In accordance with the analysis in previous chapters, the adoption of pandemic preparedness in China can be seen as an additional process in the trend of framing infectious diseases with the language of security in the country since the turn of the century. The promotion of these conceptions, which are reflective of an international agenda on the question, would not have been possible without the incorporation of non-traditional security in the governance agendas after the reforms. With these elements in mind, it is pertinent to carry on the analysis of the Chinese response to pandemic influenza A (H1N1).

## **Chapter 6. The containment drive against pandemic influenza A (H1N1) in China in 2009**

This chapter argues that the implementation of harsh containment ('*weidu*' - 圍堵) in China against pandemic influenza A (H1N1) in 2009 was supported by narratives which characterised the disease as a 'plausible' existential threat because of the impetus of Chinese leaders to make a case for the projection of the country as a competent global-health security partner. At the same time, they were limited in the pursuance of these political objectives due to an absence of consistent evidence supporting a 'severe' definition of the pandemic virus and because they wanted to prevent social panic. By delving into the details of the response to the pandemic, this chapter addresses the 'how' component of the main research question. With regard to the nature of the response as securitized or not, the discursive evidence consulted for the initial phase of the pandemic shows that some traits of the measures adopted in China correspond to a securitized response. By contrast, the problematic comprehensive characterisation of the disease is a primary obstacle to recognise the whole response as securitized.

The first part of the chapter analyses the evolution of preparedness in China since the avian flu became an international issue in 1997 and the year of the pandemic. The second section pays attention to the actions implemented to attempt the containment of the virus, which occurred along the lines of the bureaucratic centralisation process which has been previously described. The third section of the chapter delves into some of the discourses framing the containment practices. These narratives, besides the aforementioned aspects, invoked some referent objects like public health and social order to justify the maintenance of the containment approach. Political reassurance was pursued by showing the varied range of resources available to the state to articulate a coherent response against pandemic influenza and by claiming that valuable experience had been acquired during SARS.

### **Pandemic preparedness in China between 1997 and 2009**

In May 1997, a virus of avian influenza not yet associated with human infections caused outbreaks of a highly pathogenic diseases in Hong Kong. More infections occurred in November and December in Hong Kong and they raised concerns among health officials about the potential health implications of a virus associated with respiratory arrest, multiple organ failure and coagulopathy (Davies, 1999) and an estimated fatality rate of around 33.3% (Chan,

2002). The virus had succeeded in infecting humans from poultry rather than from waterfowl, its traditional source. Furthermore, these infections took place in a region of the world that scientists had been associating to the surge of pandemic strains. The accumulated economic loss in Hong Kong due to the culling of its entire chicken population of about 1.4 million and subsequent effects was around US\$100 million (McLeod, Morgan, Prakash, Hinrichs, n/d).

China acquired renewed importance for pandemic preparedness after the outbreaks of H5N1 in Hong Kong in 1997 (Snacken, Kendal & Haaheim, 1999; Webby & Webster, 2001). The association of the country with the global risk posed by the disease was emphasised in WHO's IPP (1999). A noteworthy feature of the Plan is its exclusive and positive comments to China for its increasing collaboration on the matter. The *Plan* echoes the tone of specialised literature about the social determinants of disease in the country, namely, the 'agricultural practices' and 'ecological circumstances' which 'provide continual opportunities for the co-infection of animals' and humans (WHO, 1999, p. 43). These notes should be appreciated in the context of an emphasised recognition of the primary responsibility of states to deal with influenza pandemics. There were much attention and pressure on China to integrate the concepts and the organisational structure prescribed in the *Plan*.

Although the Chinese public health system was ill-prepared to face the challenge of a pandemic of influenza, the Chinese state accounted with a political advantage to implement the 1999 Plan: a strong centralized capacity of coordination and command. By the turn of the century, the Chinese government was taking important steps to strengthen preparedness. For example, the Ministry of Health set a network of influenza surveillance which was supportive of the evolution of the GISN into the GOARN (PRC, Ministry of Health, Cooperative Work Plan...). Furthermore, WHO was undertaking a number of collaborative projects with China about the administration of influenza vaccines (Stöhr, 2003) and the development of standards of vaccine regulation (Hendriks, Liang & Zeng, 2010).

The regulatory advances brought about by SARS paid special attention to the avian flu because of the outbreaks of 2003 and 2004. Indeed, the evolution of pandemic preparedness in China is deeply linked with that of the response to avian influenza viruses. Hence, the *Law on the prevention and treatment of infectious diseases* incorporated avian influenza in the list of Class B (reportable) infections. Together with SARS and anthrax, the disease could be targeted with measures corresponding also to Class A infections. The State Council had broad powers to designate compounded epidemic areas across administrative units and to take control of the whole country with attributions of implementation which parallel those of local governments. The Ministry of Health kept the highest authority to decide on the notification of

an epidemic crisis to the public. The reissued *Law* also included a section on legal liabilities to punish misreporting.

The evolution of pandemic preparedness in China reflects the adoption of the policy mechanism promoted by the WHO as a phased structure of response requiring horizontal and vertical cooperation. The State Council's *National contingency preparedness plan for highly pathological avian influenza* introduced a four-tiered classification of outbreaks according to their level of propagation (PRC, 2004 February 3). Responsibilities were indicated for different levels of government, the military and the police. The mobilisation of the masses was considered in the form of patriotic hygiene campaigns. The occurrence of human infections became a clear criterion to implement comprehensive measures. In 2005, a comprehensive notion of public health preparedness was evolving in the country because of the call of the WHO to accelerate the partial implementation of the reviewed IHR, precisely because of the threat of a pandemic of avian influenza. The National Response Plan for Public Health Emergencies, adopted in that time, specified a four-phased scheme of response which was similar to that of the Contingency Plan on the avian flu (PRC Ministry of Health, 2006, February 2). The creation of a special fund is also indicated.

The characterisation of pandemic influenza publicised by a number of ministerial agencies in 2004 provided additional justification for the enhancement of pandemic preparedness in the country. The State Administration Office for Industry and Commerce observed that the disease endangered 'the poultry industry' and 'the people's lives directly' (February 6, para. 2); and similar concerns were expressed by the Ministry of Commerce (February 11, para. 3). The Ministry of Health (February 11, para. 1) and the State General Administration of Sports (February 19, para. 1) warned about the dire consequences for social stability. A draft of the *Preparedness and contingency plan against pandemic influenza*, issued around 2005, provided a comprehensive perspective of pandemic influenza that was not limited to its avian variations. The document stressed the social and environmental determinants of disease in China.

China is a developing country with a huge territory and a large population with high levels of mobility. Throughout history, the country was the first place to be hit by influenza pandemics. In addition, the provision of health care and the public health system are still frail in China. The surveillance system is also in need of improvement and the capacity of production of vaccines and drugs is lagging. If adequate preparedness is not carried out before a flu pandemic occurs, the crisis will inevitably spread panic among the people, and the economy and social life will be seriously affected; it may even trigger social unrest (PRC Ministry of Health, n.d., para. 3).<sup>44</sup>

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<sup>44</sup> Translation by this author.

These lines are one of the clearest pieces of discursive evidence of the Chinese assimilation of the catastrophist perspective of international pandemic preparedness because they reflect an imagined scenario of overwhelming crisis which draws upon 'the reasoning of pre-eventual processes and the reasoning of post-eventual effects' (Aradau and van Munster, pp. 9-10). During the response to the pandemic in 2009-2010, policymakers and media editors paraphrased these ideas.

Other elements of this *Plan* deserve some consideration, like its support to the definition of a phased scheme of response with horizontal and vertical cooperation. The first criterion is met with the introduction of a colour code to represent the stages of a health emergency - level IV, blue; level III, yellow; level II, orange; level I, red. After the declaration of level II, public health measures to limit the traffic from and into epidemic areas are taken into account as well as the launching of health propaganda and daily updates of the epidemic situation. The Ministry of Health would establish and command an *ad hoc* leading team that is not only in charge of the response during a contingency but also committed to permanent preventive work like the formulation of annual plans, the improvement of surveillance, the organisation of experts and the enhancement of preparations for vaccine production.

The WHO and the Ministry of Health extended their collaboration for influenza surveillance through a five-year plan announced in 2005 with a budget of US\$2.5 million. The central government continued designing instruments to address specific aspects of preparedness. The *Regulations for the Management of the Report of Information on Infectious Diseases* were issued in May 2006. A *Human Highly Pathogenic Avian Influenza Contingency Response Law* was also introduced in that year (PRC Ministry of Health, 2006, July 12). On a more general perspective, the *Eleventh Five-Year Plan* recognised for the first time the right of citizens to political participation, expression and supervision of the work of the government. This position was reflected in the report of the 17<sup>th</sup> Congress of the Communist Party in October 2007. A new Law of Response to Emergency Situations was published the following month, which abolished certain provisions which obstructed the unauthorised release of information about public emergencies, including epidemics (2013, April 9, Xinhua).

The changes to promote transparency in reporting and the disclosure of information are remarkable moves considering the historical preference of the Party and the State to favour downward communication from the central government to lower echelons of the state rather than effective feedback (Kang, 2015). The changes are also contrastive with the lingering prerogatives of Chinese leaders to control mass media in times of crises. In 2007, there was a sense of urgency about a potential pandemic of avian flu among experts and

policymakers. The WHO declared the level 3 of the Pandemic Alert System in that year (Randall, 2009). When the pandemic broke out in 2009, influenza was already a relevant issue in the public health and emergency management agendas of the central government.

### **Containment practices, a bandwagoning effort**

The response of China to the pandemic is interesting because it may be the among the most aggressive in the world in terms of the implemented practices of containment (Y. Z. Huang, 2013, The 2009...). The response is characterised by the direct involvement of the highest authorities in the country, by the definition of a mechanism of response with horizontal and vertical lines of cooperation, and by a strong determination to contain the disease without a clear view of a transition to mitigation. In this regard containment appeared as the main objective despite the widely and progressively publicised perspective of the WHO about the imminent spread of the disease.

#### *Three facilitating circumstances to err on the side of caution*

Before starting the analysis of these measures, it is pertinent to reflect on three international factors which contributed to a strong emphasis on containment in the country: the swift escalation of the crisis, the catastrophic ethos of preparedness and the political position of the WHO during the pandemic, which was reduced to its role of authoritative adviser and coordinating body. Clinical reports from Mexico issued since early March showed an unusually severe illness. The triggering virus was not the product of direct avian reassortment – indeed, there was pre-existing immunity to it, and Asia was not the epicentre of the crisis (Donis, R. 2010). WHO officials admitted as early as April 29 that containment was not achievable ('WHO raises...', April 29), so the alert system was raised to Phase 5, which meant that large clusters of contagion were still localised but that the pandemic was 'imminent' ('Timeline...', 2009, April 29).

The catastrophist ethos of international pandemic preparedness had an impact on the redrafting of the comprehensive guidelines for the handling of pandemics issued by the WHO in April. This document associated the occurrence of such crises with limited time and resources to act, negative economic impacts, intense public scrutiny and limited potential for international assistance. (WHO, 2009, Pandemic Influenza Preparedness...). States were the responsible actors for the implementation of actions to protect their populations. On its part, the WHO was positioned as the main coordinative agency of the global response and as an

authoritative institution to produce protocols and guidelines. These function proved to be critical since the beginning of the pandemic because of an omission of WHO officials. When news emerged about the spread of a 'swine' flu virus in North America, the description of a pandemic as causing 'enormous numbers of death and illness' could still be read on the website of the organisation (WHO, 2011, Strengthening..., p. xx).

Throughout the pandemic, there would be a lack of clarity about what the WHO meant by the word pandemic, especially because the Pandemic Alert System used a geographic criterion to differentiate stages since the issuing of the IPP in 1999. As commented in the previous chapter, the notion of severity was not integrated into the System, mainly because the variety in time, scope and level of affectation among different populations complicated the task of developing a generic concept for that purpose. The inconsistency about the question has been observed by some researchers. They noted that the criterion of severity was removed from the website of the WHO in May as officials of the Organisation started to openly promote a geographic criterion of propagation to justify the upgrading of the alert system (Hanrieder & Kreuden-Sonnen, 2014).

A brief comparison with SARS is telling to reflect on the political position of WHO during the pandemic. Unlike its performance against the coronavirus, the WHO was much more constrained to its coordinative functions in 2009-2010. There was neither a protracted mismanagement of initial outbreaks to impute responsibility on specific national actors nor a viable perspective of containment. International cooperation in different areas of preparedness was quite limited due to the swift escalation of the crisis. As a result, WHO officials stick to the conventional approach of avoidance of criticism against measures adopted by national authorities. It was recognised that policymakers often had to make decisions without a clear picture. Their actions could not be appraised from the exclusive perspective of scientific rationality because they procured political reassurance as well and WHO officials recognised it (WHO, 2010, September 29). For the three factors just analysed, the context was propitious for countries to err on the side of caution if they were willing to do so.

### *Containment zeal*

China enters into the group of countries affected by the second peak of the pandemic, which occurred between July and September - some weeks after the declaration of the pandemic by the WHO. As observed by the Organisation, Asian countries would be more likely to stick to a 'higher level of security and preparedness' due to the experience of SARS and the social determinants of disease there (WHO, 2009, May 12). Despite the benefit of time, by not being

in the zone of origin of the virus, countries in the macro-region appeared quite vulnerable to the disease, as shown by the count of accumulated cases and deaths of the pandemic by September 13, 2009. In a descending order, the WHO Regional Office for the Americas, the source of the pandemic, registered the highest number of cases (137,147) and deaths (3,020); followed by the Western Pacific Region - where China is, with 96,197 cases and 383 deaths; the South-East Asia Region, with 33,594 cases and 413 deaths; the Eastern Mediterranean, with 56,000 cases and 176 deaths, and Africa, with 8,352 cases and 42 deaths (Maciel-Lima, 2015). These figures are likely to underestimate the real burden of the disease in developing countries due to issues of surveillance capability and accurate reporting. Even more important for the case of China, they missed the significant increase of cases and deaths of September and November 2009.

After the WHO announced the outbreaks in Mexico and the US, the State Council convened a teleconference overnight. The pandemic alert was raised to Phase 4 on April 27 – which meant that the virus showed sustained capacity for human-to-human transmission, so the State Council called for an executive meeting to set up a National Response Planning Committee under the direction of the Health Ministry; 33 ministerial-level offices would join the mechanism (PRC, State Council, 2009, April 28). The pandemic alert was raised to Phase 5 by the end of the month, which meant that large clusters of contagion were still localised but that the pandemic was 'imminent' (2009, April 29, *Nature*). WHO officials also recognised that containment was not achievable (*Beijing Review*, April 29). Paradoxically, Chinese leaders were determined to carry out harsh containment. If their objective was to gain time, they neither publicised such aim nor for what purpose.

The China's General Administration of Quality Supervision, Inspection and Quarantine (AQSIQ) and the Tourism Administration took the first steps in the implementation of containment in China with the respective application of quarantine controls in entry ports and the issuance of a travel warning for Mexico, U.S. and Canada (Qian, 2009, April 28). Cooperation with Hong Kong and Macao for the enhancement of surveillance was also reinforced ('Xianggang si ming...', 2009, April 29). A ban on the imports of pork products from Mexico and three states in the USA was among the measures adopted by the AQSIQ. The ban challenged the spirit of the IHR and the PIPR regarding the avoidance of 'unnecessary interference with international traffic and trade' with policies not supported by risk assessment. At the same time, opting for a path leading to trade conflicts shows how far the central government was determined to go to send signs of political reassurance. For Huang Yanzhong, the ban was put in place 'primarily to settle public anxiety' (2013, *The 2009...*, p. 133).

