THE REPUBLIC OF TÜRKİYE
SOCIAL SCIENCES UNIVERSITY OF ANKARA
INSTITUTE FOR AREA STUDIES

INFECTIOUS DISEASE AND NATIONAL SECURITY: A COMPARISON OF CHINA AND SOUTH KOREA

MASTER'S THESIS

SILA NAZ ELGİN

DEPARTMENT OF ASIAN STUDIES

JUNE 2023

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ACCEPTANCE AND APPROVAL PAGE

FOREWORD

To my greatest support system, Anne & Baba

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This thesis, much like the world throughout the COVID-19 pandemic, has seen a lot of changes since its initial conception. Writing a thesis on a current event, while living through the new age caused by it was not the most thrilling experience I have ever had.

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ÖZET

Bu tez Doğu Asya ülkeleri olan Çin Halk Cumhuriyeti'nin (Çin) ve Kore Cumhuriyeti'nin (Güney Kore) yüzleşmek zorunda kaldıkları salgınlarla mücadele sürecinde ulusal güvenliğe nasıl yaklaştıklarının kapsamlı bir analizini yapmayı amaçlamaktadır. 2002–2004 SARS salgını, Ortadoğu solunum sendromu koronavirüsü (MERS) ve Aralık 2019'dan günümüze COVID-19 pandemisi incelenmektedir. İki ülkenin hem devam eden salgınlar, hem de süregelen ulusal güvenlik problemleri ile nasıl başa çıktıkları vaka çalışmalarının da yardımıyla retorik analizi ve veri toplama yöntemlerinin birlikte kullanıldığı metodolojik bir yaklaşım ile analiz edilmektedir. Kuramsal çerçeve için Yapılandırmacı Kopenhag Okulunun genel teorik çerçevesi ve sağlık güvenliği alt temalarıyla Paris Okulunun da belirli unsurlarından yararlanılmaktadır. Örnek olay incelemelerinde; Çin için, salgınları sırasında yönetimler tarafından uygulanan medya kontrolü, Kuşak ve Yol Girişimleri, Tayvan'ın tanınması, Hong Kong ve beşeri kaynaklar gibi sorunların gelişimlerinin pandemi süreci politikaları üzerindeki etkileri, Güney Kore için ise yine pandemi izleme mekanizmaları, Kuzey Kore ile ilişkiler, uluslararası ilişkiler, altyapı sorunları, vatandaş güveni ve bu çerçevedeki politikaların halk sağlığı yatırımları ile olan ilişkileri kapsamlı olarak ele alınmaktadır. Çin ve Güney Kore'nin mevcut pandemi koşullarını ve uygulamalarını öne sürerek mevcut ulusal güvenlik uygulamalarında değişiklikler yapıp yapmadıkları araştırılarak buradan yapılacak çıkarsamalar ile diğer ülkeler ve küresel düzeydeki güvenlik ve dış politikadaki olası değişimler konusunda öngörülerde bulunulabilecektir.

Anahtar Kelimeler:

Salgın Hastalıklar, Ulusal Güvenlik, Güvenlikleştirme, Halk Sağlığı, Çin, Güney Kore

ABSTRACT

This thesis is a comprehensive analysis of how the People's Republic of China (China) and the Republic of Korea (South Korea) approached national security during the respective infectious diseases they have been forced to confront. It looks at the 2002–2004 SARS outbreak, the Middle East respiratory syndrome coronavirus (MERS), and the most recent COVID-19 pandemic from December 2019 to the present day. This thesis looks at how both countries have dealt with both the ongoing infectious disease crises and their continuing national security interests by utilizing a mixed methodological approach of rhetoric analysis and data gathering, approaching the question with the help of case studies. It utilizes primarily the Constructivist Copenhagen School while utilizing certain elements of the Paris School as well. It takes on case studies for both countries. For China, it looks at media control and information during infectious disease outbreaks, the implications for the Belt and Road Initiative, the recognition of Taiwan, Hong Kong, foreign affairs, and human capital. For South Korea, it looks at media control and information, North Korea, foreign affairs, infrastructural issues, and citizen trust. It is thus possible to make predictions regarding the policies other countries choose to implement on global security and international foreign policy by investigating whether China and South Korea have modified existing national security practices by putting forward the current pandemic conditions and practices.

Keywords:

Infectious Disease, National Security, Securitization, Public Health, China, South Korea

ABBREVIATIONS

CSCT	Classical Security Complex Theory
SARS	Severe Acute Respiratory Syndrome
MERS	Middle East respiratory syndrome
COVID-19	Coronavirus disease 2019
EECM	The Emergency Economic Council Meetings
PPE	Personal protective equipment
WHO	World Health Organization
WHA	World Health Assembly

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INTRODUCTION

On December 31st, 2019, China confirmed that a novel coronavirus (SARS-CoV-2) had been identified and transmitted inside the country (WHO, 2020). Since then, there have been more than 676 million cases reported worldwide, with over 6 million deaths (JHU CSSE, 2023). This virus did not only have a devastating blow to the human population but to the global system as well. With that, it has become once again apparent that such infectious diseases have an impact on many previously unexplored areas. One area has been government preparedness and mitigation strategies in the context of public health. With that in mind, this study and the following thesis aim to understand how infectious disease impacts the national security practices of China and South Korea. This thesis works to address the gap in security studies on the limitations of threat perception regarding the changing face of asymmetric threats.

The research for this thesis was started with an interest in uncovering answers to the question of how infectious disease impact the national security practices of China and South Korea. The hypothesis formulated was that both countries would be working to revamp and reinvent strategies to mitigate infectious disease outbreaks to protect existing national security interests. There are five chapters in this thesis, in which Chapter 2 is the literature review, which looks at what the literature has been saying on infectious disease and national security throughout history, their importance and place in public health policy, and how countries across the globe have mitigated and learned from them. In Chapter 3, the theoretical framework and methodology is discussed, presenting concepts undertaken by the Constructivist approach and the Paris School. Chapter 4, the section analyses a comprehensive case study of China and South Korea considering the infectious disease outbreaks they have had to endure in the past twenty years. In the case of China, the analysis looks at media control and information during infectious disease outbreaks, the implications for the Belt and Road Initiative, the recognition of Taiwan, Hong Kong, foreign affairs, and human capital. The South Korea section looks at media control and information, North Korea, foreign affairs, infrastructural issues, and citizen trust. Finally, Chapter 5 is the conclusion, which discusses previous arguments, and findings and try to come to a

reasonable conclusion regarding the Chinese and South Korean way of managing the disease and national security relationship.

In the following section, this question is examined from a global scope to identify existing patterns in the literature and note which gaps this thesis should work to address. It includes elements on securitization and public health.

CHAPTER I: THEORY AND METHODOLOGY

1.1 Theoretical Framework

This thesis uses the basic teachings of the Copenhagen School and the associated Paris and Welsh Schools, which is a security studies theory branch, to understand the motivations behind national security practices considering infectious disease outbreaks within China and South Korea. It also refers to concepts associated with health security and connections made within the literature regarding the state decision making process. In that sense, it relies on the theoretical framework behind concepts such as strategic communication and public diplomacy.

On the Constructivist School of Thought, credit usually is given to Nicholas Onuf for coining the term "constructivism", used to describe theories that emphasize the socially constructed persona of international relations. though there are many other significant names that have modified the term to fit into intersecting realms of international theory. With this in mind, the following three sections will look into the different schools of thought and theoretical approaches that are of importance to the question this thesis aims to provide insight into.

1.1.1 Traditional Understandings of Security

The Copenhagen School presumes securitizing actors are collectives, or in the least their designated representatives who hold a position of authority. Since a successful securitization involves persuading an audience of the urgency held by a given threat, most Copenhagen School scholars tend to disregard the likelihood of individuals being able to complete a securitizing act (Buzan, 1997, p. 5-28). Others highlight that what is most important is the speaker's positional power (in terms of rank, place in society), social capital, or relationship to the audience (Vuori, 2008).

There are two commonly present approaches to the scope of security in this school of thought. Barry Buzan classifies himself as a Widener, but also as a skeptic when it comes to looking at security in the context of economics and environment. He also acknowledges and argues for a military subfield, or a strategic subfield, under the umbrella of wider security studies. Waever and de Wilde categorize themselves as a post-modern realist and researcher of a liberal-pluralist background respectively. Ole Waever proposes that approaching

security broadly is inherently flawed. He suggests that the levels of escalation and de-escalation, securitization and desecuritization provide a better understanding of how actors approach the concept of security (Wæver, 1995). Looking at the concept of widening, it would allow for disease and the like to be considered a threat to security (Buzan, Wæver, & de Wilde, 1998). Buzan et al. discuss politics of life as international systems and the following rankings of subsystems, units, subunits, individuals (Buzan, Wæver, & de Wilde, 1998).

They do so by looking at sectors in specific contexts, with the political sector being connected to authority and the military sector being connected to coercion. They suggest that wider political engagements are no longer at the forefront of ideological rivalries as nations only feel the need to engage in such affairs in the event of their interests being directly affected. The logic of security regions comes from the idea that security is ultimately a regional matter, and how collectives understand threats in the context of their given environment. Widening can be done but it needs to be done in a way that allows for hypothesizing based on a specific situation and control. Too vague an approach will hinder the process of desecuritization and prevent it from being realized. This theoretical framework aims to allow researchers to cultivate language and concepts that will allow for productive comparative studies among multiple regions. This school also wishes to justify the position and affirm the consequence of the regional level in international security affairs, as regional clusters (also known as security complexes) are important to understand the basic structures of the states said regional clusters are made up of (Buzan, Wæver, & de Wilde, 1998).