Measures aimed at detecting cases in the general populations were adopted at this early stage of the crisis. The Ministry of Education and the Ministry of Health mandated morning checks among the student population (PRC, Ministry of Education and Ministry of Health), and the disease was made quarantinable and notifiable (W. Liang, Feng, Xu, Xiang, Zhang, ..., Zhang, 2012). Protocols of monitoring, reporting and diagnosis were constantly reviewed by the Ministry of Health in the first weeks of the crisis (Jacobs, 2010). 24-hour duty in medical institutions was also ordered. The reason to extend the consulting hours was the potential detection and reporting of initially undetected imported cases.

A survey conducted by Moore and Dausey among health officials in Yunnan and Guangxi (2011) identifies the measures of prevention and control which were applied there when first cases occurred in North America - to some extent they reflect the priorities of the central government. Protocols for the active finding of cases were applied in entry ports, hospitals and clinics in both provinces. Electronic systems of reporting and hotlines were put in place to support these initiatives. Laboratories in provincial and district centres were equipped to make initial testing and rapid response teams were created. Protocols for hospital admissions, to handle medical surge and for infection control were also issued and isolation areas were defined (Moore & Dausey, 2011). Apparently, surveillance and disease prevention and control measures in health care facilities were early priorities in both provinces.

Moore and Dausey's survey reveals another interesting aspect of the response of these provinces which is extensive to the response of the nation. Since cases were reported in North America, the usage of antivirals for treatment was authorized, but prophylactic use was only approved until cases were reported in Asia. Access to antivirals was limited in the country because of property-right restrictions specified in the Agreement on Trade Related Aspects of Property Rights (TRIPS). This vulnerability was politically sensitive because the number of antiviral courses in national stockpiles was initially handled as a state secret.<sup>45</sup> Zeng Guang, a senior epidemiologist at the China CDC and one of the most influential experts during the pandemic admitted that 'the drug stock is a relatively weak link in China's epidemic control efforts' ('H1N1 could hit...', 2009, September 12).

The limited availability of biomedical resources surely contributed to an emphasis on the application of non-pharmaceutical measures. On the other hand, Chinese authorities still accounted with other means to support their response. As done during hard moments of pre-Reform China, traditional medicine was an available alternative within reach of the general population. Behavioural change is the other significant area of non-biomedical measures. Since

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<sup>45</sup> The number of oseltamivir courses (10 million doses) was revealed until 12 September 2009 ('H1N1 could hit...' 2009, September 12).

the first days of implementation of the response, the central government promoted cough etiquette, hand washing, avoidance of crowds, appropriate ventilation, the cleaning of spaces and good food and sleep habits. These recommendations remained unchanged throughout the pandemic, even if guidelines were constantly reissued throughout the pandemic.

The relative safety of geographical distance from the origin of the crisis waned in May with the detection of the first imported case in Hong Kong and the upgrading of the alert system there to its highest phase ('Jing HuSui deng', 2009, May 3). The tracing of close contacts of an infected Mexican passenger who made a connection in Shanghai was carried out (Y. Z. Huang, 2010). Furthermore, the central government halted all flights from Mexico to Shanghai, despite China's assurances made in ASEAN+3 to comply with the advice of the WHO, which discouraged such measures (Y. Z. Huang, 2013, The 2009...). A patriotic health campaign was declared on May 3 to entice local populations to push their closest authorities to implement the prescribed measures (PRC, May 3).

The case in Hong Kong also had effects on relevant regulations. The State Council approved on May 4 that measures for Class A diseases are applied to the new influenza. Border controls were reinforced with the implementation of an initiative coordinated by AQSIQ which involved the participation of the Ministry of Health, the Ministry of Foreign Affairs, the Ministry of Public Security, the Ministry of Commerce, among other ministerial agencies (PRC State Administration... 2009, May 4, Circular on the Joint...). Furthermore, a special fund of 5 billion Yuan (around \$733 million US dollars at the exchange rate of May 5, 2009) was created ('Wen Jiabao bushu...', 2009, May 5). Notably, these resources more than tripled the 1.3 billion fund allocated against SARS. Health officials may have been quite aware that preparations against a pandemic implicated a more difficult endeavour from an epidemiological perspective than SARS. The central government would have to show a strong commitment to engaging provincial authorities in a common effort against a highly contagious disease. The precise moment to announce this allocation was important to entice local governments to earmark resources: the detection of the first two imported cases in the mainland.

These two cases - both students attending university in North America, added fuel to the fire of the containment drive. The first case was detected in Sichuan on May 10; an expert team was sent by the Ministry of Health to trace close contacts. The second case was detected three days later in Guangdong, triggering an impressive multi-institutional operation to locate close contacts (Liu, 2009). TV and radio announcements, online information, SMS messages, hotlines and all possible means of propaganda were used. Travellers on transcontinental and domestic flights were questioned about their health status. Temperature screenings were

conducted and symptomatic patients were escorted to designated hospitals. Other travellers were contacted daily for seven days to report their health status. An official revealed that hotels were sometimes closed to lodge quarantined people (personal communication, Guangdong province, 2015, April 14). Generated information of isolated persons was integrated into an Internet-based surveillance system. If ILI symptoms appear, travellers were sent to hospitals for testing (Y. Zhang, Yang, Livanage, Seale, Deng, Pang, ..., Wang, 2012). Between May and June, tens of thousands would be quarantined (Huang, 2013, The 2009...).

The efforts to detect cases among the general population, especially among the infantile population, re-invigorated with the application of a number of measures. After the Executive Meeting of the State Council on May 11, officials were mandated to improve surveillance in schools, nurseries and old people's homes. The Ministry of Education asked subordinate departments to implement entry examination of students (Y. M. Zhou, 2009, May 15). New regulations put an accent on health education (PRC, 2009, May 14). On its part, the Ministry of Health requested zero reporting and 24-hour duty in hospitals (Shen, Yan, Wang, Su & Li, 2009). A list of high-risk groups was published on 1st June.<sup>46</sup> These guidelines provided useful information for individuals to appraise their level of risk and to seek health care if affected by community outbreaks.

By the time of the declaration of Phase Six of the pandemic alert on June 11 by the WHO, more than one hundred cases had been detected in China, precisely the number at which a change to mitigation was recommended by the WHO. Despite this affirmation, the Ministry of Health claimed that 'the adopted measures of prevention and control are feasible, effective and cost-effective' (Bai, 2009, June 11). Curiously, as observed by Yanzhong Huang, the number of detections made by involuntary quarantining and border-screening was quite reduced (twenty-three cases by June 18, 2009) (2013, The 2009..., p. 126). It is hard to imagine that health officials did not count with assessments of the impact of these policies. Political reassurance is a driving factor to explain the orientation of the response.

### *The distinctiveness of Chinese containment*

A fair assessment of the practices of containment in China cannot conclude without comparing them with those of other countries. This is a challenging task for two reasons, the first is that there is still a huge gap of research on the study of adopted measures by countries against the

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<sup>46</sup> The list included children under 5 years of age, elderly people over 65, pregnant women, and people suffering chronic conditions (respiratory, cardiovascular –excepting hypertension, kidney disease, metabolic disease, endocrine disease, immune-compromised patients) (PRC, 2009, June 1).

2009 pandemic, in contrast with a more prolific literature dedicated to risk perception, vaccine acceptance and communication strategies. The second reason is that available information shows wide variations in country responses (as recognised by Atlani-Duatl, Mercier, Rousseau, Guyot & Moatti, 2015). Steep differences of containment practices occurred among administrative areas within countries like Canada, the USA and the UK (Quigley, Macdonald & Quigley, 2016; Warren, 2010); therefore, the research scope is patchy. These limitations should prevent careless generalisations so far.

Besides China, quite a few countries adopted restrictive measures on flights making connections with Mexico at an early stage of the crisis. Peru and France suspended inbound and outbound flights; Argentina and Italia suspended inbound flights, Colombia and Venezuela issued travel warnings; Brazil, Chile, Bolivia, Panama subjected incoming passengers to exhaustive checks - this occurred in some airports in the UK as well (Fuentes, 2009). Australia implemented thermal screenings for incoming passengers until July 2009 (Warren, 2010). The response of China fits much more with that of countries in East Asia and Southeast Asia. For example, Singapore was the first country to adopt total isolation of Mexican travellers (Fuentes, 2009). Most of the countries in the macro-region used thermal scanning. Japan applied onboard checks on flights from North America, Taiwan quarantined passengers if deemed infected (Y. Z. Huang, 2013, *The 2009...*). The Moore and Dausey survey reveals that Myanmar leaned towards the implementation of surveillance and disease prevention activities related with containment since infections started occurring in North America. Laos shows a similar but less pronounced bias (2011). Some countries started transitioning to mitigation in June like Singapore, Japan and Hong Kong.

The containment drive of the initial response of China to the pandemic fits well in the overzealous responses of other Asian countries, especially Singapore and Myanmar. Nevertheless, the country stands out for the harsh approach to check, track and sometimes quarantine inbound passengers in great numbers and for a long period of time. No parallel effort in terms of human and material resources to carry out massive manhunts was found in the consulted academic and news sources about other countries. In the Chinese case, there was a determined stance of the political leaders to adopt the described path of action. The authoritarian character of the political system and, as it will be observed in the following section, the discourses which framed the practices, facilitated their implementation.

### The discourses of containment, a people's war?

So far, the implementation of containment shows some aspects of the response which are compatible with a securitized perspective like the involvement of high authorities, the policy focus of the issue as a priority of the national agenda, the allocation of special funds, and the application of quite disruptive measures against people suspected of harbouring the A (H1N1) virus. However, this section will show that the disease was not consistently characterised as posing a direct existential threat but a plausible one defined by its own unpredictability. Upon this basis, and by invoking a number of referent objects like public health and social order, central authorities justified the maintenance of the containment approach until mid-June 2009. Some caution is perceived in the use of overt security language because Chinese leaders wanted to avoid escalating social panic.

Two interviews conducted in fieldwork verify the usage of security language in epidemic control. An official working on the field at the provincial level affirmed that he had heard his colleagues using the term '*an quan*' ('安全) in the sense of security, although he clarified that the word was more common in other areas like food or energy security (personal communication, Guangdong province, 2015, April 14). An official of the Beijing CDC started talking about security - '*an quan*' - without any previous feedback of this author when discussing adopted measures against the pandemic (personal communication, 2015, May 25).

### *The characterisations of the disease during containment*

The comprehensive characterisation of pandemic influenza A (H1N1) in China during the application of containment was inconsistent, with some experts observing the mildness of the novel influenza and others highlighting a plausibly catastrophic profile of the disease. It is generally assumed that during the first weeks following the report of cases by the US to the WHO and the Pan American Health Organisation on 18 April 2009, a lack of knowledge prevailed among experts and policymakers. Such a perspective dismisses that groups of researchers in the US (Cowling, personal communication, University of Hong Kong, 2015, May 8) and China were already recognising the mild character of the disease caused by the novel 'swine' flu virus. In the case of the Chinese, their findings were reported by the media. In late April, the renowned epidemiologist and co-discoverer of the SARS coronavirus, Zhong Nanshang, affirmed that the toxicity and infectivity of the virus were not particularly strong (X. Yang, 2009, May 5). Yang Weizhong, Director of the China CDC affirmed that the fatality rate of pandemic influenza was 1.2%, in comparison with the 61% of avian flu and 9.6% of SARS (S. T.

Wang, 2009, May 4). The Deputy Director of Hospital No. 1 in Beijing gave similar figures, an A (H1N1) rate of 1.22%, and from 7 to 14% for SARS. (Q. S. Xie, 2009, May 12)<sup>47</sup>. A note published in *Caijing*, an influential magazine in China, even affirmed that Chinese scientists had confirmed the mildness of the virus and reported their results to Chinese leaders on May 9 (Y. Z. Huang, 2010, p. 10).

The WHO issued a report informing about the mildness of this influenza on May 11, with the exception of the outbreaks in Mexico (WHO, 2011, 'Strengthening response...'). Similar appraisals continued appearing in the Chinese media. For example, Wang Quanyi, Director of the Beijing Centre for Disease Prevention and Control, declared the same day that this influenza was light and that the Chinese health system could eventually keep the virus at bay (Liu, 2009, May 11). On the other hand, Dr Tang Xiaoping, Deputy Director of Guangzhou Municipal Health Council, affirmed that the case-fatality rate ranged only between 1.2 and 1.6 per thousand (Cui, 2009, May 20). The momentum of publication of the tempered perspective reached high levels of the State administration when Vice Premier Li Keqiang spoke in an Executive Meeting of the State Council, where he affirmed that 'A/H1N1 flu is preventable, controllable and treatable' (Xinhua News Agency, 2009, May 13, Chinese leaders...). A similar perspective was reported in the accounts of isolated patients. One of them affirmed not to be scared by what was simply a new type of influenza, 'but not a terrible virus' (Wei, 2009, May 18).

As mentioned before, the characterisation of the disease was inconsistent because accounts of the plausibly catastrophic character of the disease were voiced by some experts and officials at the same time of the publishing of the ideas described in the previous paragraphs. For example, in the early days of the outbreaks in North America, Professor Zeng Guang commented in the media about the astonishing capacity of the virus for contagion and that scarce knowledge of symptoms would make 'more difficult to be protected from this flu than from SARS'. He also affirmed that pandemic influenza is 'a common enemy of mankind' (Wang, J. P., 2009, April 28). WHO's messages were also equivocal – partly because its responsibility is also to keep governments engaged with the global effort against the disease. Margaret Chan, WHO's Director General, warned that the second wave of the pandemic could be more lethal.

Professor Zeng Guang echoed Chan's concerns by claiming that the second wave of the 1918 pandemic had been the most lethal by far and that the virus might even adapt to warmer weather in summer. He also reminded in his comments to the media the social and

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<sup>47</sup> For other assessments see also H. Huang and Y. H. Li (2009, May 13).

environmental determinants of disease in the country as alarming circumstances like population density, the differential capacity of public health systems and the movement of social sectors across the national territory. They put China in a more 'calamitous' situation 'than any other country' ('Chief expert...' 2009, May 7). Similar comments were made by Xue Lan, the Dean of the School of Public Administration of the Tsinghua University about the huge population in China, the flow of people across the borders, the weakness of the public health system and the lack of medical resources (X. L. Liu, Cheng & Ji, 2009, May 21). At high political levels and in a similar tone, Minister of Health Chen Zhu, affirmed that the Chinese government attached great importance to risk assessment of the epidemic because of the risk factors of the country like its huge population, the frail conditions of the health system, and the recurrent yearly infections by avian flu viruses (S. Wang, 2009, May 20).

A useful text to appreciate the efforts of news editors to integrate the tempered and the catastrophist perspectives has the telling title 'China adopts 'extreme measures to prevent the spread of pandemic influenza' (X. L. Liu, Cheng & Ji, 2009, May 21). The authors affirmed that the new influenza was 'the greatest challenge to public health China has faced after the SARS epidemic'. Nevertheless, after six years of developments of the public health system and the mechanisms of response to emergencies, they claim, the reaction to pandemic influenza is not driven by panic, and conducted 'in a more relaxed manner'. In practice, the government privileged the catastrophist approach to justify the maintenance of a harsh stance on containment.

The application of containment was supported by the consideration of pandemic influenza as an external threat. This featuring became evident in the row between Chinese and Mexican authorities about the origin of the pandemic virus. Zeng Guang suggested that calling the disease 'the Mexican flu' was acceptable (Liu, 2009, April 28). It is unclear whether Mexican authorities knew about these comments, but the governor of Veracruz province in that country, Fidel Herrera, affirmed that the virus had originated in China and that spread to North America through commercial flights. The media in Mexico pointed out that a deadly virus among swine in Fuqing city and Changle city in Fujian would have been propagated among live swine exported to Mexico, which in turn triggered the pandemic (2009, April 29, *El Universal*). The spokesperson of the Ministry of Health Mao Qunan rejected the claims and demanded that foreign media pay attention to 'fundamental scientific common knowledge' (2009, April 29, Ministry of Health refutes... ). The Chinese central government closed the matter with a diplomatic gesture which prevented further projection of the issue on the mass media; the Ministry of Commerce announced the following day that emergency humanitarian assistance would be provided to Mexico in emergency supplies (Zhu & Lei, 2009, April 30). This

episode illustrates the importance that Chinese officials conceded to projecting a positive image of the country during the pandemic.

*The referent objects of security during containment*

Harsh containment was undertaken without a consistent characterisation of the disease as a verified existential threat. In this scenario, the referent objects of security are key elements to strengthen the legitimacy of the policy direction marked by central authorities in China. Since the creation of the National Response Planning Committee, the CPC Central Committee and the State Council drew attention to the importance of promptly strengthening surveillance capacities in order to safeguard the lives of the people, their health, and the continuity of 'social life' ('Guowuyuan changwu...', 2009, April 28).

As noted in Chapter Four, high-ranking officials paid visits to HIV/AIDS and SARS patients in hospitals and clinics. They did not miss the opportunity to replicate the compassionate gesture with influenza patients. The coverage of these visits shows a set of security referent objects which is pertinent to consider for analysis. Chinese Vice Premier Li Keqiang made a call in a hospital in Chengdu to enhance prevention and control and to be responsible for the 'health' and 'safety' of 'the people'. He affirmed that adopted measures were aimed at ensuring 'a normal life order, smooth and relatively fast economic development and a harmonious and stable society'. Medical staff undergoing isolation were reported to accept the measure as 'quite necessary' to attain the aforementioned objectives ('Chinese leaders ask...', 2009, May 13).

President Wen Jiabao visited one of the students admitted to a hospital in Beijing. The leader encouraged the Chinese student community abroad to care for themselves and to gain knowledge about the prevention and control measures against influenza if they were in affected nations (Ye, 2009, May 13). Lan Xue, Professor of the School of Public Administration at the Tsinghua University made an explicit link between self-care, 'patriotism and civic responsibility'. In his view, this was a matter of balance between 'public interest and individual freedom' (Z. Q. Wang, 2009, May 15); especially because some of these students failed to promptly report their symptoms to medical units. Wen Jiabao also remarked that the students should remember China as their 'motherland' ('Premier Wen...', 2009, May 18). Patriotic self-care is ultimately about the protection of the Chinese nation. Certainly, there is a huge distance with the intensity of the 'people's war' on SARS, but the cue is the same.

At times, the tone of encouragement to stress the links between the person and the community became one of reproach in the media - never in the speeches of high officials. In

worst cases, armies of online vigilantes threatened to disclose the identity of 'selfish' people who ignored prevention and control recommendations and to harass them. The case of an early patient who gave false information in his health declaration at entry clearance in Beijing gained notoriety in late May. He used public transportation and carry out everyday activities for several days until he finally looked for medical attention. Eventually, the patient 'apologized' for his reckless behaviour, especially to his 'close contacts who are under medical observation' (L. J. Peng, 2009, May 25).

Chinese leaders made remarks about the critical task of preventing public fear since news of the outbreaks of influenza in North America appeared in mass media. A report expressed in a telling way the significance of the point for the response to the disease in the country. 'Even more than the disease itself, concerns and fears of the epidemic spread even faster [...]' (Tao, 2009, April 29). These lines show a hard lesson from SARS. An epidemic with relatively localized outbreaks and with a level of lethality of about 10% sufficed to induce a 'disproportionately large psychological impact' (Lee and Warner, 2007), which in turn could be linked with social disruptions and huge economic costs - by the end of 2003, the revenue of the tourism sector decreased around 50% (US\$10.8 billion) (Hai, Zhao, Wang & Hou, 2006). Thus, the remarks to prevent public fear are ultimately about preserving social order and economic stability.

Concerning the direct words of Chinese leaders, Li Keqiang emphasised the pertinence of avoiding public fears through the dissemination of scientific knowledge about the prevention and control of influenza. This was done during his visit to the emergency offices of the Ministry of Health in early May to be informed about the response to the disease. He also pointed at the aim of safeguarding 'the people's health, the maintenance of 'normal production' and 'life order'. In his previously mentioned visit to a patient, he reiterated these ideas about the importance of 'transparent prevention and control work [...] to ensure people's right-to-know and to prevent panic' ('Chinese leaders...', 2009, May 13).

The early priority status of assertive and consistent communication is observed in Moore and Dausey's survey about Guangxi and Yunnan provinces (2011). Ministerial-level agencies also echoed this concern. The Ministry of Health issued technical directives of prevention and control which affirm that the main objective of the communication strategy is the avoidance of social panic (PRC, Ministry of..., 2009, April 29). Because of the initial associations of the disease with swine, the Ministry of Agriculture also affirmed that dispelling public fears was a priority of propaganda work - this is paradoxical in light of the ban of pork products from North America (PRC, Ministry of Agriculture, 2009, April 29). Likewise, the Patriotic Health Campaign Committee highlighted the relevant task of the Propaganda

Department to disseminate knowledge of public health and to reduce social panic (PRC, Committee of Patriotic..., 2009, May 3).

*Political reassurance and vindication*

The Chinese government used overt security language to justify the undertaking of harsh containment. Certainly, related discourses did not reflect a consistent comprehensive characterisation of the disease, but as just observed, a number of security referent objects were in use. These security narratives also looked for demonstrating the capacity of the state to articulate a coherent and efficient response to pandemic influenza. At the same time, the health crisis appeared as an opportunity to vindicate the country from the deficient response to SARS. Huang Yanzhong has explored this idea, suggesting that the SARS experience affected that response in three ways: by encouraging the adoption of a worst-case scenario in risk assessment, by generating a need of vindication about the capacity of the country to respond to epidemics, and by embracing a positive interpretation of the role of containment (2010).

SARS provided both a catastrophist scenario and a path for safe play against the pandemic. The idea of the pandemic as ‘the greatest health challenge after SARS’ or the experience of the linkage of public fear with social unrest and economic disruptions illustrates the weight of the memories of the crisis in 2003. On the other hand, SARS was also a point of reference to claim that important reforms to the public health system and the mechanisms of response to emergencies had been undertaken, as affirmed by Professor Wu Shanming, from the Department of Infectious Diseases of the Shanghai Public Health Clinical Centre. Zeng Guang also said that China had substantively improved its surveillance system after SARS (X. L. Liu, Cheng & Ji, 2009, May 21). An article even goes as far as affirming that China not only accounts with a ‘well-organized health system’ to ‘ward’ off the emerging influenza’, but also – ‘[w]ith rich antiviral resources’ [sic.]. Thus, ‘the country has applied lessons learned from the 2003 SARS [outbreak]’ (Y. Hu, 2009, May 13).

Another form to use SARS in a positive manner is to affirm the direct experience of involved health officials with the crisis in 2003. This concerns Hu Jintao himself or Dr Zhong Nanshan, co-discoverer of the SARS coronavirus. Another official whose profile is emphasised is Yang Weizhong, the Deputy Director of the China CDC (S. T. Wang, 2009, May 4). The media presented common people as being aware that health officials accounted with the needed experience to address pandemic influenza. In an article with the telling title ‘“I think quarantine is an obligation’, isolated person of Guangzhou under observation’, a businessman affirms:

[...] we went through the SARS experience, and we know how to respond. If H1N1 appears that bad, we can be sure it will be like dealing with SARS (X. Yang, 2009, May 5).

The defence of the application of containment necessarily considers the SARS experience. China is depicted in an interesting article as 'the battlefield of containment' to stop the coronavirus in 2003. The response to a lack of resources, affirms another author, is a strong emphasis on containment.

What did finally control SARS? It was containment, furthermore, China was the battlefield of containment. [...] Chinese population is huge, epidemics spread fast, and the rate of infected people can increase geometrically. Furthermore the capacity of China to produce vaccines and awareness of the people to protect themselves are different to those in developed countries ('Zhongguo ji kong...', 2009, May 7).

Since the launching of the mechanism of response, Hu Jintao affirmed that comprehensive prevention measures would have to be implemented in a timely manner, 'in particular strict entry-exit inspection and quarantine' (Peng, 2009, April 28). This view was supported by the opinion of experts like Zeng Guang, who consider 'containment' as 'the key to curb the spread of the flu in the world', which is applied upon the basis of the 'successful containment of SARS' ('Zhongguo ji kong ...', 2009, May 7). Zeng, like other experts, is worried about the social determinants of disease in the country. Chen Zhu, the Health Minister, claimed that given 'the current spread of the epidemic in the world' as well as the intense movement of international personnel, 'preventing the import of the disease' was the correct approach (2009, May 12). The interviewed official of the Beijing CDC has a similar viewpoint. He affirmed:

Many people criticised the Chinese government, saying that the measures were too stringent. In fact, I don't think they were too strict. The more strict measures you apply in advance, the more time you will have to prepare for the job. (personal communication, Beijing CDC, 2015, May 25).

This official also affirmed that the idea of 'gaining time' was indeed regarded by his colleagues, and that the question of severity was perhaps not necessarily an important criterion to implement early harsh containment because they estimated that a respiratory disease with a similar severity to that of SARS was likely to cause social chaos.

A peculiar type of discourse used to justify the implementation of harsh containment in 2009 was the publication of detailed accounts of the extent of the exerted efforts. For example, after the detection of the first case in Hong Kong, an article affirmed that just on May

3 and 4, 955,617 passengers, 1248 aircraft and 4318 ships, and other 35, 646 means of transportation would have been inspected (B. Xu, 2009, May 5). A similar affidavit-style description was published about the tracking of an ill person and a close contact on public transportation through CCTV. In the case of the contact, the note relates that the person got on the Line 10 of the Subway between 12 and 13:00. He changed line to Huangzhuang station. He took a cab at 15:20 to the Jinsong station and then went out to a watermelon stand to buy some fruit (2009, May 25). A similar narrative was published, this time to provide an account of the diligence of officials to implement containment.

14:58, the door where people coming from affected areas by H1N1 pass through opens. Quarantine staff Shu Yan and his colleague board the plane. They ask the captain of the flight for the collection of the health declaration forms from the passengers and crew members without any exception. At 15:04 Shu Yan and his colleague entered the cabin, stay on a special bridge and look attentively at each passenger going out. They watch at their expression, at their gestures. (B. Xu, 2009, May 5).

These narratives indicate that the display of the reach of the state to track the behaviour of the population is a positive sign of its capacity to control pandemic influenza. In other words, it cannot be expected that all the resources of the state are not used for the declared aim which has become the 'main contradiction'. At this point, the image of a strong state requires a complementary appreciation of its benevolence, which is about the legitimate objectives it pursues and the observable interest of specific state actors to address the question. The visits described in the previous section exemplify this political tactic. Another example can be added when Zhang Ji, Deputy Director of the Centre for Disease Control and Prevention in Jinan, was reported to join the team to pick up the second case in the mainland and to get him receive medical treatment (Wei, 2009, May 14).

The case of the quarantined Mexicans is another important case to illustrate an attempt to show the benevolence of the state and its commitment to implement containment. The key question here is the treatment given to involved sectors when measures were applied and the potential criticism which may surge abroad. Dozens of Mexican visitors were quarantined on May 3. They were reported to affirm that the treatment they received had been 'reasonable', 'efficient', 'gently' and 'friendly' (Luan & Chen, 2009, May 8). By contrast, Mexican media reported the dismay of the travellers. They were 'utterly upset' and even brought to tears (Brunat, 2009, May 4; 'Retornan mexicanos...', May 5). The case of the quarantine travellers was also addressed in UK outlets ('Mexico and China in...', 2009, May 3; 'China quarantines Mexicans over swine flu fears', May 3). Chinese media targeting

international audiences tended to be less simplistic than national outlets on their reports. A Spanish-speaking news website remarked the positive assessment of the Chinese position while also recognising that some of the Mexican travellers felt discriminated ('China actúa por precaución'..., 2009, May 8). The view of Chinese overreaction would still be addressed in foreign outlets as an object of fascination and dread.

Quarantine officers, dressed in surgical masks, gloves and medical suits, greet passengers once the plane has docked and file silently down the aisles, placing a temperature gun at the forehead of each passenger. Anyone with a temperature even slightly above normal is singled out, removed from the plane and taken to hospital by ambulance for further tests (Daily Mail, 25 July 2009). [Warren, 2010, 732]

This sort of critics argued that by applying unrelenting border control, Chinese health officials were failing 'to distinguish the risk and the contagiousness of the current influenza with those of SARS'. The unpredictability of the threat and the potential endangerment of human health were told to justify the approach. The Director-General of the WHO, Margaret Chan, supported the Chinese government when she affirmed that 'we rather overprepare than not preparing'. The author of the consulted note remarked that the pandemic was an issue of 'life and death' against which the mobilisation of the Chinese people was needed:

Have they [the critics] thought about the Chinese government doing as foreign media demand and how this would make people ignore response strategies to the epidemic? (X. T. Xu, 2009, May 20)

Admittedly, failure to articulate an assertive response to the pandemic was likely to lead to a renewed political crisis for the country at the international level. Political considerations were critical for Chinese officials to justify the rigorous application of containment. In their view, the effects of these measures were precisely the opposite of what critics affirmed; their implementation 'avoided panicking the people'. It is interesting to note that in a survey conducted by the China Youth Daily, 85 percent of respondents approved of the measures implemented by the government. (Y. Z. Huang, 2013, *The 2009...*, p. 124). The maintenance of social order requires a right balance between the application of prevention and control 'and its social costs' (X. L. Liu, Cheng & Ji, 2009, May 21). The primary responsibility of states to adapt their response to 'their laws, their own risk assessment and their circumstances' was also invoked (Wu, 2009, May 21). This position was confirmed by recurrent references to the social determinants of disease, as the Ministry of Health did at a WHO consultation (S. H. Wang, 2009, May 30). The Dean of the Tsinghua University supported this

stance when considering that an inefficient response 'would be disastrous' (X. L. Liu, Cheng & Ji, 2009, May 21). Unsurprisingly, on May 20, the Ministry of Health denied that changes to the strategy were under consideration (Wu, 2009, May 21).