Buzan et al. introduce three units, which play into their understanding as the Copenhagen school to security analysis: referent objects, securitizing actors, and functional actors. Some types of referent objects allow actors to have more success regarding securitization compared to others as size and scale can help denote something as a successful referent object or not. For the most part, mid-level limited collectives seem to be the most successful, as they are justified by the notion that through engagement, the "we" feeling is reinforced (Arcudi, 2006, p. 97–109). This adds to the collective identity and ultimately brings a sense of responsibility to the audience. Buzan et. al further argue that their theory allows a theoretician to address different issues. This is apparent when one addresses the possibility that the state is in fact the most critical security referent. Acknowledging this still

allows modifications later to address new concerns. This is important to remember because security in reality is an area of competing actors, yet biased in that the state is still privileged in general practice which acknowledges differences between the state-centric approach and state-dominated fields (Buzan, Wæver, & de Wilde, 1998). As such, new concerns may be raised as time goes on due to the different actors present in each situation, who may be motivated to act based on their changing interests. Mitzen (2006, p. 341-370) also proposes that state identity is socially constructed through interactions with other states, rather than the commonly argued realist standpoint that it is a self-organized process. Bourdieu, under the realm of the Paris School, suggests that agency is influence by one's "habitus"; which is categorized as the way one perceives and responds to their surroundings (Bordieu, 1977).

Thus, referent objects need to promote a security legitimacy to justify a need for action. Concepts of lite bureaucracy, political regimes, and firms very rarely have such a sense of guaranteed survival and thus are often not classified as referent objects. One can show the effects of under and over-securitizing an issue, which can lead to how one should go about dealing with a security dilemma effectively. A securitizing actor becomes the one or group doing the securitizing via rhetoric (which is categorized as a security speech act) Identifying the actor is more problematic really, because it involves generalizing when usually a small group is doing so. This makes identifying actors harder than identifying referent objects. Identifying actors involves a level-of- analysis problem. Different levels of government can be held responsible for one act. A speech act doesn't inherently show who or what is speak-ing, rather just the designated actor (Buzan, Wæver, & de Wilde, 1998). Therefore, sometimes one needs to go in deeper when analyzing patterns.

Classical security complex theory looked at only political and military sectors, and held the states as being the referent objects (Gupta, 2010). Buzan et al. offer two ways of looking at opening security complexes to contextualize sectors other than political and military by dividing them in two: homogeneous complexes which look at sectoral concentrations, and heterogenous complexes that look at sectoral interactions. Looking at concepts with these distinctions in mind allow for the tracking of understanding how events happen and what is needed for securitization by further understanding how spillovers have happened in the past (Buzan, Wæver, & de Wilde, 1998).

The work of Michel Foucault can be summarized as an inquiry into how the structure of society of today differs from that of its predecessor. He considers that systems are essentially built to address what is perceived to be incorrect in more ancient times, rather than adapting to the new conditions of the modern day. It is through this that the notion of the all-seeing perceptive superpower appears, through the Panopticon model. Given through the name, the ideal model of surveillance is said to be in which the individual does not interact with anything other than the surveilling entity (Foucault, 1991). In this sense, the age of technology and development have been aided by this notion of surveillance as a method of fostering innovation. There are thus seven takeaways from this framework. The first is that those engaging in society will internationalize rules and regulations. The second is that it will be less beneficial to focus on punishment and favour rehabilitation instead. The third is the deeper surveillance, moving into the private life as opposed to being restricted to the public life. The fourth is the building of an information society; in which all gathered intelligence and surveillance demands a device to store and analyze said data. The fifth is the white-collar labour era which brings in a need for bureaucracy, as in the organization of people into statistics. This leads into the sixth concept, which is efficiency; and is a matter of how these statistics can be used by the bureaucracy to control the masses. The final component is specialization, in which each member of the society embraces a role and carries out its tasks accordingly (Foucault, 1991).

The Paris School is a relatively newer form of a security studies approach, wherein it suggests that the mere act of labelling a given issue as a security priority creates a new level of analysis by making that concept become a security priority in each situation. The field aims to understand how one can make sense of the realm referred to as "emergency politics", in which threat perception and the existing system come together to form a defence strategy (C.A.S.E. Collective, 2006, p. 443-487). Although the Paris School is primarily used to address issues in migration studies, because it aims to identify and offer solutions to gaps within institutions and practices this theory may also serve a dynamic purpose in this thesis such that it will help identify issues China and South Korea have faced throughout the respective infectious disease outbreaks regarding their national security concerns and potentially offer insight into how these concerns may be addressed by researchers and policymakers.

Didier Bigo, a sociologist and prominent member of the Paris School, builds on the research of Pierre Bourdieu and Anthony Giddens, and argues that when addressing security issues, there should be a proper use of the tools brought in by criminology, sociology, and international relations to come to a viable solution. The Paris School also heavily relies on instinct, wherein there is an organic response that can be cultivated toward a given situation (Langwald, 2021). This is important for the purpose of this thesis, as with Jennifer Mitzen's (2006) work on fear, it is no surprise that those confronted with difficult decisions often act from a place of instinct rather than logic and forward thinking. Governments are rarely afforded such a luxury, but no doubt seeing as they are made up of individual human beings, it is granted that not all decisions can be black and white in the moment they are made.

Habits and identity are highly important concepts for the Paris School (Langwald, 2021), in which the psychological and individualistic implications of decision-making can be considered. In that regard, Mitzen (2006, p. 341-370) also notes that ontological security and identity pose important results for intersubjective processes; such as diplomacy and decision-making.

The aim here is not to discredit the work the traditional theories have done for security studies, rather acknowledge that new frameworks are necessary to understand motivations and forecast possible outcomes for the future. The military sector of security studies still holds an important role in security studies and our understanding of how states choose to securitize, as the notions of survival and self-defence stem from historical understandings of threat perception, how this can be reconciled to understand modern state policies is dependent the context of the securitization that is being done. This thesis presents the hypothesis that when facing a securitized infectious disease outbreak, China uses a strategic communication-based approach; whereas South Korea relies on public diplomacy efforts to build on the opportunities stemming from the outbreak.

The Paris School essentially undertakes the task of translating Foucault into modern day security concerns. In "People, States and Fear", Barry Buzan (1983) encourages case-study when utilizing such approaches in national security research, which could tie into the practices of the Paris School. Langwald (2021) acknowledges the organic connection between the Paris School and Buzan et. al's line of inquiry; in that the Paris School adds an analysis of securitization processes through the significance of security practices and speech

acts, by adding onto the sociological implications of securitizations as uncovered by the former. A modern-day example of how the Paris School is taken into consideration, is through information wars; one point of research put forth by Bauman et. al (2014), in which they find significant evidence to suggest that major surveillance programs in fact have important implications for national security, human rights, public trust, and diplomacy.

The question of where security dynamics in a sector are located depend on two things: the cause-and-effect nature of the facilitating conditions, and the process of securitization itself. There are questions of who the mentioned concept is a security issue for, and what is at stake for them? Each sectoral analysis will produce different regions and units, and one can argue that for the military-political sectors, the regions are states/nations while the units are adjacent states while for the societal sector, the units would be the nations and the regions would be the adjacent states. Through this process one can understand that Buzan et al attempt to put forth the notion that securitization is unto the who, and as such motivations will be different from situation to situation (Buzan, Wæver, & de Wilde, 1998). Steele notes that there are times where a state may choose to compromise their physical safety in order to protect their perceived identity (Steele, 2008). This is especially useful when contextualizing state motivations and understanding events that take place.

International security is rooted in power politics, and that essentially security is about survival. This is in a sense where the military-political understanding of security derives from. Security means that one can use unparalleled efforts to contain something and when one invokes the notion that something is a security threat of some sort, by doing so allows one to mobilize different things to stop a "security" concern. This section is important to consider when discussing the response strategies deployed specifically by China. Historically, claiming something is a security threat has legitimized action against it, as existential threat is considered only in the context of its relationship to the characteristics of the referent object (Waltz, 1993). Securitization essentially takes politics out of its previously assigned conditions and gives it a more special or beyond-politics denotation. One could even argue that this is a case of more extreme politicization. To securitize something thus is to present it as an existential threat that requires emergency measures and justifies the extreme actions taken to address it. States can essentially frame their concerns as life or death, which is what security is about rather than the issue itself (Buzan, Wæver,

& de Wilde, 1998). Framing this presents an opportunity for many states to potentially resolve concerns motivated by several different circumstances.

This is not a foreign concept for Mitzen (2006), who argues that states are not merely after physical security, but ontological security, which is commonly translated as the security of the self. On a more individualistic level, Mitzen looks to psychoanalysis and psychology wherein she identifies elements that can be used to understand state actions from the lens of anxiety and identity (Mitzen, 2006). Understanding how and what motivate states during threat-perception stages also allows researchers to graph strategic responses to identify possible future conflicts or clashes in interests between states.

The question then becomes how large-scale of an impact a perceived threat will have on pre-existing patterns. This leads to three rules according to Buzan et al. regarding what successful securitization would look like: identifying existential threats, emergency actions, and intermittent relations via rule breaking. Securitization is distinguished by its untraditional approach method regarding rhetorical structure, as such there is a do or die element to its solution, that comes into play in the operationalization of the measures for securitization (Buzan, Wæver, & de Wilde, 1998). Sometimes, events are so engraved in the political culture that when discussing the matter, the urgency for a solution is automatically assumed. As such, Buzan et. al suggest it is in fact possible to uncover a certain logic to a given practice as one can connect the notion of wanting to survive which then allows one to apply it to the other sectors. This does not mean that it will be uniform throughout, as differences will appear in the context of a given situation. Despite this, there is still an overarching logic that ensuring the problem is solved with minimal damage under its own diameters is ultimately the ideal practice. As a result, securitization is either ad hoc or institutionalized: depending on whether the threat has recurring potential, responses may become an institutional practice (Buzan, Wæver, & de Wilde, 1998).