### Conclusions

Pandemic preparedness in China adopted the organisational structure promoted by the international regime of the field as a phased scheme of response entailing horizontal and vertical cooperation. The joint projects undertaken between the central government and the WHO had a decisive role for this adoption. The mechanism recognises the coordinating function of the Ministry of Health, which worked with relevant ministerial bodies to guide the application of harsh containment in the first phase of the response. The zeal of its implementation shows that policymakers and health officials adopted the catastrophist ethos of the international regime of pandemic preparedness, especially the deeply grounded assumption of the significance of the social and environmental determinants of disease to render China vulnerable to influenza pandemics. This trend of thought encouraged the characterisation of pandemic A (H1N1) as a plausibly existential threat, despite the continuous surge of evidence confirming its mildness.

Chinese leaders made use of overt security language to highlight the relevance of the pandemic. This language included the problematic characterisation of the disease as a plausibly existential threat. A number of referent objects of security were used like 'public health', 'social order' and even the 'motherland'. Calls were made for behavioural change to adopt self-care measures, which were taken for a form of patriotic responsibility. These features resemble some of the elements of the SARS response, but with much less intensity. The experience with this disease contributed to the entrenchment of the image of China as the likely place of origin of pathogens with pandemic potential, which had already been reinforced by the international regime of pandemic preparedness since 1997. SARS became a process from which Chinese leaders wanted to vindicate. The 2003 crisis also provided a path of action which favoured containment in a context of scarce resources. Some pieces of discursive evidence confirm the weight of SARS to shape the response to the pandemic in the terms just mentioned.

With regard to the main research question on determining whether the response to the pandemic was securitized or not, the evidence analysed in this chapter is not conclusive. On the one hand, there are elements which suggest securitization in the response like the determination of Chinese officials to mandate and coordinate the implementation of measures

which were clearly disruptive for affected sectors. High authorities were directly involved in some moments to show their commitment with the declared cause. The endorsement of a main issue which occupies most of the political agenda is also noteworthy. Special funds were also allocated when community outbreaks started to emerge. As just commented, overt language of security was used. On the other hand, it is precisely the language in use what prevents a full recognition of the response as securitized. The plausibly catastrophic interpretation coexisted with unavoidable assessments of the risk of the pandemic which confirmed its mildness. Health authorities sent equivocal signs on the very question of the alleged threat, which never reached the status of a confirmed existential character.

The chapter also suggests that the Chinese state does require legitimizing discourses. This is the reason for a dual profile of the state to be promoted, as strong and determined, on one side, and benevolent on the other. Harsh actions have moral support because they aim at the protection of the aforementioned referent objects of security. The state's need for legitimizing discourses suggests that no substantive functional differences were observed in the relation between discourse and action to make a strong contrast with the occurrence of securitization in liberal democracies. Indeed, relatively recent research about Chinese authoritarianism has shown a very nuanced depiction of the relation between the state, the Party and the society (Landry, 2008; Wright, 2010; Hess, 2013). There might be an intolerance to direct political threats to the regime, but Chinese officials are also cautious not to cause social unrest and social panic.

These reflections should not contribute to disregard the authoritarian nature of the state in China. Even if legitimizing discourses are needed, governments at the central and the provincial levels have more power to isolate and quarantine large groups of people without having to overcome significant institutions which counterbalance them. It is a paradox that the strong emphasis the Chinese put on containment became a subject of criticism abroad. In the first phase of the response, the tactic appears at time to become its own aim. No evidence was found on the consulted sources of a planned transition to mitigation. The next chapter goes over the middle and last stages of the response. Changes to the response would be taken in a reactive way. As the spread of the pandemic advanced, the weaknesses of the public health system were exposed. This would mean that the depicted seriousness of the crisis was strongly linked to the social determinants of disease rather than on the unconfirmed existential status of the novel virus.

## Chapter 7. Mitigation of pandemic influenza A (H1N1) in China, 2009-2010

This chapter argues that despite the perceptible lack of a clear strategy to transition to mitigation, Chinese leaders continued seeing the pandemic as a chance to project China's image as a competent state to handle the crisis and as a reliable partner for global health security. They persevered in their objective by maintaining the accent on the plausibly catastrophic nature of the disease, especially as the pandemic approached its first peak by the end of 2009. This characterisation prevailed during the mitigation phase despite growing confirmation of its mildness. In general terms, the inconsistent characterisation of the disease throughout the containment and the mitigation phases remained as an important obstacle to affirm whether the response to the pandemic in China was securitized or not, as inquired by the main research question.

The first section of the chapter studies the main measures implemented between mid-June 2009 and February 2010, which in general terms were aimed at the delay of community outbreaks and the reduction of the rate of severe cases and deaths. The first of these objectives was called 'non-proliferation', which considered the maintenance of controls in ports of entry and the reduction of internal propagation (*quanqiu weidu shi ezhi liugan manyan guanjian* - 外堵输入，内防扩散"的策略). Special attention is paid to the measures adopted by the government of Guangdong province, which was the first province to be affected by community outbreaks. The second section of the chapter carries out the analysis of discourses at this stage. The equivocal comprehensive characterisation of the disease would remain as well as the identification of similar referent objects, although they were used with less frequency. The third section of the chapter goes over the closure of the pandemic, the final moments when the central government constructed a politically favourable narrative of the whole response.

### The unplanned transition to mitigation

Health experts and officials in China were recognizing by mid-June 2009 that the approach to 'encircle' the country would gradually turn into the monitoring of focus groups. Undoubtedly, the declaration of level six of the Pandemic Alert System on June 11 added to the pressure on the Chinese government to reconsider its hard approach to containment. Within Chinese territory, imported cases, secondary cases and 'unclear community outbreaks' were occurring

simultaneously ('Jia liu fang kong...', 2009, June 17). The central government would react slowly to implement changes in the strategy. In general terms, these changes covered three areas: a narrowing of the scope of surveillance, the decentralisation of health care and the progressive involvement of the masses.

Changes in the response were not adopted as a result of consensus and determined planning; they were reactive episodes. One of the most telling moments to illustrate the point is the reaction of the central government to the earlier adoption of adjustments in Hong Kong in late June. Liang Wannian, Deputy Director of the Public Health Emergency Office of the Health Ministry, was critical of that progression because of the intense mobility of population between the mainland and the Special Administrative Region. As a consequence, the central government would be 'strictly improving the efficiency of quarantine measures in entry ports to fulfil the objectives of prevention and control' (T. Y. Zhou, 2009, June 30). Indeed, without Hong Kong sticking to strong containment, the whole approach in mainland China became unviable, but as just observed, health officials in the mainland had a hard time to recognize the need of a change.

#### *Narrowing the scope for non-proliferation*

Narrowing the scope of surveillance, by means of focusing on the student population and by limiting the definition of close contact, was a necessary step in the transition to mitigation. Local governments were having financial difficulties to implement extensive contact tracing operations (for the case of Beijing see 'Beijing dui man bao...', 2009, June 20). On the other hand, students were the most vulnerable sectors of the population so they were logical objectives to apply intensive surveillance and, if necessary, containment. Policymakers and news editors never rejected the value of comprehensive containment in this transition. Instead, they adapted it to a more focused purposed: non-proliferation (although external controls were maintained). The logic of this concept is to prevent further contagion from affected sectors to the rest of the general population.

The Department of Health of Guangdong province showed an earlier interest than the central government in reconsidering its anti-pandemic strategy. Since the first days of June, health officials in the province warned that community outbreaks were likely to occur soon in China's most populated areas. For instance, Dongguan City started increasing its provision of emergency supplies for health centres ('Dongguan quanshi...', 2009, June 3). More significantly, the provincial Department of Health issued a circular about the 'Timely adjustment of the prevention and control of influenza strategy' in those days which kept a focus on containment

under the label of 'non-proliferation'. Monitoring would have to be expanded to reduce the advance of community outbreaks and to 'delay' further spread. There had to be reinforced measures of control in schools, nurseries and other crowded places (Guangdong Province Health Department, 2009, June 12).

Concerning the national level, the non-proliferation approach was also projected at the regional level. Liang Wannian stressed the varied levels of affectation of provinces and regions. Hence, a primary objective was to prevent the spread of the disease on regions not yet affected (T. Zhou, 2009, June 29). Surprisingly, health officials maintained containment objectives while also previewing that cases of pandemic influenza would increase around one hundred every two days. The Ministry of Health even warned that it was 'very likely that deaths occur soon in mainland China'. (Wu, 2009, June 30).

The consulted documents and news notes do not show a specific aim of the deferral of infections within a general population or among regions. For Huang Yanzhong, this circumstance points to a lack of a clear 'exit strategy' (2013, *The 2009...*, p. 130). Apparently, it became quite hard for health authorities to justify a change of direction after demonstrating their zeal about containment. Highest authorities only reconsidered the orientation of the response after community outbreaks occurred in schools of Guangdong and Beijing. Afterwards, the State Council convoked an executive meeting in which additional measures to control these outbreaks were indicated, like morning inspections in schools. Eventually, the Ministry of Health and the Ministry of Education also called for the suspension of classes and the extension of holidays (PRC Ministry of Education & Ministry of Health, 2009, June, 22). The Ministry of Health encouraged medical workers to apply protocols of infection control to protect themselves and to ensure the continuity of medical services.

Changes to the definition of a close contact, as previously mentioned, are quite relevant. A person who had been exposed without protection to an infected one was initially defined as a close contact (*Woguo jiang...*, 2009, July 7). Since July 7, the criteria were narrowed down. For instance, in airplanes, a close contact was only three rows distant from the infectious person. The level of exposure was more specifically defined as treating, nursing or visiting a patient, or working or living with a patient ('China relaxes...', 2009, July 9). A more limited scope made prevention and control 'more targeted and operable' (T. Y. Zhou, 2009, July 7).

*Care decentralisation and incorporation of the masses*

The decentralisation of care is another necessary step in the transition to mitigation because medical facilities and resources in China are limited. This way, resources could be rationally used to assist patients with severe symptoms and to reduce mortality rates. The care of close contacts was decentralized with the implementation of medical observation at home – the government prepared special facilities for people without a fixed residence. Once in this status, affected persons had to confined themselves (T. Y. Zhou, 2009, July 7). The formal adoption of this form of care was preceded by the recommendation of experts like Zeng Guang, who had advised for mild patients to remain at home while receiving guidance from local health institutions ('Jia liu fang kong...', 2009, June 17). Indeed, the interviewed provincial official of epidemic control affirmed that Guangdong province was the first authority in the country to implement home surveillance for close contacts. The move was eventually replicated in the rest of the nation (personal communication, Guangdong province, 2015, April 14). Due to the extent of the expected spread of the disease, caring at home implicated the greatest demand of public participation to assist in the direct implementation for a health issue in post-Reform China.

Besides the issue of the rational use of resources, there was also the question of access. To enhance its response capacity against pandemic influenza, the Ministry of Health and the Ministry of Finance made a revision of existent insurance schemes (Y. Zhou, 2009, July 7). Indeed, a review process of the health reform system had initiated since late 2005 as a result of the social policies promoted by the administration of Hu Jintao after SARS (see the previous chapter). The structural problems of the health system in China should be regarded to understand the concerns of health officials in the country for a plausibly catastrophic evolution of pandemic A (H1N1) in 2009-2010, especially in winter and in rural areas. Health officials were aware that there was less risk of contracting pandemic influenza in rural communities than in urban spaces (personal communication, Guangdong province, 2015, May 14), but problems of access to health services would increase the relative incidence of severe illness and death. In the first weeks of August, the Ministry of Health promulgated a *Programme for the prevention and control of pandemic influenza A (H1N1) in towns*.

The involvement of social sectors was also promoted in other areas of the prevention and control of the pandemic. The Central Committee of the Chinese Communist Party and the State Council issued a programme which called for the cleaning up of public and private schools (C. Zhao, 2009, August 31). Parents were advised in new guidelines of the Ministry of Health and the Ministry of Education to check the health status of students and to look for

medical attention if needed before the start of the autumn term (G. H. Ni, 2009, August 17). A similar participatory orientation was reflected in the *Initiative for the prevention and control of influenza to the whole society*, issued by the Ministry of Health. This document assigned specific tasks to health education workers, employees of schools and nurseries, enterprises and institutions, news media workers and 'every person in the society' to assume their social responsibility. Tellingly, the actions against the disease were framed in the *Initiative* as a 'battle' by the people (PRC, Ministry of Health, 2009, August 31). This campaign was implemented by the Health Office of Guangzhou city in September.

On their side, the Department of Health of Guangdong Province had issued some *Guidelines for the Prevention and Control of Influenza in Summer* in which a series of measures which involve small business units were notified like procuring the ventilation and strict cleanliness of offices, shopping malls, theatres, KTVs and Internet cafés. Infected employees were entitled to sickness leave. The duty of in-home care for mild patients was more specified in the Guidelines. Besides strict isolation for seven days, masks had to be used and washing hands would be regular practice. The spaces would be ventilated ('Sheng weisheng ting chutai...', 2009, July 9). Later on, provincial authorities made recurrent calls to avoid large meetings in closed places. They also advised for large gatherings in schools to be held in outdoor spaces ('Sheng jiaoyiu ting...', 2009, August 22).

Another text shows the expected role of the masses to face the steep emergence of cluster outbreaks, the Proposal for the Prevention and Control of Influenza to the Whole Society by the Ministry of Health.

Every person in the society must assume the social responsibility of the prevention and control of the influenza pandemic. They are interested in the evolution of the disease and they understand the announcements issued by the authorities while not being credulous to rumours. Their prevention of the disease is based on scientific basis so their capacity of self-protection is reinforced. If fever, cough, tearful eyes and other symptoms appear, they look for medical attention. They comply with the coordinated prescriptions of doctors, nurses and public health professionals (V. Bai, 2009, August 31).

This approach is linked with the perspective of self-care as equating the protection of the Chinese nation observed in the containment phase, but, as it will be noted later, referent objects of security were not quite used in the mitigation phase.

*The Chinese vaccine, a tour de force*

The astonishing effort of the Chinese government to produce a national pandemic vaccine can be seen as a notorious attempt to regain some control of the perception of its image as a capable actor to handle the pandemic and as a responsible global health partner. In the dire conditions of wide pandemic propagation, of a lack of a clear and comprehensive strategy to transitioning to mitigation and of a scarcity of antivirals,<sup>48</sup> the pandemic vaccine was the key biomedical instrument at hand for the enhancement of consistent and effective mitigation. Unfortunately, as Huang Yanzhong noted, the capacity of production of the vaccine was limited to reduce the number of cases. Therefore, the delay of infections did not provide an epidemiological benefit as there was a dramatic increase of cases in the fall due to a lack of herd immunity among the population (Huang, 2010, p. 13). Nevertheless, the 'achievement' of delaying the onset of community cases would eventually be emphasised as a triumph of the response, as it will be observed later.

The Chinese media had reported about the preliminary steps to produce a pandemic vaccine in the country since July, when clinical trials for Hualan Biological Engineering were approved (2009, July 23, Clinical tests...). Strictly speaking, the efforts to get a pandemic vaccine go back to early June with the setting of the Research and Development Production Coordination and Linkage Mechanism on Pandemic H1N1 Vaccine to enhance the definition of reference standards for production. The central government clearly centred upon facilitating the conditions to accelerate the process of production in a time when local outbreaks started to occur. The evaluation of quality production was carried out by the Chinese CDC and the State Food and Drug Administration. The granting of approvals was speeded up so that production could start in September. The State Food and Drug Administration assisted Sinovac to prepare its application. The Director of the SFDA'S Centre for Drug Evaluation affirmed that in an unprecedented move, eleven experts from different fields were appointed to evaluate the prototype because 'it was an urgent and crucial task'. ('China's A/H1N1 flu vaccine...', 2009, September 1).