The element of urgency makes such politics beyond the realm of normal policies, as it requires different response strategies. Sometimes one needs to provide justification for why something is a security threat and needs to be handled in a different manner, which brings into existence the legitimacy for special service organizations as some issues require long-term monitoring. There are important differences between politicization and re-securitization that should be considered. Politicization is where something has been decided

upon in an open manner and therefore requires a level of responsibility, whereas in the context of securitization, especially on the international level, there is means to present an issue as a threat to existence and urgent, one that cannot be addressed through normal politics. Ideally the goal should always be desecuritization, and in fact securitization should be considered as the failure to deal with something via normal politics - this in a way is how one may begin to reconcile the politics of securitizing infectious disease outbreaks. The goal should be prevention rather than intervention and mitigation. Being in the mindset of security and securitization is not necessarily productive, and one must consider the negatives of consistently employing the associated tactics to assess situations that arise. There will without a doubt be circumstances in which securitizing in the face of an immediate threat will be necessary, however the long-term impact should always be considered in the moment as well (Buzan, Wæver, & de Wilde, 1998).

Securitization should be looked at as an intersubjective process. Judging whether something is *truly* a security threat is hard to do requires a level of objectivity that is hard to attain. States will have different threat perception levels for a given situation, and securitization always has consequences as it requires one operate outside the domain of normal politics. The judgement of others is important when justifying securitization as it can indicate how different actors will react. Equally, a shared intersubjective understanding of security will help to ultimately understand behaviour. Doing so and relating them to processes and dynamics of how securitization works present the opportunity to potentially solve problems without a need for securitization. The audience or target group will then decide whether a security threat has been securitized properly, this may take on different forms depending on the situation. It is likely in this case that one could consider in the backdrop of infectious disease outbreaks, that the audience would be the court of public opinion. As a result of these dynamics, security becomes a structured field where some actors are afforded the opportunity to determine what is a security threat since they are generally accepted voices in the field; and this while change depending on the given situation as his power is never absolute nor forever (Waltz, 1993).

1.1.2 Implications of Critical Securitization

The notion of securitization, however, is not solely found within the bounds of the Copenhagen School or the Paris School. The Welsh School is made up of what is sometimes referred to as "emancipatory realism", which is centered on a departure from utopian realism on the part of Ken Booth. Booth suggests that utopian realism aims to reconcile the two planes of utopia and reality. Due to utopia's negative connotations, he felt a need to find something new to describe the "heart" element within the scope of utopian realism. From here, he addresses the three types of theory he sees present in society: practical, pure, and transcendental theory. Booth then connects these theories with more colloquial elements "knowing, doing, and being" wherein he denotes emancipatory realism as the practical theory element of everyday life. It is primarily an investigation into understanding knowledge more critically while being more inclusive in the acquisition process and employing the application (the "doing" element) in a progressive manner (Booth, 2007, p. 516). From here, theorists come to understand then that emancipatory realism is the operationalization of a more dynamic approach to theory and execution. The Welsh School is thus the school that takes into consideration the act of progressive criticism in security studies and has an overall more positive outlook on the implications of securitization.

The notion that there is a common ground between the Copenhagen and Welsh Schools stems from a split in the concept of securitization, going as far as dividing them into positive and negative securitization. In the context of environmental security, these two schools find themselves on similar pages, in which the securitization of environment poses both threats and opportunities for the security actors (Floyd, 2007). This consensus permits the investigation of infectious disease outbreaks and national security to take up a broader lens to understand how China and South Korea look to resolving issues stemming from outbreaks.

To return to Buzan et al., they argue that the actor cannot be the point of analysis, rather the analysis being done must be centered around the practice of securitization itself. Essentially, one can say that studying securitization is also to do a study of power politics as a concept (Buzan, Wæver, & de Wilde, 1998). Through this, the security argument presents

two predictions: what will happen if no action is taken against the threat, and what will happen if action is taken? To use a specific conceptualization is a case in this sense, and through it, one is introduced to facilitating conditions which are the parameters under which the speech act works (Buzan, Wæver, & de Wilde, 1998). Speech acts have two external main conditions, which look at the social capital of the actor doing the securitizing and the security potential of the object. Essentially facilitating conditions can be summed up as, how the speech act operates, the authority that the actor possesses, and the scope of the alleged threat. Actors and their audiences will securitize as some form of a political act. Through this process, Buzan et al attempt to uncover if the existential element makes the threat be taken as a priority over all else. The first step then becomes acknowledging that what is a security threat is determined by the actors, not the analysts. The analysts then interpret actions and define which actions will fulfill security criteria (Buzan, Wæver, & de Wilde, 1998). The analyst as a result takes on an observatory role while understanding and determining the parameters for a security complex to be formed, while the actor decides what the security threat is and works with the audience to maintain it. Using this approach helps us understand whether an issue's securitization will produce positive or negative results. This allows a certain responsibility toward ensuring securitizing actors do their duties properly, through justification and reconciliation (Buzan, Wæver, & de Wilde, 1998) rather than personal motivations.

However, it should be noted that this may be justified and reconciled differently due to perspectives. This is where utilizing personal perception of how the social construction of security allows us to criticize strict structures, understand security dynamics and help maneuver them. The consensus is to approach this by understanding how the actor operates and attempts to consider the long term. It holds security to be consistently political in construction and not something that can simply be explained away. The aim is to essentially make security issues more benign, as mentioned before, to de-securitize for more sustainable approaches and practices (Waltz, 1993).

There are quite a few countries that are emphasizing the importance of prevention of potential disasters, under which the environmental sector comes into play. Japan is a leader in the anti-whaling lobby. China alongside Brazil and India could work to block a given slated international agreement on climate change by rejecting fossil-fuel regulations. That is

how much power they all have. Veto actors can further be identified through their responses to various policies regarding their interests. Examples of these can be China and biodiversity, acid rain, river pollution, even population growth, and so on (Buzan, Wæver, & de Wilde, 1998).

The societal sector then presents a new realm of investigation and potential conditions for securitization. Buzan et al. suggest first those variations in vulnerability need be considered when discussing threat perception. Generalizations argue that some threats have different levels compared to others. Some units may perceive some generally lesser threats as more dangerous. This also brings to head the notion of horizontal competition; smaller states like Malaysia worry about the influence of China for example. At the time, Buzan et al suggested that China had substantial growth and potential, and further suggested that the regional and intro-Chinese power games would then be locked in one single power constellation (Buzan, Wæver, & de Wilde, 1998). Political discourse is how they determine the parameters of a possible security issue. Hough suggests that The Speech Act showcases the urgency and threat perception of something. The state of rule-breaking is then justified by the urgency of threat that offers a more behavioural definition of security because both the people and the state are taken into consideration The state is still the only securitizing actor in this sense, and for the purpose of this thesis is enough. It presents the reality that the government's idea of security is not always in line with that of the people. This presents an interesting point regarding infectious disease outbreaks and national security (Hough, 2004).

Fear of economic backlash may also motivate states from notifying economic partners of potential outbreaks and health crises due to possibility of heavy repercussions (such as investments being pulled out). A reality is that ordinary citizens are most threatened by the presence of infectious diseases, and perhaps connected, David Mitrany and several functionalists have come to view international organizations as an important part of policing state responses to infectious disease outbreaks, though it is noted that there still needs to be further progress in this area (Hough, 2004). Buzan et al. discuss several regional examples under the societal sector heading. They suggest that East Asia was an interesting case with its increasing security complex-like intra-regional rivalries in some sectors, some cases of societal disintegration in China's case, and societal conflict when discussing the global level. They further suggest that Central Asia is another area of competition for influence for

countries like China, Russia while acknowledging these countries would be maintaining immediate interests elsewhere. This sector acknowledges the internal circumstances that may then impact international relations as well as decision-making processes, and thus is a natural segue into the political sector (Buzan, Wæver, & de Wilde, 1998).

The political sector suggests that there is a potential for destabilization when state and nation do not correspond. In this sense, this can take the form of a cession attempt, where part of the population desires to form its own state (such is the case of Tibet) or expropriation by one state that sees another as the extension of its people (China in the context of Taiwan and Hong Kong). Through these examples, Buzan et al reaffirm the idea that China has several "security concerns" in the form of States like Taiwan and Tibet. They note that there may be threat perception in the context of a state's ideology not being widely accepted, (such as in the case of South-North Korea). Domestic opinions come into play here too. They further suggest that sometimes there are actions taken against States on ideological grounds: this is seen most in East and West Asia. State securitization rhetoric may argue that Western values pose a threat to the endemic values (China, Singapore, Malaysia etc.). To articulate this in a contemporary example, they discuss the United States versus North Korea; in which the US uses securi-tization to legitimize its own actions against or regarding North Korea. North Korea sees such pressure as an act of suppression of sovereignty, yet the US claims the right to pressure North Korea to stay in the Nuclear Proliferation Treaty, which in the case of North Korea would come to mean the regime is to open itself to scrutiny by other States (Buzan, Wæver, & de Wilde, 1998). This is one of the reasons why it is difficult to come up with firm results for securitization, as it is purely subjective in nature in the grand scheme of things. However, by acknowledging the way sectors intersect, one may become better at understanding patterns.

1.1.3 Asymmetric Securitization

One of the key topics that will be focused on during this thesis will be the notion of securitization and how states determine security measures. This concept is essential to understanding security studies as presented in interdisciplinary studies. Security studies have long since been considered solely in the context of military, cost-sharing agreements, and

defence strategy; however, there are several national security issues connected with domestic affairs such as economic stability and public health. A direct result of panic from infectious disease outbreaks can motivate individuals to take a stand against government policies, due to the reality of death and the possibility of losing one's life in a seemingly preventable yet equally ominous fashion. The stakes are incredibly high in an infectious disease outbreak because it can lead to many other issues. There are many in the US now who attribute the 2020 events in Minneapolis and the surrounding areas to tensions that have risen due to the inconsistent access black individuals have to the healthcare system, which have been further prodded by the murder of a black man at the hands of a police officer who is seemingly tasked with protecting them from harm. It is necessary to develop security studies into a concept that addresses various inequalities within a given society to fully securitize a nation.

This is the theoretical framework that appears to be the foundation on which much of comparative studies stands in regards to infectious disease research, however, because the area is rather contemporary and based on methodological data practices, it often lacks a theoretical nuance that those studying more qualitative topics may be used to reading. Essentially, the belief that this theory is most suited for the study of this area is centered around the idea that it works to challenge various norms within security studies, namely it focuses on the intersection of security studies and public health studies. It tackles the notion that rather than something being human nature or inevitable throughout the course of life, that our institutions and social constructions are what have determined the course of such history. In this context, constructivism would best serve as an explanation for why states would be motivated to take on new policies to protect national security interests and identify weaknesses within their security structures.

Since constructivism demands a certain level of scrutiny in the motivations of actions, extending to the inherently biased nature of research and framing of data in the social sciences, it is once again the most helpful theory in understanding the motivations of states as it already accepts the existence of these biases within the research. Constructivism, especially in the work done by Wendt (1999), challenges the assumption put forth by Realism, insofar as they suggest the powers of structure are not organic, but occur through the constructed structure of social practice. Constructivism challenges the notion of the

Anarchic State and suggests that it is a confounding structure that entraps states and prevents them from expanding in a manner that is beneficial for their mutual gain with their partners.

Public health threats in prior years were not often considered immediate threats to pre-existing structures; rather their threat was mostly considered regarding implications to human capital. In more recent years, security studies have come to acknowledge that said threats do not exist beyond the realm of civil society and can be exasperated by existing structures (Dingwall, Hoffman, & Staniland, 2013, p. 167-73). Dingwall et al. argue that infectious disease especially has brought on new problems that collectives must consider (Dingwall, Hoffman, & Staniland, 2013, p. 172):

"The reappearance of infectious disease in an intensely globalised arena, marked by supra-national as well as national and local actors, has raised many other issues, including the impact of scientific modalities on uncertainty and risk, the interplay of public health and national security, the dynamics of health governance, and the gendered division of caring labour."

Health security is faced with increased pressure because of global changes in ecological, climatic, demographic, and behavioural circumstances. Major outbreaks of unfamiliar diseases can cost more than $1 billion. With that, the majority of health security expenditure is reactive, aside from preventive measures to combat a small number of high-profile diseases (Murray et al., 2012, p. 56-64). Major improvements in health security could be accomplished through spending more on preventative measures to reduce the possibility of outbreaks, their spread, and their becoming more established diseases. No doubt these accomplishments are inherently difficult to quantify especially in the short-term. There may initially only be a regional impact, but researchers predict that there are important national and international consequences to the breakdown of health security in transit cities and designated hot spots. Evidence of this was seen with how SARS and pandemic avian influenza spread across the world, and most recently with the COVID-19 pandemic. Researchers also note that the development of novel approaches to infectious disease management should be motivated by building research and management capacity, focusing especially on the regions where threats are most likely to arise (although this is a controversial suggestion, as it implies responsibility on the part of governments in the global

south). The model should be applicable to all regions of the world that aim to improve their strategies on the propensity of health security (Murray et al., 2012, p. 56-64).

Meyer argues that an important factor in infectious disease mitigation is how climate change interacts with the world's population and its growing urbanization. The combination of these two are likely to, as Meyer proposes, impact global security. Meyer proposes that national security professionals should consider the worst-case scenarios the world could experience when developing sustainable strategies and policies. Research begs the question of whether the present systems will be capable of handling any large-scale infectious disease outbreak; and whether the actions taken will be able to mitigate a worst-case outcome. Meyer further proposes that the US military, given its resources and reach, should be the lead actor in prevention efforts (Meyer, 2019, p. 565-581). As incompatible with the notion of sovereignty as this is, it does pose important considerations for a conversation of global access to resources and authority.

Enemark suggests that past infectious disease outbreaks provided so much damage as they did because they are effective and to put it colloquially, caught the world off guard. Human interconnection facilitates the global spread of disease and because our systems are not so reliant on this occurrence there is no doubt that the same issues will present themselves in similar if not worse conditions as time goes on. He identifies two risks that emerge with the development of healthcare security policy. The first is that there are risks of emergency responses at the domestic level might do harm at the societal level and that given the necessity of long-term international cooperation in infectious disease mitigation, placing importance on the security and health interests of states individually may take away from international cooperation. Enemark affirms the notion that an infectious disease outbreak will cause extreme economic disruption. Such instances of destruction may motivate countries to invest further in biological weaponry, although this may be something more in the long-term than the now (Enemark, 2009). The world has come to see this clearly with the COVID-19 pandemic.

Another important piece of literature on the securitization of health threats is *Disease Diplomacy*. Davies, Kamradt-Scott, and Rushton (2015) suggest that the emergence of disease diplomacy comes from a need to form a multi-disciplinary policy approach to health crises in the face of globalization. They contend that SARS highlighted how globalization

has changed disease outbreaks, what was once only a concern at the local level may become a national or international one. They focus on how the changes in the International Health Regulations have created new norms for state interactions and decision-making processes when it comes to disease management. They argue that obstacles exist in achieving IHR norms and compliance, and this is an important consideration as it requires a look at the domestic decision-making level. This presents the questions of what makes states acknowledge norms as they develop, and what may hinder a commitment to a new normal. At first glance, a level of proximity would motivate states to act, but viral disease impacts seem to not care for man-made borders in a sense. States that did not have SARS cases were economically affected due to the global impact the disease had on trade and travel during the peak infection months. Davies et al. note that even during the SARS crisis there was a shift regarding behavioural expectations (Davies, Kamradt-Scott, & Rushton, 2015). SARS showed a necessity in a global response, how this translated to national security practices, however, remains to be seen.

Davies et al. (2015) note that states had some level of awareness during H1N1, and that this could have stemmed from experiences with SARS. states were reporting outbreaks in time and information sharing was comprehensive despite there being no legal obligation to do so. infrastructural issues persisted in many fields however, as one example presented by Davies et al. is of the poultry industries in the United States not implementing World Trade Organization standards for exporting, which caused issues regarding the spirit of cooperation and collective movement. They note that security rhetoric to some extent did produce highly effective results in the persuasion process; there were cases of nations who had adopted and embraced the notion that disease posed an international and national security threat. They found especially, framing and emphasis on collective security and benefits of cooperation by the World Health Organization had an impact on decision-making. Whether or not this will be integrated fully into the security framework remains to be seen; and raises the issue of burden-sharing and the impact practices have on developing states. There was a pull-back on the security rhetoric in the post-H1N1 period as there was now concern on the "false alarm" narratives being pushed by the private sector and connected parties (Davies, Kamradt-Scott, & Rushton, 2015). Taking this framework in mind and acknowledging the impact that signalling, historical precedents, and learning

capacities have on decision-making processes of China and South Korea, coupled with the selected case studies, will elevate this thesis to a position where it can extract the relationship between infectious disease outbreaks, public health infrastructure and national security.

Traditional security studies rely on the regional level to explain security problems (Lake & Morgan, 1997). This is somewhat still true despite the now prominent global structure. Regional differences still do matter when discussing securitization motivations. Localized developments are especially important in the societal and economic sectors. Here, Buzan et. al aim at offering the capacity to compare such effects that are not inherently presented in a linear manner. They note it is important to understand at what level securitization occurs and how one can reconcile this in the context of subsystems when considering regional and geographic considerations (Buzan, Wæver, & de Wilde, 1998).

Amable (2022) argues there is insufficient data on how regional security complexes evolve over time; and this is one area this thesis is interested in examining; namely how the hazard of infectious disease persists or changes when faced with new developments pertaining or independent from the outbreak. The same researcher suggests geographic proximity is independent from a state's presence in a regional security complex, as shifts in relations and policy dictate a response to a state's actions in the international arena (Amable, 2022). In this sense, and exceptionally regarding the COVID-19 pandemic; one can contextualize the international policy decisions implemented by China and South Korea as still within the realm of the regional security complex, although the generally accepted viewpoint may denote this as within a non-regional realm; which is expanded upon in the next paragraph.

When one looks at securitization from a subsystem level of analysis, there are two patterns seen that may occur: it is possible to see regionalization if geographically coherent patterns occur, and a previously mentioned non-regional sub systemic if they are absent. It becomes equally important then to consider the localizing dynamics of a given situation. It would even be fair to suggest that relative sectors should depend on a level of securitization while considering the importance of a given situation to sectoral clashes. One must then ask what the state will prioritize in the event of sectors' interests being jeopardized considering securitization in another (Hurrell, 1995). This will then be important when one is balancing the findings of different sectors.