The production capacity of the Chinese pandemic vaccine was quite limited in relation to its population (Zhou, 2009, September 9). For instance, Sinovac estimated it could produce between 20 and 30 million single doses every year. At least, countries with tiny stocks could focus their immunisation efforts on priority and high-risk sectors. Even if the output capacity

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<sup>48</sup>Although the stockpile of oseltamivir in China had increased in the second half of the year, from 10 million to 26 (2009, December 10, Local clinics urged...), antivirals still were the 'weak point' of preparedness in the country.

was limited, the acquisition of knowledge about production on the field was the greatest achievement of the Chinese state during its response to the pandemic. The country advanced in the international recognition of the quality of its production because 10 of the 25 laboratories approved by WHO to develop a vaccine against A (H1N1) were located in China (Y. Z. Huang, 2010). On September 8, the Minister of Health Chen Zhu announced that 'after successful clinical trials', the first batch of vaccines was produced on September 7. This fact made China 'the first one to be able to use a vaccine against influenza A (H1N1)' ('China becomes...', 2009, September 8). September was precisely a critical moment in the progression of the pandemic because the incidence of the disease more than tripled in the last weeks of the month after a previous increase in mid-July.<sup>49</sup>

With the production of the vaccine emerged a new form of 'popular participation' through the acceptance of inoculation. Minister of Health Chen Zhu took the lead showing a vote of confidence on the product by publicizing the moment he received his second inoculation - he had received the first after the approval of clinical trials on July 22 ('China's flu vaccines safe...', 2009, August 13). As observed, since the beginning of the Hu Jintao's administration, the direct participation of officials was an important strategy of Chinese leaders to show the relevance they attached to policy issues. For the civic responsibility to be fulfilled, the definitions of high-risk groups had to match immunisation plans. This has been an attribution of local governments, but the Ministry of Health advanced on the question with the publication of its *Guidance for the vaccination of influenza A (H1N1) for autumn and winter* (PRC, Ministry of Health, 2009, September 15). Risk populations defined there included children, pregnant women, students and patients with chronic conditions like respiratory, cardiovascular and immunological disorders. Besides this group, public service personnel were indicated to be among the first receivers.

The production of a national vaccine was perceived as a tool to reduce the rate of severe illness and death, as observed in the objectives of prevention and control specified by the State Council in September (Fu & Yue, 2009, September 10). For the rates of vaccine acceptance to be increased, Chinese officials and relevant functional actors had to emphasise the key role of the vaccine in prevention and control. In November, the director of Sinovac estimated that 90% of the population in China was at risk of contracting the disease (W. Zhang, 2009, November 11). For October 31, 33.4 million doses had been approved for use. Eight companies were granted production licenses (Yang, 2009, November 7). Health authorities had

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<sup>49</sup>The national incidence of pandemic influenza between July 16 and August 24 went from 1444 confirmed cases to 3103. On September 22, the number of cases was 13,262. On October 10, 22,830 cases were reported (PRC, Ministry of Health, December 4).

to fight the problem of illegal charges on the administration of the vaccine if they were to see an increase of its acceptance. Hence, the National Development and Reform Commission published an emergency circular requiring a reinforcement of inspections in schools and medical premises (T. Y. Zhou & Wu, 2009, November 5).

### *Weaknesses exposed*

According to the central argument of this research, the pandemic appeared to Chinese leaders as an opportunity to vindicate China's image from past failures in issues of global health security by projecting its capacity to control the A (H1N1) virus. The fulfilment of these objectives was compromised when criticism by a prominent expert about the accuracy of death reports gained room in the mass media in November. From that moment, online news outlets appeared more open to reporting on the evolution of the pandemic in the country and about the differentiated regional capacities to face it.

Some weeks before the articles of the expert were published, the central government had an opportunity to reflect on the differentiated response capacities of the public health sector. The first death of the mainland by pandemic influenza, a woman from Lhasa, in the Tibet Autonomous Region, where medical resources were limited. Xi Xiuming, a member of the expert panel on influenza at the Health Ministry recognised that the difficulties to provide health care were a primary factor for the fatal outcome of that patient. Eventually, officials of the same Ministry affirmed that the handling of the first death was 'considered' and 'sensitive' because the responsibility was promptly recognised (G. Zhang, Qian, Chen, Zhang, Li & Mao, 2011). Wang Chen, another member of the expert panel observed that although deaths were 'inevitable', the response to the pandemic had allowed a delay of the spread of the disease ('Mainland reports...', 2009, October 9). Zeng Guang shared a positive view of the slowing down of the pandemic, which had prevented the simultaneous occurrence of critical cases and the consequent overwhelming of the public health sector (Zeng, 2009, October 19). This reasoning is put into question by Huang Yanzhong (2010).

In October, editors in the media made positive comments about the convenience of an eclectic perspective in which community-oriented measures were supported by border controls and enhanced surveillance (Yang, 2009, October 29). Furthermore, these efforts benefited from an increase in the special fund dedicated to the response to the pandemic. 1.6 billion Yuan were added to the 5 billion allocated in May (Han, 2009, October 15). These perspectives alternated with warning perspectives which reminded of the vulnerabilities of the country to counter the pandemic. For example, Professor Zeng Guang remarked that much of

the differentiated problems faced by localities had to be considered in the policymaking process. He also noted that the lack of capacities of hospitals to treat critically ill patients was insufficient and was therefore 'China's most important 'weakness' (Zeng, 2009, October 19).

By this time, Wen Jiabao regarded the social determinants of disease in China while appraising the work already done on the prevention and control of the pandemic in the country:

We are a country of 1.3 billion people, in which medical conditions are uneven, and we are still effectively controlling localised outbreaks and the spread of influenza A (H1N1) in the country. [...] Currently, the prevention and control of influenza is very serious, with increased outbreaks of disease in some areas. We have the confidence and ability to control and prevent these outbreaks and to reduce the number of severe patients and deaths. (Li, 2009, November 1, Wen supervises...)

Dr Zhong Nanshan affirmed in his groundbreaking comments that local governments may have covered up suspected cases because health units were not testing for pneumonia when inquiring causes of death. More realistic figures of people in need of inpatient care would be around 8 to 17 million upon the basis of the occurrence of 130 to 260 million of infections (W. J. Lu & Dai, 2009, November 19). The first reaction was of a defensive nature, the Ministry of Health asserted that the handling of information about the pandemic was transparent. Curiously, he encouraged all administrative levels to ensure accurate reporting (2009, November 20, MOH responds to doubt...). The defence of the death count by Deng Haihua, the spokesman of the Ministry, was also significant. He assured that there were 'no concealments, denials, or delays' in the data provided by the agency (J. J. Jiang, 2009, November 20). Days later, it was announced that deaths from A (H1N1) patients would be automatically registered as deaths by pandemic influenza, even if another medical condition coexisted with the infection (Jing, 2009, November 30).

The moves just described seem to confirm that health officials were aware of questionable practices that had to be amended to adequately comply with reporting. The perception of experts about the pandemic in early December was grim because of the exponential growth in the number of cases that had occurred in November.<sup>50</sup> Indeed, the Ministry of Health had implemented the issuance of a daily bulletin, instead of their publication three times per week as a response to the increase of the number of outbreaks (Jing, 2009, November 30). In Guangdong province, the epicentre of community spread, the Deputy Director of the Health Department Huang Fei commented to the media that the

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<sup>50</sup>On November 30, the 31 provinces had confirmed 92,904 cases, and 73091 of them required hospitalisation (PRC, Ministry of Health, December 4).

occurrence of community outbreaks there could replicate the pattern observed in Hong Kong with two weeks of difference because of the delay due to the implementation of nationwide containment. Therefore, a peak of cases could be expected in December ('Yue jia liu yiqing...', 2009, November 24). Beside great increases in the south, specialists also a growing incidence in the north of the country (PRC, Ministry of Health, 2009, December 4).

On January, Zhong talked one more time about the structural deficiencies of the health-care system in China. He pointed at the lack of access to treatment for critically ill patients. In many cases, these people, usually rural residents, lacked the resources to pay for the care they needed. For instance, the Beijing Health Department estimated that the medical bill for a severe case could be up to 80,000 Yuan (H. Huang, 2009, December 9).<sup>51</sup> To solve the situation, Dr Zhong affirmed, health authorities and the officials in charge to oversee the definition of insurance policies would have to ensure that current arrangements cover the treatment of pandemic influenza (D. Wang, Liu, Dai, 2010, January 19). A report by the Ministry of Health confirmed days later that despite a comprehensive decline of the incidence, rural areas would remain vulnerable for some time (Ministry of Health, State Administration..., 2010, January 28). Health officials were also concerned by the potential increase of cases during the New Chinese Year and the Spring Festival holidays.

Zhong's criticism was raised during a press conference of WHO officials and it is telling that they avoided any harsh comments on the Chinese strategy. As stated before, the participation of the Organisation during the pandemic was mainly of a coordinative nature. In her answer to a journalist about the question, Dr Marie-Paule Kieny, Director for Vaccine Research at the WHO, affirmed that China 'do report accurately to WHO' and that they were getting 'what is really happening [there]' (WHO, 2009, November 19). It is significant that the most important rise in the death count took place after Zhong's criticism. For instance, the total number of fatal victims on December 13, after the first, which occurred on October 6, was 116 (2009, December 17). More transparency on the matter evoked one of the most important lessons of SARS, which Zhong summarised with the phrase 'the more you hide the more you are exposed' (Guo, 2009, November 20).

The problem of access persisted throughout the whole crisis. For instance, the Beijing Health Department observed that the costs incurred to treat a severe patient could be as high as 70,000 to 80,000 Yuan (H. Huang, 2009, December 9). Another article reports personal expenses for more than 200,000 Yuan (Yang, 2009, December 22).

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<sup>51</sup> There were also reports about medical bills reaching hundreds of thousands of Yuan for about one week of hospitalization.

### **The discourses of mitigation**

Even if upon the basis of a reactive and unwanted transition to mitigation, the discourses in use at this stage show a continuity of the will of Chinese officials to promote an assertive image of the capacity of the state to articulate a coherent response to the pandemic. The comprehensive characterisation of the disease remained equivocal because of these political goals, on the one hand, and due to the continuous evidence of the mild character of the virus and the caution of Chinese officials not to generate social panic, on the other hand. The disease will also be represented as a regional issue and a crisis with political and economic effects. Referent objects of security were less in use, but when they appeared, they were similar to those used during the containment phase.

#### *The characterisations of the disease during mitigation*

As observed by Huang Yanzhong, the Chinese government sent contradictory signals about pandemic influenza during its response to the crisis. On the one hand, it attempted to reduce panic, on the other hand it invoked 'the memory of SARS as a justification for its extreme response measures' (2013, *The 2009...*, p. 130). Regarding the first posture, the declarations of Huang Fei of late June can be considered. He referred a report of the WHO to affirm that the severity of the novel influenza was mild and that the main factor to consider for the development of clinical complications was underlying health conditions (1.6 yi Yuan zijin..., 2009, June 24). Days later, Liang Wannian explained that on the basis of research, the A (H1N1) virus displayed a considerable capacity for infectivity, but that its severity was mild ('Woguo jiang...', 2009, July 7).

In accordance with the perspectives just mentioned, national authorities took pandemic influenza A (H1N1) out of the list of Class A infections on July 10 - therefore it would not be quarantined in specially reserved places (WHO, Western Pacific Region, 'Influenza A (H1N1)'). In August, the Ministry of Health issued a *Proposal for the Prevention and Control of Influenza to the Whole Society*, in which it was claimed that pandemic influenza could be 'prevented, controlled and treated', and that the 'battle' against the disease could be won as far as the Chinese people 'unite' and 'positively cooperate' with prescribed measures (Bai, 2009, August 31). Surprisingly, in a time of a significant rise in the number of cases, health authorities in Guangdong even considered that because cases were mainly mild, there would not have to be school suspensions ('Sheng weisheng ting...', 2009, September 15).

Zeng Guang asserted that the main task was to limit the increase of critically ill patients in hospitals, but that the disease was 'preventable and controllable' ('National CDC experts...', 2009, October 6). Indeed, in his view, people only had to keep good hygiene practices to protect themselves (Zeng, 2009, October 19). The Ministry of Health added weeks later that the trend of spread of the disease was dominated by the incidence in young people, but that the severity of the disease was mild (Z. Q. Hou, 2009, November 2). The same day, Premier Wen Jiabao affirmed that the country was 'fully confident and capable of doing well' in the response against the pandemic and that no effort would be spared to help patients, especially those suffering severe symptoms ('Premier urges...', 2009, November 2). The Health Department of Guangdong Province recognised as well that there was only a 'little difference' between the symptoms of seasonal flu and pandemic flu ('Sheng Weisheng...', 2009, November 25).

Distressing characterisations of the disease in China were even more common, especially as the spread of the disease advanced throughout the territory. An official of epidemic control revealed to this author that one of the main concerns in the months of the transition to mitigation was that the disease could evolve into a deadly form (personal communication, Guangdong province, 2015, April 14). There was a risk for the pandemic to worsen autumn and winter time. This concern is verified in the consulted sources.

At the end of autumn and early winter medical services will face a huge demand impact at all levels, bringing unbearable treatment pressure to respiratory intensive care units and ventilators to meet people's; emergency rooms will be overcrowded. [...] The race against time is an urgent question; the health of the population must really be improved before late autumn and early winter (Shi & Zeng, 2009).

Health officials were worried about the spread of the disease in remote communities with limited resources in their public health units (personal communication, Guangdong province, 2015, April 14). In a curious convergence with the anxieties generated by the geographic orientation of WHO's Pandemic Alert System, and because of the structural problems of the health system in China, the spread of the disease itself rather than the epidemiological assessment of its severity became a dominant criterion of the perceived seriousness of the health crisis in the media. Liang Wannian declarations in September are a telling example. He started mentioning that A (H1N1) had infected about 250,000 people in the world, killing 2,800. The pandemic in China was entering into a stage of clustering outbreaks. Universities would soon have to quarantine their infected students. Schools and

hotels would be used as temporary centres to provide treatment ('H1N1 could hit...', 2009, September 12).

For Zeng Guang, these clusters, which infected more than 5,500 Chinese, were just the start of the peak season. The virus had been detected in all the 31 provinces, municipalities and autonomous regions. The pandemic would likely follow the pattern of seasonal flu, reaching small cities, remote rural areas and organisations like factories in fall and winter time (Yin, 2009, September 13). The Deputy Director of the Emergency Office of the Ministry of Health gave more chilling details. He feared that 'half of the patients could develop clinical symptoms and several million would seek medical help' ('H1N1 could hit...', 2009, September 12). Apparently, just a few dozen severely-ill patients were likely to compromise the surge capacity of public-health premises in remote areas. Substantive increases in the incidence of the disease were estimated to occur until March 2010 (T. Zhang, 2009, November 2).

A comparative view of seasonal flu and pandemic flu was published in late November as part of the reports of a conference organised by the Guangdong province government. Even if not specifying key aspects like hospital admission rates and mortality rates, it contributed to increase a sense of urgency among the population by opposing a description of seasonal flu with recurrent uses of the term 'mild' against more severe manifestations of pandemic flu. This is the case of fever, headaches, body muscle soreness, and joint pain. Other aspects which present differences corresponded to the proneness of the pandemic virus to infect low respiratory airways (Sheng weisheng ting..., 2009, November 20).