The overall story suggests regional security complexes are important in the political and military, and perhaps potentially for economic and can be present in the environmental sectors. Thus, it becomes fair to say that securitization is most successful at the local level. With such analysis comes the necessity to acknowledge that sectors are in fact linked together and it is possible to identify cross-references. It is possible that problems which seem to involve the military sector may be linked to any of the other four. Actors think about things like politics, economics etc.; but they consider security crises across the board. Thus, sectors must exist in units under different types of security concerns as opposed to units existing in sectors. Something could be a political crisis at the same time it is also an economic crisis. One needs to understand loops, cycles, and interactions to then understand political dynamics, ignoring whether they are contained to one sector. Security analysis for many wideners is proof of complexity. When more viewpoints are introduced, it challenges the traditionalist military narrative and paints it as too simple and narrow. Environmental issues are now the main actor in many security issues.

The arguments can essentially be summed up as confronting the reality that one needs to understand what their definition of security is, and then ensure that the definition is compatible with the dynamics of the widening agenda. Buzan et. al essentially aim to ensure cooperation between traditionalists and wideners, while also resolving unhelpful and man-made boundaries between sectors. Examples of these sectors may be international political economy, and security studies (Buzan, Wæver, & de Wilde, 1998).

Buzan et al. first present a framework for understanding the securitization process, and then addressed the fact that it is possible to argue that some parts of military policy are not in fact part of security, they then applied said method to the five sectors (Buzan, Wæver, & de Wilde, 1998). The Buzan et. al method incorporates themes from the Classical Security Complex Theory (henceforth CSCT), while ultimately putting forth the idea that regionalization allows us to confront many issues under one complex. Actors address complexes in terms of sectors that pose an issue for them. They contend that fears are moti-vated by a given Unit, even if fears stem from another sector. Original Security Complex Theory was based on regional logic being only based on how States interact with one another. This new framework forces States to confront the realities of interacting sectors and how domestic issues frame state outlook. Looking at how conflict is formed from the

security regime to the security community is important to solve the issue of understanding how security issues occur in the first place. Most regionalizing dynamics regarding states can be explained by the state itself. When units cooperate with each other, it may help to resolve security dilemmas between them and stand on a united front against outside actors (Buzan, Wæver, & de Wilde, 1998).

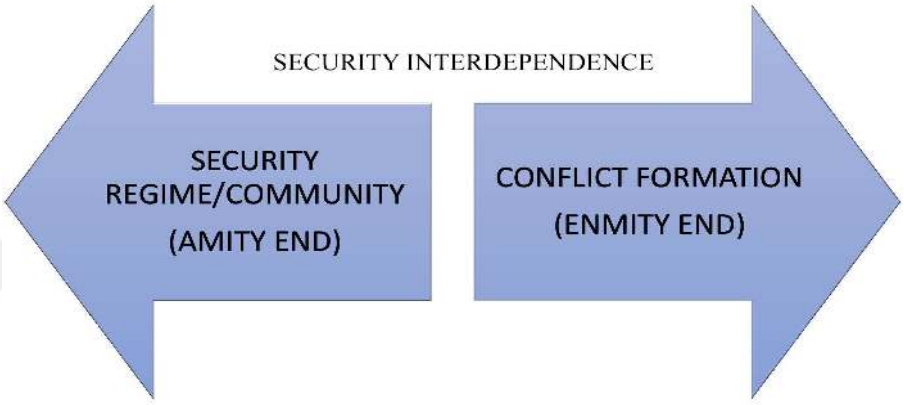

Table 1: Security Interdependence (Buzan, Wæver, & de Wilde, 1998, p. 21-48)

If security interdependence is a top-down process, then resultant security interdependence will be located at the amity end. As such, subregional security regimes should not be confused for security complexes. The logic of regionalization can be due to bottom-up processes finding their upper limit at the sub system level. It is important to ask questions on what the smallest existing level of a security issue is. There are cases in which the global level is considered the lowest level. How does location ideation impact our understanding of the issue? The answer is that bottom-up regions are independent within the international system, while top-down regions exist as a consequence of the international system. In CSCT, security complexes are defined by how they interact in their units, so bottom-up, top-down only exists to explain the causes behind the process (Hurrell, 1995). Buzan et al. expand on this process presented by CSCT, arguing that causation can be top-down, which makes it a priority to explain how the complex then comes into existence. The arguments regard the problems can never stop explaining the security dilemmas, as they are only facilitating conditions (Buzan, Wæver, & de Wilde, 1998).

Thus, Buzan et al. propose a new definition of security: a set of units with a securitization, de-securitization, or dual connection that prevents analysis or solution separately from one another are a security complex. These new security constellations reflect the herd of security interrelationships that may be reflected on all levels. They do have a bit more of a complicated framework. There is thus no reason to expect the involvement of a territorially coherent region in more than one constellation. Which leads to the idea that non-regional subsystems are made up of units which are connected by common interests irrelevant to their geographic position. Regional considerations will still likely be considered for security issues. There are some predictions made by Buzan et al. that East Asia will face possible conflict in the military-political sphere due to economic regionalism. So, in terms of the Constructivist Approach: how is it different from traditional and critical approaches? An axis is necessary to address two points: security and how they socially construct the nature of its issues, and two regarding social relations. Traditional Security Studies are then objectivist, the end game is security no matter the cost; whereas in the Critical Security Studies the system is in constructivist terms, but less on security. It is rather always in relation to other social issues (Buzan, Wæver, & de Wilde, 1998).

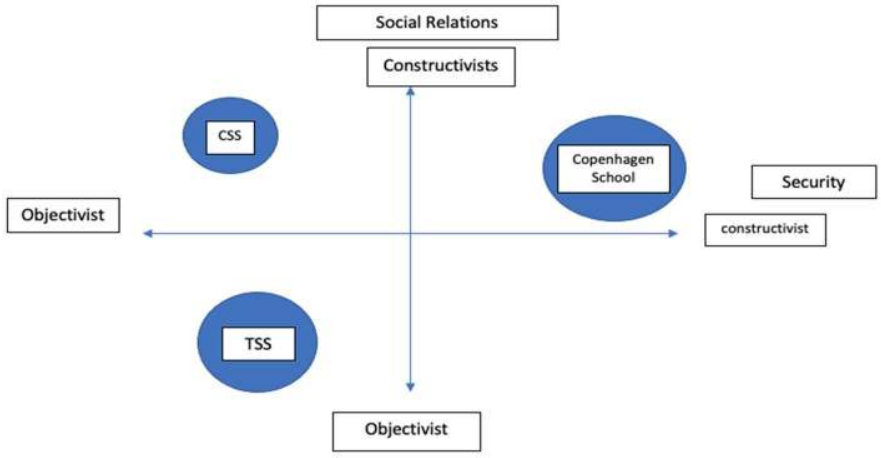

Table 2: Social Relations (Buzan, Wæver, & de Wilde, 1998, p. 21-48)

Buzan et. al want to present constructivism in a manner to not just say how things can be different, but also want to provide understanding as to why actors do what they do and what they might do in the future. Buzan et al. thus invite different perspectives to understand how one can move away from securitizing and have measures in place to stop a

concern before it even takes place. In a sense, Constructivism looks at security through the lens of referent objects and threat perception, while still acknowledging that the collective is still the most important in the constructivist image of security. They note that this approach is important as excessive (military) securitization is bad because it invokes paranoia and allows States that base their policies on a higher level of paranoia to exist and it sets precedents. A summary of the wider security agenda could be that desecuritization is the goal for the long run and that Buzan et. al offer an approach that keeps actors accountable rather than the threats themselves (Buzan, Wæver, & de Wilde, 1998).

In the book “New Patterns of Global Security in the Twenty-First Century”, Barry Buzan predicts that China would perhaps find its regional influence increased in the 21st century global security patterns (Buzan, 1991, p. 431–51). He also noted the likelihood that environmental concerns would become a part of the security patterns; true to an extent, and that countries like South Korea and China have been investing in healthcare research caused by environmental concerns (Buzan, 1991, p. 431–51). In “Understanding Global Security”, Peter Hough (2004) asserts that military threats are not and never have been the sole threats to mankind. He brings in Ullman, who suggests that demographic pressures and the threat of resource depletion should also be taken as a threat by States. He suggests that despite widening being unwelcomed by Realists, it still centers around state systems and understanding relations through state powers. He makes a comparison within the Copenhagen School to showcase how it differs from wideners at large; in which he suggests that in the Copenhagen School "threats", militarist or otherwise, became a security issue. Issues can still be security concerns even if they pose no foreseeable threat. The former Yugoslavia and the connection to nationalism prompted a look at the societal security element, thus how historical contexts are understood become important when discussing current motivations, and further understanding motivations in other sectors (Hough, 2004).

Environmental threats to security are mostly perceived as long-term threats that are more (Hough, 2004): difficult to build as an enemy to a specific concept and responding to them costs a lot and means making economic compromises. They also often require globally coordinated action. The World Health Organization (WHO) says that 150,000 deaths per year since 1970 can be attributed to climate change, specifically rising temperatures. There is also a reality that now especially, localised environmental problems can become global

problems. Deforestation, global CO2 levels are issues without borders. Globalization means issues that are no longer geo-specific. As one lives beyond the means of the world the impasse becomes more apparent. One cannot separate environmental issues from global economic issues. Environmental issues are always related to economic development in some way. Poverty being a large concern for a time saw said concern shelved for the sake of economic development. The 1987 development of the idea of sustainable development saw a shift in the conversation on the environmental sector. Global implementation of such policies aimed at ensuring development while protecting the environment from detrimental eradication. Some environmental issues have brought on "knock-on" military effects (Hough, 2004). Environmental scarcity may cause militarist conflict. Access to resources may lead to competition and conflict. It is important for those interested in the transformations likely to occur in security studies to understand this as a catalyst for other events. Understanding what this means for disease diplomacy and acknowledging the benefits when it comes to trade and common management as making it easier to access resources will promote better preparedness in the long run.