In general terms, throughout the review of hundreds of news notes corresponding to the phase of transition to mitigation, this author noted a predominance of alarming characterisations of the disease in last quarter of the year because of the declared focus of the media and policymakers on the reduction of the rate of severe cases and on their access to treatment.

Besides the question of the discursive representations of pandemic influenza from the perspective of its severity, there are other three characterisations that are relevant to reflect on security frameworks. The first is the perception of the disease as a regional threat because the virus proliferated quite well in the zone of the Pearl River Delta. Xu Xiaoyuan, Deputy Head of the Influenza Expert Group of the Ministry of Health affirmed that

SARS, the avian flu and other respiratory infections in the country have been initially discovered in the area of the Pearl River Delta. So, again, pandemic influenza A (H1N1) was introduced and burst out in the community there. The geographical environment, population density and daily habits may have something to do. Nevertheless, experts have not come to any conclusion (Wu, 2009, June 30).

For Guan Yi, another expert on influenza and co-discoverer of the SARS virus, social interactions were an important aspect to find an answer to this question in the future (Personal communication, University of Hong Kong, 2015, May 4). For instance, the region may be vulnerable to breed infections because of its economic dynamism, which attracts the presence of a common floating population between its cities and with people from the whole country (personal communication, anonymous district CDC in Guangzhou, 2015, April 13).

The perception of the Pearl River Delta as a critical zone for global health security in China has motivated interregional cooperation between Guangdong, Hong Kong and Macao since 2008. The three parts have committed to share information, technical expertise and to promote the exchange of personnel, to establish a notification mechanism and to cooperate during emergencies. The activation of this mechanism could be observed since the beginning of the containment phase ('Weisheng shiye...', 2009, September 15; personal communication, anonymous district CDC in Guangzhou, 2015, April 13). In November, when community outbreaks were escalating at a fast pace, the three regions signed a memorandum of understanding on cooperation against pandemic influenza, they supported each other on clinical treatment, epidemiology work and laboratory testing ('Yue gang'ao...', 2009, November 13).

The second additional representation of the disease which is pertinent to stress is its integration in an over-spilling dynamic. The pandemic occurred on the eve of the celebration of the 60th-anniversary of the People's Republic of China. Therefore, it risked attracting negative undesirable attention over the country at a critical moment. This is why Huang Yanzhong considers this overlapping as a strong motivation for the Chinese government to overemphasise containment. Wen Jiabao exhorted health officials to step up prevention and control efforts in his speech of September to the Executive Meeting of the State Council ('China to begin...', 2009, September 8). The language in use to frame the event verifies the assertion. The pursuance of 'security' was taken for a 'battle' against 'violent crimes' and 'offences against property'.

The preparations for the national celebration included 'a formidable challenge for public health preservation' (Wei, 2009, September 3). 100 million people were expected to gather in the celebration; hence, the volunteers of the New China Network People participating in the national parade (around 200,000 persons) were the first sector of Chinese society to be immunised. Members of the PLA, the armed police, diplomats, border personnel, customs personnel, railway, civil aviation and traffic staff, key public officials and medical personnel followed. A security apparatus was defined between Beijing and six surrounding

cities. Police and armed forces were mobilized since September 15. An appropriate timing was also observed in the administration of the vaccine to the public, which started in October (Yin, 2009, September 13, A/H1N1 flu begins...). It is not surprising that Hu Jintao addressed non-traditional security in its speech at the 64<sup>th</sup> session of the UN General Assembly around that time. He affirmed that the security of each country was 'interlinked', that 'security connotations continue expanding', and that traditional and non-traditional issues are interwoven (Shen, 2009, September 24). With regard to the flu, he commented:

Pandemic influenza continues spreading. It has become a global public health threat that the international community is facing. China is willing to provide whatever help is needed for developing countries to prevent and control pandemic influenza. ('Hujintao zai di 64...', 2009, September 24).

This is one of the rare moments where the will of Chinese leaders to promote the country as a responsible partner of global health security through the handling of pandemic influenza A (H1N1) could be observed directly.

The third additional representation links the disease with the economic sector. After the formal declaration of the pandemic by the WHO on June 11, 2009, some concern was expressed by financial analysts about the economic effects of the crisis. These preoccupations were raised in the context of recovery of world economies from the crisis in the previous year. Some of the analysts previewed a 'significant' impact on travel, tourism and foreign trade industries. For others analysts, historical experience showed that these impacts would be limited. Because of the worse situation of the pandemic abroad, outbound tourism was expected to be particularly affected. On the other hand, the inbound tourism market was also affected by the aversion abroad generated by quarantines in China ('China braces...', 2009, June).

### *The referent objects of security during mitigation*

Claims for the protection of referent objects were less frequently made during mitigation than during the containment phase. This author did not find a satisfactory explanation, but it is suggested that policymakers, experts and mass media were very busy in the last quarter of the year with urgent practical matters of the unfolding of the pandemic. Rather than invoking abstract notions, people were encouraged to change behaviour by stressing specific aspects like the risk of developing complications or even death (e.g. T. Y. Zhou, 2009, July 14). They were also motivated by highlighting the positive benefits to their health of ensuring adequate

care at home, prompt access to antivirals and the reception of the pandemic vaccine. Despite these observations, some referent objects were located in consulted sources.

Liang Wannian affirmed that the prevention and control of infectious diseases implicates taking into account a number of factors like the epidemiological characteristics of the disease, the local response capacity, the incidence of other diseases on the population and, in particular, the expected damage to social and economic development (T. Y. Zhou, 2009, June 29). In other words, the protection of these factors had to be taken into account in the policymaking process. The *Programme of Prevention and Control for Towns*, issued by the Ministry of Health, points at the protection of people's lives in rural areas and social stability (2009, August 11). On its part, the measures announced in the *Proposal for the Prevention and Control of Influenza to the Whole Society* show that public health is a primary referent object. For its protection, health education would have to be publicised while surveillance and reporting are dutifully carried out. Transparency of the media is requested. A final call in the document reminds of the connection between self-protection and the protection of the Chinese nation affirmed in the containment phase. Pandemic influenza 'can be prevented, controlled and treated' if '*we unite* and positively cooperate with prevention and control'. This is a 'battle' to be won (V. Bai, 2009, August 31).<sup>52</sup>

Finally, one of the points included in the report of a meeting organised by the government of Guangdong Province with health officials from other parts of the country is the preservation of 'social order' and 'social stability' ('Sheng zhengfu...', 2009, November 2).

### **Pandemic closure**

Chinese leaders persevered in constructing a favourable interpretation of the role of the state in its response to the pandemic until the end of the health emergency. Discursive evidence supports this view but no specific process was identified for the specific deactivation of the mechanism of response. A view on risk assessment in those days allows an appreciation of the changing perceptions of the crisis. The end of the peak of the first pandemic wave in the country started to be noticeable by a reduction in the incidence of influenza caused by the A (H1N1) virus among all reported cases of influenza – from 36.6% per month in January to 11.1% in February. This change indicated that the presence of the virus was stabilizing within the pool of other detectable influenza viruses. The Minister of Health Chen Zhu declared that pandemic

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<sup>52</sup> The italics are mine.

influenza, 'which has killed nearly 800 people on the Chinese mainland, has passed its peak in the autumn-winter flu season' ('A/H1N1 passes...', 2010, March 3).

Health officials estimated that 30 percent of the Chinese population had immunity against the virus – partly because 82.12 million Chinese had received the vaccine. For Chen, 'a pandemic was unlikely to occur in the near future', but he did not rule out that localized outbreaks could occur in public spaces and schools. A note of caution was also stroked by the Director of the National Influenza Centre, Shu Yuelong at the 11<sup>th</sup> National Influenza Conference. He warned that new outbreaks could occur in the north during spring whereas southern regions were more vulnerable in the summer. On the basis of the experience with past pandemics in the world, he addressed the possibility of protracted effects lasting more than two years. ('Weisheng bu...', 2010, March 12).

To prevent a resurgence of the disease, experts advised for the continuous administration of the pandemic vaccine to risk populations. Their advocacy had to cope with questions that had emerged since previous months like attempts of corrupt officials to charge people for the vaccine, investigations about possible adverse reactions and even a few deaths. In one of the worst of these cases, officials of the Shanxi CDC granted licenses to a company for the production of vaccines without meeting the required standards of safety; children in the different localities were affected and a girl died. Officials were removed ('Shanxi shu...', 2010, March 19), and one of them was even accused of embezzling funds from the involved enterprise (2010, March 22). The case illustrates the formidable challenges that central and provincial authorities faced for the implementation of prevention and control at the local level.

The interest of the population to receive the vaccine declined as the peak of the crisis waned. Indeed, a reduction of the media coverage of the pandemic can be observed to occur in April, precisely at the moment of a further decrease of pandemic activity since the second half of the month (Zhou, 2010, August 10). In other words, the incidence of respiratory illness returned to levels of seasonal influenza activity. Furthermore, on the basis of epidemiological criteria like the proportion of susceptible populations, permanence of the virus in the body, viral shed and pace of replication, experts estimated that a second wave of the pandemic in summer was not very likely to occur (R. Wang, 2010, April 29).

Chinese officials started promoting favourable interpretations of the response to the whole pandemic in an awarding ceremony for individuals and organisations which contributed in an outstanding manner during the crisis. Chen Zhu affirmed that the leadership of the Central Committee of the Party and the State Council led to a 'victory' for the country over pandemic influenza and that the Chinese people and the international community recognised this achievement. Medical institutions and their workers, the national drug supervision system

and institutions in charge of vaccine research and development deserved wide acclaim in his view. On his part, Shao Mingli, the Director of the State Food and Drug Administration, mentioned that the fruits of the prevention and control effort evidenced the development of science and technology in the country and a 'high degree of political responsibility' (Shawn, 2010, May 17).

The relation between the response to the pandemic in China and the response at the international level was interpreted in a favourable way. A number of scholars observe that an intense cooperation took place for the exchange of information, the provision of technical support and core capacity building with other countries and the WHO (W. Liang, Feng, Xu, Xiang, Zhang, Shu, ..., Yang, 2012). The allegations made by the European Council against the WHO for allegedly overstating the severity of the pandemic supported another advantageous interpretation. The pandemic was presented as a severe one; therefore, China acted in consequence. By being adamant about the implementation of harsh containment, Chinese health officials were dutiful to the fulfilment of their responsibility with their country, even if they erred on the side of caution. The Minister of Health declared after Margaret Chan's announcement of the beginning of the post-pandemic period that:

[I]n the near future, relevant departments will deliberate to further adjust the current measures of prevention and control of pandemic influenza in accordance with WHO's recommendations and an integrated assessment of China's circumstances, (WHO, 2010, August 10).

The declaration of the post-pandemic period provided an opportunity for China to change the political significance of the crisis in the support of its further vindication from the SARS failure. This vision is reflected in the speech of Vice Premier Li Keqiang to the Committee of National Patriotic Hygiene Campaigns. He affirmed that the undertaking of campaigns against pandemic influenza and the one to ensure the carrying out of the celebration of the 60<sup>th</sup>-Anniversary achieved remarkable results that were recognised by the masses and abroad.

Our biggest advantage is our ability to extensively mobilize the masses through active participation, and collective cooperation for the carrying out of prevention and control, which enabled the masses to win a people's war against pandemic influenza (PRC, 2010, August 20).

The Vice Premier called for promoting awareness among the people about the prevention and control of infectious diseases and for the reformation of their habits. This was important because sanitary conditions in urban and rural spaces and the health of the people

‘reflect the mental disposition of a society, its degree of social progress and the capacity of administration of its government’ (PRC, 2010, August 20). He also affirmed that historical experience about the launching of patriotic hygiene campaigns demonstrated that the improvement of sanitary conditions is linked with the promotion of economic and social development. This was a pressing matter for a country with a vast and predominantly rural population. The process just analysed properly depicts the will of Chinese leaders to publicise a perspective of the response to the pandemic that contributed to the vindication of their country from the historical stigma of the SARS failure.

### **Conclusions**

The transition to mitigation was unplanned, therefore the adaptation of the prevention and control strategy was essentially reactive. Seemingly, Chinese officials had a hard time to admit the necessity of a change. The hard implementation of containment had served to make a case for the demonstration of the capacity of the state to articulate a coherent response to infectious diseases and to appear as a responsible partner of global health security. The reactive transition resulted in a lack of the definition of the objectives to be attained by delaying community outbreaks and by producing a pandemic vaccine with limited industrial capacity. Despite these problems, policymakers leading the anti-pandemic effort persevered in the political objectives just commented. They did so by maintaining the plausibly catastrophic characterisation of the disease. Because epidemiological assessments provided the opposing perspective of a mild virus, the comprehensive characterisation remained equivocal.

Concerning the specific changes adopted in the transition to mitigation, all of them pointed at the reconsideration of the usage of the limited resources of the state to specific sectors of the general population. Students were the key group harbouring initial community outbreaks, health workers were critical actors whose own health was precious to keep the public health system running as best as possible - and a similar argument in their respective field was made for public security staff, risk populations were the more likely sectors to develop complications and to lose their lives. Neither massive manhunts nor the quarantining of large groups of people were of reasonable use from a financial and logistical perspective. Without their main tactics to impress the audiences, Chinese officials concentrated their attention in supporting the development of a national pandemic vaccine, which in terms of the generation of knowledge for production and to some extent in the curbing of the spread of the disease among high risk sectors -in urban spaces- was a clear success. The pandemic vaccine

became eventually a symbol of the progress of the country to adopt a scientific perspective for attaining a solution against an international security threat.

The evolution of the spread of pandemic influenza in the country provided different grounds to emphasise the significance of the crisis, but for unwanted dynamics, namely, the exposure of the structural deficiencies of the public health system to cope with the surge demand. At some point, grim perspectives of the pandemic were mainly about its geographical advance. Three additional views of the comprehensive characterisation of the disease could be identified. First, its regional dimension, which reflects the special role of the Pearl River Delta for the transmission of infectious diseases - and the social and environmental determinants of disease of the country. The second alludes to the overspill dynamic of the public health sector with the political one. This occurred because the pandemic appeared to threaten social order in the wake of the celebration of the 60th-anniversary of the People's Republic of China. The question was tangentially addressed, but it may also be explored in further research as the main motivation to explain the adoption of harsh containment - the point has been suggested by Huang Yanzhong (2010). The third characterisation is about another overspill dynamic, this time with the economic sector. Curiously, not much evidence was found to affirm that this was a priority of Chinese officials and experts during the pandemic. Nevertheless, it is possible that the issue gained relevance in an ulterior time not covered by this research.

At the final phase of the crisis, Chinese officials started spreading positive appraisals of the whole anti-pandemic response. The continuity of their effort to promote a positive image of the country in the handling of the health crisis supports the main argument of the thesis. The state would have shown 'political responsibility' with its citizens and with fellow countries. Even if erring on the side of caution, China would have acted dutifully by sticking to a strong approach of containment. The capacity of the state to mobilize the people in a 'war' against pandemic influenza was also stressed. After all, self-care was essential during containment and mitigation. The economic and social development would have been protected.