What if the day comes where there simply is not enough to go around at all? As such one should, in line with Hough, begin acknowledging the idea that environmental threats are threats to human security themselves. Mostly environmental changes, but it would not be amiss to propose that changing environmental dynamics will lead to increases in how often things like infectious disease outbreaks become a norm, and thus this should be taken into consideration. One may even see it pose another security dilemma such as the one Dyer was thinking of. Whereas one could argue that disease has been relatively con-tained in the past, increased human mobility and trade pose the possibility of once-isolated cases becoming worldwide issues. Foodborne, airborne, and viral diseases are cause for concern in terms of Security. Pathogens and pests have developed as mankind has attempted to contain them (Hough, 2004). Connections between climate change and side effects of develop-ment merit the further investigation of disease as a security threat.

1.2 Methodology

For the methodology section of this thesis, a comparative research design will be followed as the scope of this thesis is to identify and compare the policies undertaken by these two countries during infectious disease outbreaks.

The variables will be infectious disease outbreaks and national security policies, with infectious disease outbreaks being the independent variable and national security being the dependent variable. The classical definitions of key terms will be identified, and they will be utilized throughout the thesis to ensure consistency. Additional confounding variables such as non-infectious disease outbreak security threats, elections, internal conflicts, economic issues, and governmental interests will also be coded. The goal here is to produce a project that both addresses how these nations develop their national security practices and identifies what sort of changes have been addressed through certain periods. While recognizing data-wise the number of cases and deaths do not compare on several levels to that of the current COVID-19 crisis, the viruses the geography has had to deal with to some extent has caused shifts in public health policies that are deeply tied to national security interests. In the aftermath of the SARS outbreak of 2003, despite having only three registered cases and no deaths, South Korea formed its own KCDC, the Center for Disease Control. Upon the MERS outbreak, it expanded the purview of the KCDC to include emergency response and data sharing mechanisms to ensure it was prepared for the next potential outbreak, many of these practices are what is accepted by the academic community covering public health crises to have allowed for South Korea to have during the COVID-19 outbreak a successful outcome. Yet despite this perceived success, the country is still exercising caution and warning against reckless actions were they to continue the spread of the virus. China, on the other hand, appears to be continuing lockdown measures in a sense by continuing to monitor activity of individuals coming and going from the country as well as in previously locked down areas. Their use of the application WeChat to track the movements of identified carriers and patients continues and appears to be becoming a settled policy in terms of their public health and national security practices.

The operationalization and measurement of national security practices will occur as follows: The Copenhagen School argues that national security is dependent primarily on the country in question, thus leaving national security as a strictly subjective concept. As such,

this means national security will need to be looked at in the context of China and South Korea independent of one another. China's national security policies will no doubt be different compared to South Korea, as China will be putting itself first and South Korea will be doing the same. The important variables that come up when discussing national security in the context of public health crises are the aid bills passed, lockdowns, mandatory testing, and security measures. A most recent example of this in operation would be China imposing a lockdown in various parts of its Hubei province to combat the spread of the SARS-CoV-2 coronavirus (colloquially referred to as COVID-19). There are also several variables that come up when looking at the bigger picture of national security, which aim to ensure the public is at ease or not prone to information that has yet to be vetted by government officials. Largely centered around media outlets and their actions, these can be media blackouts, gag orders, suppression of information and setting up offices from where the media can obtain information. While largely considered to be undemocratic practices, they are still nonetheless elements of national security practices deployed during domestic and global crises.

Both a discourse analysis and a content analysis will be used for the purpose of this thesis. A mixed methods approach will be best to uncover the motivations and the standard to which these nations, throughout different contexts of their administrations throughout the years. For the content analysis component, the various bureaucratic structures within each government will be coded. Through this, the measures taken by each department to uncover the national security practices implemented to combat the negative effects of the infectious disease outbreak, in the context of public health or otherwise will be identified. Word frequencies, and the way in which official documents, such as bills, and government issued documents frame the crises will be especially looked for. This not only will be able to potentially uncover various patterns that these two nations have followed but also compare the responses through different administrations. For the discourse analysis, the aim will be to try to understand this in the context of speeches, rhetoric, national media outlets etc. What purpose the discourse serves, how it relates back to the interest of the national security policies and what one can learn about how the infectious disease outbreaks impacted the national security practices will also be investigated. Speeches, official writings, letters to the editor by official representatives of the state will be able to help to understand and create a

thesis surrounding this question of how infectious disease outbreaks impact the national security practices of South Korea and China.

Data collection for this project will be done mainly through online databases; but the culture and information departments of various embassies, think tanks, and cultural centers to access information going as far back as 2002 have agreed to assist in this process. Professional translators of Korean and Mandarin will also be consulted. The website of the Korea Centers for Disease Control and Prevention (KCDC) who provide weekly updates on the current COVID-19 pandemic and have archives for information on past ones will also be regularly consulted. In the case of China, experts on current Chinese affairs, from both sides of the spectrum, will be consulted to gain more insight into data collection processes as well as regularly consulting the Ministry of Health website to get updates. The websites of the legislative assemblies in both countries will also be consulted to monitor which sort of decisions are being made in the context of national security and incorporating them into the content analysis. The methodology as a result will include monitoring news channels and newspapers to learn of daily actions being taken by the respective governments, documenting them, and implementing a timeline to potentially identify a cause-and-effect pattern. There will also be an attempt to contact the respective centers for disease control in each country for firsthand data on how the viruses impacted the bureaucratic process and what sort of decisions were made to protect public and national interest because of such infectious disease outbreaks.

As mentioned previously, this thesis will address the gap in security studies on the limitations of threat perception regarding the changing face of asymmetric threats. Several experts have noted that the priorities of states that were once focused solely on terrorism has changed considering the ongoing COVID-19 pandemic. Biological weaponry and gaps within public healthcare systems pose an even greater threat to the stability and safety of a nation than terrorist organizations. Infectious disease outbreak response does not only involve public health authorities; it requires a systematic and immediate response from several levels of bureaucracy. The COVID-19 pandemic is the most recent example of how detrimental such a small virus can be for the security of nations. Infectious disease outbreaks also further uncover existing gaps in society. One can see this firsthand in the United States (US). Since the first case was announced on January 15th, 2020, the US has been forced to

address and acknowledge the limitations of its healthcare, welfare systems as well as its job market access issues due to the sheer pressure the pandemic has put on all of them. Minority groups have been unilaterally taking the brunt of the weight the crisis has put on the US. Their access to healthcare as well as the draconian policies put forth regarding frisking have led to a series of ongoing protests which threaten to further alienate the administration from the people it is tasked with serving. This raises questions on the stability and sustainability of their national security policies, especially under a global infectious disease outbreak. The intent stems from an interest in how the policies were received domestically and globally: the Moon Jae In administration in South Korea has received backlash for changes to its immigration and visa policies considering the pandemic, and China has been pursuing an offensive course to keep information regarding the Uyghur camps secret while also attempting to put forth policies regarding Hong Kong and Taiwan.

COVID-19 has become a global issue, and how countries will choose to respond to future infectious disease outbreaks will be determined by their experiences during the current one. This thesis is important to understand how one can respond to national security threats in a critical and equitable manner. The Realist perspective of "eliminate all threats as soon as possible" has done no favours to the world as it stands, but it does not mean that the bureaucratic structures cannot be transformed into better ones that can address gaps and inaccessible parts of society while also maintaining stability. By looking at this from a public health perspective, one may better understand the motivations of states and how they centre policy to be multidimensional; in that the policy may also serve another interest beyond the scope it is presented in. While this thesis will be looking at what decisions are made regarding national security, the hope is that through this project ways to address the pressing questions on how one can create more inclusive societies and not sacrifice certain groups for the sake of national security will also be uncovered. While no doubt an ambitious agenda, important components to these questions and ensure the intersectionality of national security with equitable health policies and other issues that become agitated by infectious disease outbreaks will be found. It is especially currently an unprecedented opportunity to make real change on the global stage. This study not only has longer-term significance, but also a large significance in the context of infectious disease outbreak preparedness. By backtracking to the time of local infectious disease outbreaks, the world will have a better understanding of

how a country can incrementally increase the possibility that they will respond to the next infectious disease outbreak successfully.

This section aimed to serve as an explanation of the theoretical and methodological framework that will be in the background of this thesis. Through the presented framework, one can come to reconcile and understand actions as being multi-layered and multi-motivated rather than strictly from the lens of one interest. Understanding actions tied to national security in extenuating circumstances like ones presented by infectious disease outbreaks, one can come to understand "normal politics" in a new light. As such, the following two chapters will utilize the theoretical framework and methodology presented in this one to understand how infectious disease outbreaks can impact the national security practices of China and South Korea.

CHAPTER II: INFECTIOUS DISEASE AND NATIONAL SECURITY

2.1 Literature Review

The purpose of this section is twofold: it offers perspectives from the literature on three connected topics to the investigation of the relationship between infectious disease and national security and it does so while framing the perspective this thesis offers. The following section identifies themes and concerns regarding infectious disease and its place in a global society in the short and long term.

2.1.1 Infectious Disease

This first section will be looking at the literature on the intersection of social sciences and infectious diseases, epidemics, and pandemics. Infectious diseases are understood to be disorders caused by a given organism; this could be anything from a virus to a fungus (Mayo Clinic, 2019). An epidemic, thus, is an increased number of cases associated with an infectious disease in a specific area. The literature on infectious disease also accepts "outbreak" to have a similar meaning to "epidemic" but is usually considered in a smaller geographic location (CDC, 2012). Pandemics are characterized in the literature as having derived from the Greek words pan and demos (Dixit, 2020), meaning all and people, and is an outbreak of a disease that is widespread thus impacting many people. In short, it can be considered an epidemic on a global scale. The largest recorded pandemic is the Black Death (the Plague) with an estimated death toll somewhere between 75-200 million people during the 14th century. Notably, the 1918 Spanish influenza and the 2009 "swine flu" pandemic are also included in this categorization. Since 2019, COVID-19 has claimed over 2.5 million lives (Google, 2020). Glasgow and Pirages note that interactions between socioeconomic and global environmental changes have a direct impact on disease (Glasgow & Pirages, 2004, p. 140-145).

The major threat of infectious disease is not a recent concern for the world. 25 countries sent close to 100 experts and representatives to a technical consultation on surveillance for pandemic influenza convened by the WHO in December 2007. Countries were tasked with identifying a set of core indicators global and national outbreak management to ensure high quality, and well-timed information was available. The consultation suggested a limited emphasis be put on reporting individual case counts at the global level. The surveillance strategy would also need to be adapted to match the need for

information as an outbreak developed, while also working on expanding existing surveillance systems when possible (Briand & Mounts & Chamberland 2011, p. 247-256). No doubt then that understanding the different levels of motivation toward infectious disease outbreak prevention and threat perception come into play when trying to understand how countries decide to adopt or reject such measures. Staples et al. discuss effective strategies for disease control and prevention. They contend that disease studies need to understand different families and possible future outbreaks. Aggressive vector control measures and health communication will also be necessary. They analyze the Chikungunya virus (CHIKV) and suggest that this is the case for handling it as well (Staples, Breiman, & Powers, 2009). These are just a few instances in which the traditional understanding of security has been manipulated to acknowledge the gaps in policy-based assumptions regarding the impact of infectious disease outbreaks.

Infectious diseases are not isolated from ecosystems. Ilbery offers insights into social science debates centered around food security and accompanying concerns on animal and plant-based diseases (Ilbery, 2012, p. 308-12). One important factor is the impact that the aforementioned diseases have on food production and supply chains because of the threat they produce to food security and natural ecosystems. Ilbery thus proposes a need for biosecurity to take a proactive and preventative position to ensure agroecosystems become more buoyant against a given biological invasion. Ilbery proposes constructively that the focus should be taken off fungicides and pesticides in the EU and put on the development of disease-resistant crops as well as genetically strong plant breeding strategies; adding that livestock vaccination should be made readily available and current regulations should be modified to prevent their inaccessibility. Once again, the need to approach the idea of security, in this case, biosecurity, at a micro and farm level has been called upon by social scientists who are critical of the macro-level and scientific/technical approaches to the subject (Ilbery, 2012, p. 308-12).

Infectious diseases create many different avenues of research, such as an investigation into a rise in microbial resistance, as well as timeless efforts to develop new vaccines and antibiotics, while understanding future disease and transitional economies. These concepts are especially important when it comes to how critical improving the quality

of life for vulnerable populations; and improving effective systems of surveillance and response in both global and national efforts are (Fonkwo, 2008, p. 13-17).

Fonkwo suggests different scenarios for the future: in that the most pessimistic scenario, which is that the gradual deterioration of a microbe in an infectious disease outbreak is in fact not progress. Suggesting that an initial microbial deterioration which is followed by limited levels of improvement is the most likely scenario, Fonkwo had major foresight in that he suggested future pandemics would present massive socioeconomic and cultural changes which would have a major effect on humanity (Fonkwo, 2008, p. 13-17). Whether or not this will be the case for COVID-19 and future infectious disease outbreaks remains to be seen and is a reason why this thesis will add to the existing literature on infectious disease and national security.

Fonkwo predicted demographic changes such as reduced fertility levels and an aging population as well as some level of socioeconomic improvement for a few countries. This, however, was dependent on education and widespread knowledge; and even then, simple measures would not be enough to control infectious disease in the absence of political and global commitment. Fonkwo further asserts that analytical and advisory channels will need to be implemented to ensure countries have access to immediate information on infectious diseases to forecast potential damage on the social and economic front. There will likely need to be a joint effort regarding the most killer disease in the event of limited resources to ensure maximum impact. As such, legal barriers will need to be identified and overcome and there will need to be a country-level individual analysis of the financial and non-financial resources for mobilizing support internationally. Evidence shows now that the question is not whether the next epidemic will emerge, but when and where it will (Fonkwo, 2008, p. 13-17).

Through the previous information, it can thus be said that cooperation and information sharing are an added dimension to investments in epidemiology research. During the H5N1 virus, the World Health Organization (WHO) requested samples of the extracted viruses for testing purposes; however, Indonesia refused to provide their samples. This raised issues on the scientific end of uncovering a cure and potential vaccines (Garret & Fidler 2007). Experts suggest it is necessary to ensure that all countries are on the same page regarding response plans and should be coordinating with the WHO. Information

sharing is critical for this process and must be done in a manner that is quick and sustainable (Leung & Nicoll 2010). Having the infrastructure or communication capacities on their own is thus not enough, there needs to be a method in which all complementary practices can co-exist without boundaries to resolve the issues brought on by infectious diseases.

The literature on the securitization of HIV and the associated infectious disease AIDS has been a prominent topic in contagious disease literature. This process is commonly known as medicalization. It is the process through which the conditions and issues of a human subject are defined and then treated as a medical condition, after which the subject becomes part of a medical study, a diagnosis, research on preventative measures, or general treatment. Sears notes that rather than taking infectious disease as the reference object, it makes more sense to codify the concept of security as the referent object (Sears, 2020). To add a point of clarification, a referent object is the one being threatened and thus needs protection. Connectedly, the public is the target of the securitization act and thus needs to be persuaded on the gravity of the situation and accept the matter as a security threat (Sears, 2020). The operationalization would follow as the issue as it came about, the medicalization of the situation turning into securitization. This follows into the medicalization of insecurity. Organisms that cause disease in a host are known as pathogenic, while ones that do not are called non-pathogenic. In the context of this thesis, it is important to understand the distinction as all major infectious disease outbreaks are "pathogenic" (Sears, 2020).

Ilbery contends that there needs to be an emphasis on different geographies of knowledge and understanding the industry element of this issue, such as acknowledging and working with understanding the experiences of farmers and disease at a smaller scale. This then ties back into a further understanding of food security debates and policy development. Scientific rationality is thus complemented and bounded with concerns and conditions in the practical realm, where the technical framings are altered by local conditions, farmer knowledge, and past experiences as well as relations with local agronomists. Effective cooperation between different institutions can produce a better farm and food industry that complement the desire for profit and sustainable income (Ilbery, 2012, p. 308-12). This is thus a micro example that may complement Enemark's previous theory on threat perception of states, in that profitable practices may motivate states to ensure sustainable practices for the sake of both prevention and yet added benefits.

So, how does medicalization relate to securitization and what gaps exist in the literature that would benefit from being addressed? In a sense, there is a connection, but how this connection is made is dependent on the government itself and what they perceive to be issued throughout time. Gradual deviance from the subject matter will no doubt be connected to administrative differences and contemporary issues as time goes on. The main issues surrounding effective responses to infectious disease in the age of globalization are thus cooperation and preparedness, how these translate into policy considering the ongoing national security concerns of China and South Korea is a major interest of this thesis. Infectious diseases have long been part of human history, and while not as easy to commit them to be a security concern, they do have a large impact on society and its structures. To best understand this, the next section will look at the literature on public health and contextualize how this concept relates to the broad scope of this thesis.

2.1.2 Public Health

This section introduces literature that can be found on different concepts relating to public health. For this thesis, public health policies is considered as the operationalization of the securitization of infectious diseases as they are poised to directly respond to the threat of infectious diseases. This will allow for further discussions on how infectious diseases may impact national security practices and interests in China and South Korea, by building a bridge between threats, policies, and responses.

One of the earliest definitions of public health is that it is a concept to ensure the prevention of disease, prolongs the life of human beings, and improves their quality of life because of informed choices and organized efforts through society at large, the individual both private and public organizations, and communities (Winslow, 1920). Throughout known history, it would be fair to say that viral diseases, wars, and resource crises have all posed some threat to public health in practice. China and South Korea have both experienced infectious disease outbreaks and crises within the past twenty years that have caused concern among stakeholders and government officials. There is also no doubt that public health has needed to transform itself in the face of said threats. Especially considering the infectious disease they have experienced, there have been several countries that have made advancements in their public health developments. South Korea found the solution to this issue by founding the Korean Centers for Disease Control (KCDC) and China implemented

and organized the founding of two large pharmaceutical firms to address the need for quick treatment production (Bouey, 2020). South Korea would later choose to modify the KCDC during the COVID-19 pandemic (Ser, 2020).

Several elements go into pandemic preparedness. Lee, Lye, and Wilder-Smith found that during a pandemic, the spread was delayed by a combination of strategies. This was followed by reduced overall number of cases, which then delayed and reduced the peak attack rate more than individually implemented strategies. Global cooperation strategies, such as the distribution of antiviral drugs, were highly effective in the reduction of the global impact and attack rates of pandemic influenza (Lee & Lye & Wilder-Smith 2009). Timing is also found to be an important strategy in pandemic preparedness, namely when one should proceed to start research for a vaccine and a cure (Lipsitch, Finelli, Heffernan, Leung, & Redd, 2011).

Perhaps more specifically, investments in epidemiology are seen as necessary across the board when dealing with public health crises and infrastructural continuity. Many argue that the primary goal and focus should be on the development of a cell culture-based vaccine that includes antigens from all subtypes of influenza virus, ones that do not mutate each year, and can be made available to the world population quickly. Researchers believe that public funding must take on an international approach which will pay for the maximum production capacity that will no doubt be necessary during a pandemic (Osterholm, 2005).