Finally, in response to the main research question, how was the response to the pandemic securitized, if ever? No conclusive answer can be given on whether the pandemic was securitized or not. The how has certainly been addressed. The central government clearly attempted to make a case to fulfil its political agenda. As specified in the conclusions of the previous chapter, there is involvement of high officials, focus on a specific issue which became dominant, the application of quite disruptive methods, and the usage of security language - by the way, admitting the usage of security language does not necessarily entail securitization in the view of Buzan, Wæver and de Wilde. These traits may support that the response was securitized. By contrast, the main obstacle to determine the nature of the response in

accordance with the Copenhagen school is the lack of a consistently characterised threat as existential. A (H1N1) was not good material for it, and Chinese officials, on the other hand, were wary of generating social panic.

Drawing upon the developments in all the chapters, it is clear that the Chinese response to pandemic influenza in 2009-2010 is a special case. Since the introduction of China in the modern system of states in the early twentieth century, epidemic control overlapped sometimes with concerns of sovereignty. The overspill between the public health sector and the political and even the military sector appeared propitious for the securitization of infectious diseases in the pre-Reform era. Even more, with the adoption of the Reforms, China was more open to diversify sectors of governance and to frame them with the language of security. Therefore, since international pressure and incentives increased for China to recognise its HIV/AIDS crisis, and with the shocking experience of SARS, Chinese leaders seem to be open to securitize infectious diseases. Whereas the protracted clinical nature of HIV/AIDS made its securitization more manageable so as not to generate social panic, the securitization of SARS was extreme because the challenge to the external sovereignty was also critical. Nevertheless, when the pandemic in 2009-2010 broke out, the central government was determined to make the health crisis a case to present itself as a responsible global health security partner. Eventually, the A (H1N1) virus proved not to be a trustworthy partner to make a sound case for endangered national security.

## Chapter 8. General conclusions

Pandemic influenza embodies the paradigm of an infection of global proportions with high pathogenicity, unpredictable nature, pervading effects at all levels of social life and inexorable occurrence. This superlative model of disease adds to the general concerns about the threat posed by infectious diseases. For policymakers and experts they have acquired a global character because of the interconnectedness of the contemporary world, the evolutionary nature of microbial agents and the looming prospect of bioterrorist attacks. The HIV/AIDS pandemic evidenced the limits of modern medicine; it also encouraged reflection among policy-makers and scholars about a security-disease nexus. Accordingly, developing countries face a resulting framework of economic, societal, political and even military threats induced by the occurrence of disease. At the same time, developing nations were considered the sources of epidemics for industrialized countries. SARS made clear that novel, contagious and treatment-limited outbreaks were likely to trigger great panic and economic turmoil in developed and developing economies within a reduced period of time.

China is an important subject of analysis to carry out research on global health security for four reasons: the political and economic prominence of the country, its social and environmental determinants of disease which make it a likely place of origin of influenza pandemics and emergent infections, the peculiar character of its response to the pandemic in 2009-2010, which may not conform with securitization, and a literature gap on the question. The projection of China as a political and economic power is a defining feature of the international system. International regimes of governance cannot dispense with the cooperation of one of the largest economies in the world, which is also a country holding permanent membership in the Security Council and a key actor in the regional dynamics of the Pacific rim. Since the late 1990s, the country adopted a new security concept which regards non-traditional security and its varied sectors of governance. The progressive convergence of the country with international regimes (although unsupportive of democracy as endorsed by Western powers) has been coherent with the pursuance of economic development.

China has been the source of infections of international significance. The black death is often referred as a Manchurian scourge exported to the world through the Silk Road, and influenza pandemics have also emerged in Chinese territory in the twentieth century. Since the 1980s, the scientific community started paying attention to the environmental conditions in the country which enable the surge of influenza viruses with pandemic potential. Nevertheless, it is until 1997 that the country caught the world's attention due to the emergence of a highly

pathogenic avian flu virus. Since that time, the cooperation with the international community has intensified. When the WHO issued its first pandemic plan in 1999, the IPP, the increasing collaboration of China was celebrated in the document. So the country has been at the epicentre of efforts to contain pandemics as the international agenda on pandemic preparedness evolved.

The scientific literature, official documents and the declarations of policymakers within China and abroad constantly refer the environmental and social determinants of disease of the country. More specifically, these texts regard the sheer size of the Chinese population, the intense connection of some of its cities with main transportation networks around the world, the structural problems of its health system and the historical perceptions and narratives mentioned in the previous paragraph. Therefore, wealthy countries and international organisations have committed to increasing the incentives and the political pressure on China to strengthen its position as a responsible partner for global health security.

China has shown a trend to frame important infectious diseases in terms of security since the beginning of the century. In the case of the pandemic in 2009-2010, the central government implemented one of the harshest strategies of containment in the world. A mechanism of response engaging different sectors and levels of authority was put into action. Top leaders called for executive meetings and made declarations to the mass media. Restrictive measures on trade and travel were implemented as well. Stringent controls on ports of entry were activated, whole groups of passengers were inspected and, when necessary quarantined. Hotels were adapted to lodge close contacts, and a multiple array of resources were used to track them. In stark contrast, the government sent equivocal signs about the nature of the disease and the threat. From the perspective of security studies, this is an interesting case to inquire about.

There is a literature gap that this research addressed. Despite the available access to official documents issued by the central and the provincial governments in China and a fair amount of news articles online, not much research has been undertaken to offer a comprehensive analysis of the response of the country from the perspective of security studies. The lack of assertiveness of the WHO about the definition of a pandemic, the problematic absence of an operative notion of severity to be incorporated to the Pandemic Alert System or potential conflicts of interest in the panel of experts of the Organisation are well known issues that invite to reflect on frameworks of security in use. It is fair to admit that research with convergent interest to those of security studies has been conducted and that this author used them to the best of his knowledge, as it is the case of the field of risk communication.

### **The relevance of the main research question**

The main research question inquires about the securitization status of the Chinese response to the pandemic and for the way the process went through. Assessing the relevance of this question can be done in two steps. By addressing the relevance of both the pandemic as a political process and the theoretical framework in use. Some comments have been made about the position of influenza among the priorities of global health security at the beginning of this chapter. Besides those general aspects, the pandemic in 2009-2010 was the first to occur after the reform of the International Health Regulations and a series of reforms in China which addressed emergency response mechanisms, regulations on the prevention and control on infectious diseases and the insurance schemes of the public health system. HIV/AIDS and SARS had caught the world by surprise, but by 2005, countries and international organisations had remarkably advanced in the definition of plans and mechanisms of cooperation.

Pandemic A (H1N1) put these mechanisms to the test due to its unexpected genetic and geographic origins, due to its capacity for a global spread and due to its mild character. Contrastively, pandemic preparedness had evolved to target severe pandemics, so countries around the world were trapped between the rapid geographic escalation of the crisis, initial lack of information and the catastrophist inertia of the related international regime. On its part, institutional preparation in the WHO appeared to be inadequate to deal with a relatively long crisis and with the very characterisation of the alleged threat. The main political repercussion of the aftermath of the pandemic is a legacy of distrust about the undue influence of functional actors in the decision-making processes of the WHO. Concerning China, the pandemic showed both the determination and the importance that the Chinese state gives to health crises and its lack of flexibility and will to follow the guidelines of the WHO as the crisis evolved.

With regard to the theoretical framework, securitization has been one of the most influential approaches to security studies in the last twenty years. It contributed to the promotion of expanded perspectives of security in international politics in a moment when academics were debating the validity of traditional conceptions of security, after the fall of the Soviet bloc. The framework appeared open to incorporate contextual perspectives to attribute meaning to security in context. A number of sectors were outlined with a specific logic of threats and vulnerabilities which regarded the particular role of securitizing and functional actors in each sector. Since its publication, securitization has been applied to a diverse range of sectors, including global health security. Indeed, main works on this specific field, whether they use securitization or not, cannot ignore the contributions and the debates of the

perspective. Ideological aspects, power politics, the definition of health agendas and the gaps between wealthy and underdeveloped countries have been studied from the viewpoint of securitization.

Securitization, as a process of involvement of high authorities to attain a specific objective by invoking a security dynamic that is accepted by an audience, is a relevant aspect of international politics which deserves attention. The rationale behind speaking security is that governance issues become a priority for states and therefore they are more likely to be actually addressed. Official negligence has been a factor in the surge of the HIV/AIDS pandemic and possibly in the failed policies to control the avian flu in the Asia Pacific (although there is also a question of state capacity). Furthermore, SARS evidenced that social and environmental determinants of disease in developing countries are critical for the surge of pathogens which may threaten the health of peoples in different regions of the world. The disease also evidenced that the authoritarian exercise of power in a country like China does not guarantee compliance with its health-governance obligations.

### **Main empirical contributions**

The empirical contributions of the thesis can be grouped in three sets. The first set is about the identification of a dynamic of securitization of infectious diseases in China. The second is about the interpretation and explanation of the response to the pandemic in the country from the perspective of securitization. The third set is about the analysis of discourses in use during the response to the pandemic.

#### *A historical overspill - epidemics and external sovereignty*

Chinese authorities seem to be prone to securitize diseases when they are perceived to threaten the external sovereignty of the country. Since the beginning of the twentieth century, Chinese leaders struggled to integrate China into the international system while also gaining command of the handling of the nation's internal and external affairs. Access with full rights was not mercifully granted, but acquired through internal gradual changes, an assertive and persistent diplomacy and due to changes in the international order (Y. Zhang, 1991, p. 16). Throughout this journey, epidemic control frequently overlapped with the perceived attempts of foreign powers to interfere in the administration of the state, as observed with the case of pneumonic plague and to some extent during the New Life movement. Despite evident differences between the security frameworks of pre-Reform and post-Reform China, there is

an observed continuity of the suggested overspill to be propitious for the endorsement of securitized perspectives. In the case of the germ-warfare campaign, the core sector for the security framework was of a military nature. The antagonistic contradiction between the nation and the external enemy was self-evident.

The adoption of notions of non-traditional security and the convergence of notions of governance in multiple sectors is also amenable to the security framing of infectious diseases. As observed in Chapter Five, the health diplomacy of China adopted the language of security to frame infectious diseases. These efforts have been aimed at projecting an image of the country as a responsible partner. This objective is at odds with an inflexible defence of a Westphalian stance on sovereignty. The notion of a political threat to external sovereignty which emerges from the mishandling of a policy sector helps understand the progressive engagement of China in regional and international schemes of collaboration on non-traditional security issues. These processes suggest that the Chinese government may be inclined to securitize diseases which are deemed politically relevant.

At the turn of the century, assertiveness in the handling of a health crisis does not only depend on the capacity of the Chinese leadership to establish exclusive control over the Chinese territory and the recognition of such control within the international community; collaboration with global health efforts is necessary. HIV/AIDS was the first health crisis that evidenced the vulnerability of the country to the international dynamics of the spread of infectious diseases. The progressive recognition of the security implications of the disease has occurred due to a combination of the leakage of reports about the peasant epidemic to the Chinese media, international pressure and incentives in the form of aid packages from international organisations and wealthy nations. The progressive character of this securitization illustrates that changes in the matter are gradual.

SARS was a catastrophic disaster in public-health and in political terms for China; therefore, the new generation of Chinese leaders had an urgency to rebuild the image of the country. The narratives about the crisis were explicitly politicised, as it had been the case for the Manchurian plague, the New Life movement and the threat of germ warfare. The usages of discourse, the extent of the implemented measures and their specific implications for the relation between state and society confirm that the response to the disease was securitized. Not only was a 'people's war' declared, health care facilities were built in record time, regulations were issued, and a groundbreaking emergency fund (of about 2 million Yuan) was created. That China was marked as the birthplace of novel infections in the world was detrimental to the desired image the leaders of the country wanted to project abroad.

The response of the country to pandemic influenza followed the trend towards the securitization of politically relevant epidemics in China, but unsupportive epidemiological evidence to the plausibly catastrophic characterisation of the disease and concerns of Chinese officials for not generating social panic rendered the framing of the disease inconsistent. Despite these considerations, the analytical value of the convergence between the public-health sector and the political sector for securitization was proved, even if momentarily, during the preparations for the celebration of the 60<sup>th</sup>-anniversary of the People's Republic. In those days, Chinese officials attended diplomatic meetings where they recognized the security implications of pandemic influenza and the diversified nature of international security, which now includes, in their perspective, a global health sector.

*The Chinese response to pandemic A (H1N1) and its inconsistent characterisations*

The second set of main empirical contributions of the thesis is the interpretation of the Chinese response to the influenza pandemic in 2009-2010 from the perspective of securitization. To a great extent, this set is about the answer to the main research question. The interpretation pays initial attention to the evolution of international pandemic preparedness as a system underpinned by what Aradau and van Munster call conjectural reasoning. Since the first years of the century, wealthy nations and international organisations have collaborated to advance on the science about influenza, to develop related technology and to organise extensive networks of surveillance and information exchange. These resources are put to the service of preparedness against a disease which has not yet materialized but which is characterised by its complex and unpredictable microbiology, by the pervasiveness and the severity of its effects in all aspects of social life, and by the inexorability of its occurrence; not being a matter of 'if' but 'when'.

China has joined the international regime of pandemic preparedness. Therefore, its arrangements on the field reflect the plausibly catastrophic featuring of the disease and the organisational structure of the mechanism of response endorsed by the WHO. Historical experience converged with this institutional inertia in 2009. Chinese leaders saw in the pandemic an opportunity to project the image of the country as a responsible health partner by showing the capacity of the state to articulate a coherent response to the disease. At the same time, they would also vindicate the country from its faulty response to recent infectious diseases, especially SARS. The empirical chapters on the pandemic response confirm the perspective of Huang Yanzhong about the influence of the 2003 crisis. Health officials deemed

harsh containment the best approach to address the threat of a disease, which was also depicted as external.

Some theoretical considerations were relevant to formulate the core interpretation just mentioned. As previously noted, the Chinese response to pandemic influenza showed traits which correspond to a securitized one like the direct involvement of high authorities, the application of disruptive measures, the allocation of special resources and the usage of security language. Nevertheless, the featuring of the alleged threat did not consistently fulfilled the facilitating condition of an existential characterisation. Aradau and van Munster's politics of catastrophe are useful here to note that the discourses which supported the implementation of extreme measures correspond to a conjectural logic. Pandemic influenza A (H1N1) was not a verified threat with the superlative traits of a severe pandemic, but its turning into a microbial nemesis was plausible. Recurrent consideration of the social and environmental determinants of disease constituted a propitious scenario for that evolution.

The advantage of incorporating Aradau and van Munster's work is that it helps understand that the pandemic could be simultaneously depicted as mild. The empirical processes to explain the second characterisation, as shown by the consulted evidence, was the surge of epidemiological assessments which confirmed the mildness of the virus. This characterisation also helped Chinese health officials to assert that the people would not have to fear to the disease but to stick to the recommended behavioural changes. Hence, policymakers and policy implementers followed objectives which were at least divergent if not hard to reconcile. An interesting point can be made from this array of circumstances, that the political use of the advice provided by the scientific agenda may not always be coherent with the proper evolution of the views developed by the scientific agenda. At the same time, the scientific agenda should not be perceived as a coherent body, Chinese scientists also presented encountered views about the comprehensive characterisation of the disease and about the measures to implement.

Chapter Three highlighted the relevance of the notion of sovereignty to explore the shaping of security frameworks about infectious diseases in China. In the case of pandemic influenza A (H1N1), it is pertinent to reflect on the extent to which Chinese leaders perceived the external sovereignty of the country to be at stake if they surely consulted reports since April 2009 about the mildness of the virus. In this case, the importance of sovereignty lies in the potential for catastrophe that the social and environmental determinants of disease could trigger. After all, accounts of terrible second pandemic waves like in 1918-1919 implied the risk of re-infection of the world from a renewed Chinese epicentre in the winter. The other way in which the health crisis could impinge on sovereignty was the perception of a mishandled

strategy of epidemic control which would likely revive appraisals of the deficient capacity of the Chinese state to contribute to global health security efforts. If they were to err, they would rather do it on the side of caution.

There is still a nuanced question to bear in mind. The response to the pandemic was not supported by a comprehensive strategy contemplating the crucial transition to mitigation. Although it is suggested that the political motivations about the projection of a positive image of the country remained throughout the whole response, the means to attain these objectives, containment, at times appeared like an objective itself, especially by the end of May and the first week of June 2009. This was the time when a change of strategy appeared to be increasingly necessary. There should be some consideration for the difficulties that a political regime based on vertical, although selective and sometimes contested (Kang, 2015), compliance may face to change the direction of a policy line. Because of criticism in foreign media, Chinese health officials know that the lack of flexibility in the prevention and control strategy generated a negative perception abroad.

#### *The security discourses of the response*

A critical observation of the study of the case is that the Chinese regime could not dispense with discourses which legitimised its actions. A telling example to illustrate this need is the coverage of the visits paid by high officials to patients in hospitals. By showing care for the health of the people, Chinese leaders stressed a benevolent side of the exercise of power and the legitimacy of the objectives pursued by the state. The supportive function of discursive framing to action reminds of the relation between discourse and action in liberal democracies as described by the Copenhagen school. Nevertheless, it is suggested that this similarity does not implicate that the central government, and provincial authorities as well, did not account with ample room to define the exception and to act as they see fit.

The pandemic of influenza in China in 2009-2010 was also considered from the perspective of its regional significance, especially during the phase of mitigation. The Pearl River Delta attracted the attention of Chinese scientists because of its favourable conditions to breed and harbour pathogens. The perspective encouraged since an early stage of the crisis the activation of a mechanism of cooperation between Hong Kong, Guangdong and Macao. This sort of cooperation sent a positive signal abroad for the definition of a mechanism of response strategically located to identify pathogens with pandemic potential at their point of origin. Another important characterisation of the disease refers to its integration into a general security framework in which the public health sector overlapped with the political sector. The

context was the eve of the celebration of the 60th-anniversary of the People's Republic of China. The value of this process to verify the significance of sovereignty for security frameworks in the country has been commented.

The referent objects of security observed in the research are the 'health' and 'safety' of the people, the continuity of 'social life', 'normal production', 'life order', and the 'motherland'. All of them are claimed to be protected by the actions of the state and by the participation of the masses when complying with the guidelines of prevention and control. In their most extreme forms, these referent objects equate 'self-care' with a patriotic duty. The protection of 'social order' or 'life order' cannot be dissociated with the primary concern of Chinese officials to protect the stability of the political regime and the leadership of the Party, which are referent-objects that have been invoked in post-Reform China during societal crises - they have not been analysed in the thesis. The presence of this kind of referents are indications of the overspill of the sector in crisis with the political sector.

The notes on political reassurance in Chapter Six show that Chinese officials sometimes described the measures of containment with great detail. These discourses were interpreted as gestures to remark the political will of the state to use all available means to pursue the declared aims. Displays of the capacity of the state to invigilate its citizens might be an acceptable practice, and this acceptance may indicate that the Chinese state accounts with ample room to operate within the realm of accepted 'normal politics'. Hence, as an authoritarian state, the central government is able to impose centralised bureaucratic control and to indicate the path of action to adopt against a threat, even if the measures to adopt are quite disruptive for affected people. More research would be needed to explore additional evidence of this kind of descriptive and detailed narratives and the reception they have in their targeted audiences.

The symbolic relevance of the mobilisation of the masses should also be highlighted. Despite the demise of ideology, and much less level of involvement of the Chinese people in the direct implementation of policies after the Reforms, the ability of the state to invoke their participation is affirmed to be a powerful tool for the state to accomplish the objectives of prevention and control. The sort of mobilisation conducted during the pandemic sometimes adopted the form of groups of support to ensure the application of measures at the local level. Campaigns were also carried out to ensure the cleanliness of schools. These actions were far from having a decisive impact on the response to the pandemic. The value of remarking them seems to be more of a symbolic nature to generate a sense of community to achieve a specific end. Given the scarcity of biomedical tools, this was an important measure to empower the people against the pandemic.

Previous notes in this chapter show that the plausibly catastrophic characterisation of pandemic influenza diverged from surging evidence of the mildness of the disease. The lack of convergence between the scientific and the political agenda is not explored in sufficient detail by the Copenhagen school. Indeed, Chapter Two noted the lack of attention in the framework to the relation between the scientific and the political agendas. Chapter Seven went over a moment of the pandemic when the criticism of an expert had an impact on the course of action of the response against the disease. This process suggests that despite the increased attention the Chinese state may pay to restrict mass media in times of crises, control of the related coverage may be damaged by unexpected moves of members of the scientific agenda. The media eventually found less restrictive conditions to report on the grim situation of the evolution of the pandemic.

Some words should be dedicated to the closure of the pandemic, when the central government made his final moves to promote a positive appraisal of the handling of the whole crisis. Chinese officials were determined to accomplish the political objectives analysed in the previous section. In this vindictory exercise, the response of China was depicted as driven by scientific and technological perspectives and by a disposition for international cooperation. It is significant that the response was defined as a 'war' in one of the closure speeches, a word rarely used during the pandemic.

### **Main theoretical contributions**

The main theoretical contributions of the thesis are the identification of two sets of contradictory perspectives of securitization. The first affects the interpretation of the occurrence of securitization and the second highlights features of the framework which may limit or enhance its application for the analysis of political contexts which are different to its Western matrix.

#### *The threshold-intensification dilemma, an interpretive crossroads*

The answer to the main research question about the securitization status of the Chinese response to the pandemic in 2009-2010 is inconclusive because some elements of the actions undertaken and discourses uttered during the crisis match with the criteria suggested by the Copenhagen school whereas one of the discursive criteria, albeit an important one, does not: the characterisation of the alleged threat. The key point to note in this section is the inconclusiveness. It is possible to deny the identification of the response to the pandemic as

securitized if the criterion of interpretation sticks to the idea that the alleged threat needs to be characterised as existential. Because one of the facilitating conditions is not met, therefore, the attempt to securitize is deemed failed. This reasoning is compatible with what is mentioned in Chapter Two as the threshold perspective, where a criterion of sufficiency applies to signal the point where an audience tolerates 'violations of rules'. Because the Copenhagen school authors are biased against securitization, their threshold to identify that point is high.

So that the threshold is reached, the featuring of the alleged threat and the referent objects of security which are invoked convey a superlative character. These elements may be then interpreted as being part of the exercise of exceptional politics against the background of a specific form of political organisation which is usually democratic. The benefits of deliberative politics could not be suspended by issues that do not seem to represent an existential threat. Only in these conditions can executive powers be extended because the other alternative is annihilation or the destruction of values that are precious and basic for the affected community. Buzan, Wæver and de Wilde added an additional barrier, the acceptance of the audience. In the view of the empirical openness about the contextual definition of security, the 'threshold' perspective, with its superlative characterisations and their acceptance, has become a common feature to support the formalisation of the framework. As in the case of the debate about the widening of security studies, securitization would be better served if restricted to specific dynamics which distinguish it from politicization. The possibilities for confusion are serious because the mere use of the word security cannot be taken for a sufficient criterion to determine its occurrence.

The inconclusiveness of the response to the main research question originates from the consideration of an alternative perspective which may support the interpretation of the response as securitized. Before continuing this theoretical reflection, it is pertinent to regard that the traits suggesting a securitized response in the study case are not easily dismissed. First, there is involvement of high authorities to place an issue among the priorities of the political agenda; second, special resources were allocated to ensure an additional engagement of involved policy implementers; third, quite disruptive measures were implemented to the point that the country faced external criticism, and four, overt language of security was used.

The second perspective, also addressed in Chapter Two, is the intensifying one. Against the former, this view argues that clarity of the definition of securitization came at the cost of a narrow definition of the circumstances of its occurrence and of the evidence to identify it. This means that a number of practices leading to the escalated attribution of existential significance to a threat that did not end up being characterised in existential terms or which

did not appear to be accepted by the audience would be disregarded. These restrictions may be more significant when attempting to use securitization for the analysis of authoritarian regimes, basically, because they are usually able to carry out extreme measures without facing institutions which are able to counterbalance. Surprisingly, the elements to support this perspective can be found in the works of the Copenhagen school.

Buzan, Wæver and de Wilde conceived of the relation between ordinary politics, politicization and securitization as an intensified continuum. They even acknowledged that degrees of securitization occurred. Evidently, this recognition was inconsistent with the strict standard of the 'threshold' perspective. Mark Salter and Michael C. Williams argued for the pertinence of the adoption of an intensified perspective. An immediate question that needs to be addressed about the suggested stance is the apparent contradiction of a notion of extremity that is not necessarily extreme. Extremity serves here as the final yardstick of a path of escalation that is worthy of analysis with the elements of the grammar of security.

To apply the commented perspective, it was convenient to define a set of practices where to observe intensification (besides discourse: policy instruments, allocation of special funds, and calls for social participation). This step was pertinent for two reasons, because a number of scholars have recognised a heuristic bias in securitization which privileges the analysis of discourse over the consideration of other kinds of evidence, and second, because of the lack of clarity in the framework about the relation between discourse and action with regard to the presence or absence of the term 'security'. In such circumstances, the authors advise locating alternative discursive constructions which indicate the 'politics of existential threats' - they may also refer the suggested practices. The intensified perspective of extremity could then be thought to operate in the four practices at a differentiated scale if required. With all these considerations in mind, a coherent characterisation of the alleged threat could be dispensed and the Chinese response to the pandemic could be deemed a securitized one.

The position adopted in this research is that an accent on the inconclusiveness of the evidence is the wisest choice because it points at an unresolved problem in securitization that is rooted in the very formulations of its original proposers. The Chinese case helped expose the dilemma.

### *The liberal-advocacy dilemma*

The second contradictory perspective in securitization that was identified in the thesis is the observed incompatibility of the political bias of the Copenhagen school in favour of liberal democracies and their proclaimed empirical openness to investigate the meaning of security.

About their advocacy, Buzan, Wæver and de Wilde attribute a moral and political superiority to Western powers because they have achieved high levels of development. The democratic nature of these countries warrants smooth transitions of power and the definition of mechanisms to render their political elites accountable for their performance in governance. The development of Western powers has also led them to desecuritize sectors like the military, the political and the societal. Consequently, they resort less to extraordinary measures to tackle existential threats, which is a condition which is opposed to the deliberative exercise of power in liberal democracies. Buzan, Wæver and de Wilde are against securitization.

The reason for the incompatibility between the authors' liberal advocacy and their proclaimed empirical openness is that the distinction of conventional and exceptional politics cannot be detached from specific ideas about the relations between the state and the society. They presuppose the model of a political community with specific criteria for the definition of ordinary and exceptional politics. The latter implicates a violation of the principles of the former. For the sake of the defence of the community against an existential threat, extraordinary powers are granted to an executive authority so that principles like the division of powers, the exercise of accountability and the protection of the rights of the individual get temporarily compromised. These powers are commensurate with the significance of the alleged threat. The analytical utility of the described process is restricted to the model of political organisation which served for its formulation.

The nature of the state and the values it represents cannot be taken for granted when securitization is to be applied to the study of security agendas in countries with authoritarian practices. For the enhancement of the framework, the empirical openness should take precedence over the political advocacy of the Copenhagen school. In China, the attributions of the state have not been clearly defined in its relation with the ruling Party, the media is subjected to the continuous supervision of the leadership, the political elite are able to mobilize the masses for the direct implementation of policy, and leaders are generally committed to the defence of traditional notions of sovereignty. Apparently, the definition of extreme politics may be different in China. During the response to the pandemic, the state appeared able to implement stringent measures against some sectors of the population to carry on with stringent containment. Certainly, these actions needed discursive justification, as previously observed, but the capacity of implementation is remarkable.

The evidence gathered for this research does not provide additional elements to explore the institutional arrangements which enabled these capacities in contemporary China, but specific aspects of the usages of discourse were explored with some depth. It should be noted that the combination of an intensifying perspective and the acceptance of a contextual

notion of the exception have an interesting potential to make securitization more flexible for its application to the analysis of alternative political contexts.

There is a final point to make about the 'standard of civilisation'. The adoption of an open stance about the political organisation of a regime with authoritarian traits is not incompatible with the recognition of the pervading influence of liberal democracies in the definition of security agendas. There is mounting pressure for countries out of the 'standard' to make their security agendas converge with those that are promoted as global and consensual. Due to the very perspective of the differentiated interests and capacities between wealthy and developing countries, tensions can be expected. Disparate agendas are not only the result of the variety of perspectives and interests about public health but also of conceptions of security. The contradictions described in this section do not diminish the value of securitization. They only invite to explore its potential to generate critical perspectives about framing processes of security and about itself. This author appreciates the following lines of Mark Salter, written for a special number celebrating the introduction of the framework in *Security Dialogue*.

[...] the schematic explanatory framework of security theory is not a bug of the theory, but a feature. A parsimonious model that is contradicted by each and every empirical case serves a greater purpose: the consistent failure of the security theory to point us to the complex and complicated social and political processes involved in connecting an issue with the value-category of security. [...] I have never seen a theoretical innovation to security theory tested on another empirical case to prove or disprove its analytical potential. Thus, we can dispense with the baroque tendency to add more flourishes to the definition of audience or a more precise definition of illocutionary. Security theory is best when it serves as a purposively simple entry point into a rich empirical field, illuminating complexity through the inevitable surplus of relations, practices, materials that exceed the explanatory capacity of the original formulation.

### **A note on the limitations of the research**

The main limitation of the research is its state-dominated focus. This position entails the risk of losing sight of a critical element of securitization: the audiences. The type of consulted sources reinforces this limitation because of the levels of control on the mass media which are likely to reproduce official perspectives. The author attempted to lessen the weight of these deficiencies by consulting an extensive number of these sources. Another limitation results from the predominant focus on the national level because the jurisdiction of central authorities for the direct implementation of policy is restricted. This means that the analysis in

the thesis is more about the definition of the general orientation of the measures to respond to the pandemic than about their actual execution and the interesting problems which emerge on the field.

The research identifies some similarities in the response of the pandemic by the Chinese government and in those of other countries in Southeast Asia, but there is still a significant research gap to support a more solid comparison and to determine with accuracy the uniqueness of the Chinese response. An extensive search of academic and news articles tried to compensate for this circumstance, but this task only confirmed the extent of the research gap.

These limitations need to be acknowledged to appraise the significance of the contributions of the research. The methodological note in Chapter One gives some context of the circumstances in which the work was carried out. Fieldwork was limited due to financial and time constraints, and the Chinese government started getting tough about the granting of research stays, for which I applied in 2015. A fellow scholar with an advanced trajectory in Chinese studies and global health told me in 2012 in Taipei that this kind of research, which I was about to start, was difficult to undertake. This is true, but the satisfaction of completion will remain for a lifetime.

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