That being said, and as the public health definition utilized would suggest, public health should not be accepted solely as a concept related directly to healthcare infrastructure. Experts agree that many different fields need to be considering how their practices impact those not perhaps visibly and directly related to their area. Wishnick suggests that technical decisions on combatting food safety or environmental problems can have negative consequences for global health. This is due to bacteria, carcinogens, and other harmful substance production that come from commonly accepted sustainable production practices. Secondly, public health or agriculture management decisions may expose a given community to infectious diseases. Lastly, economic decisions regarding resource allocation can result in inaccessibility to public health structures for various groups, thus increasing risk of contraction and lack of treatment (Wishnick, 2010). This requires that public health

be considered broadly when discussing and implementing various level policies that impact society as a whole; to ensure the rights and freedoms of the individual citizen are protected.

Infectious disease unilaterally impacts the most vulnerable communities in each nation. Especially long-term care facilities such as Veteran Affairs healthcare facilities can be at risk for mass cluster infections (Locatelli, LaVela, Hogan, Kerr, & Weaver, 2012, p. 622-626). It has also been found in the US that native American and Alaskan communities are equally vulnerable to epidemics due to their lack of access to healthcare resources (Groom et al., 2011). It has also been more prominently discussed during the ongoing COVID-19 pandemic that black communities are also unilaterally impacted by the effects of the virus.

Enemark notes that there are several novel opportunities in international infectious disease cooperation, especially through the Biological Weapons Convention (BWC) and the World Health Organization (WHO) (Enemark, 2009, p. 191-214). Enemark further suggests that there is vigorous humanitarian reasoning to back up the need for mitigation of infectious disease-related loss of life, but that this cannot be the sole matter to address the issue. When appealing to governments contagious diseases should be portrayed in a manner that showcases the threat they pose to national security. Governments are still the principal players on the international stage when it comes to securitizing, and as Enemark notes have shown more interest in humanitarian causes when their security is perceived to be threatened (Enemark, 2009, p. 191-214). This is one of the clearest crossovers between national security and infectious disease-related issues. This is evident even from a Realist perspective, in that in Canada the 2003 SARS epidemic saw the health minister at the time propose medical staff from the Canadian Armed Forces be reassigned to Toronto to relieve pressure on hospital staff in SARS wards. Due to a military deployment planned at the time to Afghanistan, however, the military argued that they were too short on medical staff to attend to soldiers as it were. Enemark further posits that in the event the SARS outbreak in Toronto became too much to handle without the assistance of military medical personnel, this would have made it impossible to deploy units overseas (Enemark, 2009, p. 191-214).

Infectious disease becomes an apparent security issue when discussing biological warfare, which makes it seem to be the most equitable method to link security implications and disease for policymakers and the public alike. Biological weapons are only one element

of the risks that stem from the class of natural sciences. The natural outbreak of disease or perhaps even lab accidents arising from medical research pathogens should be taken as seriously as potential warfare (Enemark, 2009, p. 191-214). Researchers posit that the "ideal bioweapon" would be one that can be effortlessly disseminated and able to avoid detection and inflict massive damage while leaving a psychological impact on the public and during the response drain the national resources of a given nation. Researchers continue to suggest that in fact, the pathogen responsible for SARS had such characteristics and that such a naturally imminent infection would be more difficult to mitigate compared to the calculated usage of a known pathogen as a biological weapon. In newer pathogens, there are no diagnostic or preventative steps present to address them (Enemark, 2009, p. 191-214).

Enemark suggests that when considering the issue of infectious disease from a security standpoint, the analysis should no doubt go beyond biological warfare and the BWC. Having a broader understanding is beneficial, as mankind has been impacted by pathogenic microorganisms for centuries. In the historical context, military establishments have viewed infectious diseases as a security threat and worked to address the issues even with enemy forces. As of now, this cooperation has national, international, and global dimensions. Enemark proposes that reforming the BWC and WHO would introduce the possibility of reconceptualization of how to strengthen reciprocal responses when understanding disease-based threats from a security standpoint (Enemark, 2009, p. 191-214). Elbe proposes that health security becomes the "medicalization of insecurity" as time goes on and that the current health security dynamic does not consider the changes that health security debates make in contemporary practices of security (Elbe, 2011, p. 848–66).

Elbe examines the international security element of a threat posed by transborder transmission of infectious disease, and that there are three changes to contemporary security practices. The first is that health security debates have been redefining the understanding of security as something akin to a medical problem. This in part is related to the notion that insecurity is no longer purely a military concern or caused by other states in the form of hostile politics, that it can appear via the presence of a pathogen capable of rapid transmission and circulation of disease. This perspective also helps to determine what may or may not be considered insecurity. The second is that such debates on health security allow for medical and public health experts to take on greater roles in the analysis and subsequent

formulation of contemporary security policies which then permits increasing political influence across these social groups. The third and perhaps most significant is that the increase in the health security perspective demands a look at how security is delivered in this regard. Security is no longer a purely armed forces duty, but the simple act of ensuring pharmaceutical interventions become possible while ensuring the continuation of research regarding new alternatives and prevention. Elbe concludes that these three factors showcase that the shift in security as a collective has transformed into "the medicalization of insecurity" (Elbe, 2011, p. 848–66).

Understanding the basic concepts and perceptions surrounding public health is important to understand how states operate in extraordinary circumstances related to viral diseases such as those that later become epidemics and pandemics. Understanding how states operate during abnormal public health circumstances offers insight into future environmental concerns as well. They provide, to put it bluntly, evidence of trial-and-error policies so others may learn from mistakes. This makes it easier to understand how they can be considered national security policies, which provides a segue into the next section, where themes in the literature on national security will be discussed.

2.1.3 National Security

National security (also known as national defence) is defined as the security of defence and security of a given nation, along with its citizens, economy, and institutions (Romm, 1993). As such, its maintenance is considered a primary duty of the government. National security policies are characterized in the literature as policies that ensure the defense and security of a nation-state, its citizens, economy, and institutions, all of which is commonly accepted as duties of the government (Hanrieder & Kreuder-Sonnen, 2014, p. 331-348). Though normally associated with military practices, they have become instrumental in the development of diplomacy and the intersection between international and domestic relations because of globalization. Another important concept to consider is strategic communications. The United Kingdom Government Communications service defines strategic communication as a communication strategy that centres policy and service around audience understanding ('Strategic communication - GCS', n.d.). Two other concepts that are of utmost important to understand the findings of this thesis are public diplomacy and health diplomacy. Public diplomacy is understood to be any form of

government communication aiming to communicate with the public of another nation (‘Public diplomacy | Definition, Types, Examples, & Propaganda | Britannica’, n.d.). Perhaps the most critical operationalization of public diplomacy is health diplomacy. The WHO defines health diplomacy as the act of centering health in policy and cooperation negotiations (‘WHO EMRO | Health diplomacy | Health topics’, n.d.). Understanding how these elements of day-to-day events relate to securitization on a grand scale is one element this thesis attempts to understand.

Rollet identifies the first instances of the process of “securitization” and the process of infectious diseases that came from the United States developed late 1980s “emerging diseases” campaign (Rollet, 2014). Wishnick notes that the main motivator behind the “securitization” which occurred within China during the SARS crisis of 2003 was the WHO’s call to action on the global stage (Wishnick, 2010). Perry adds an example in which those who passed away from SARS were declared “martyrs” which suggests China attempted to give the virus an image akin to a live security threat during a war (Perry, 2007). Buzan notes that framing pandemic influenza as a security threat is in fact a historical reality as opposed to a novel approach. He suggests that due to the persistent nature of such communicable disease, the ‘threat’ perceived from pandemic influenza has become one with the notion of securitization to such an extent that one must by default discuss it when discussing national security as a practice and concept to ensure all avenues are covered and that states do not end up missing something critical when planning for the future (Buzan, Wæver, & de Wilde, 1998). Burkle suggests that governments may find themselves tempted to disregard health crisis mitigation measures for the sake of the presiding administration’s image which can lead to the exasperation of the initial crisis (Burkle, 2020, p. 237–246). Shen notes that Japan updated the existing bio-lab to BSL-4 Status, which is the status at which a lab may handle pathogens categorized as most dangerous (Shen, 2015).

Other notions on how to address the issue of disease securitization propose that the parameters should be set wide so to include only rapidly spreading pathogens. Researchers propose that one may be correct to argue that the existing threat of an infectious disease that may threaten the fabric of a society may be taken as a security threat, but whether this is exactly the case would be up for empirical debate despite being at least a plausible assertion. Ultimately, the same researchers offer two definitions of a “security threat”; (1) as a

substance that threatens the social stability and/or the military capacity, and (2) that ultimately and legitimately requires some form of an extreme emergency response. This would include those that would impede on normally protected legal procedures and human rights (Selgelid & Enemark, 2008). Selgelid and Enemark argue that thus two important questions need to be considered to determine the threat perception of an infectious disease. The first would be whether it is a threat. In the case of HIV/AIDs in the US: they argue that the answer being yes would at the very least be plausible. In the second sense, they ask whether this initial understanding impacts how the infectious disease is *presented* as a security threat; that is, how would the definition of a security threat then determine how the disease is perceived? They note that while both are important questions to be considered, there is ample empirical evidence to suggest that infectious disease thus is a security threat in the first sense, but that in the second sense there needs to be more work done to understand the impact of contextualization on securitization (Selgelid & Enemark, 2008).

Caduff notes that there are objections to the securitization of infectious disease because it may generate results that are not in the spirit of securitization, that is to say; desecuritization as research investments may be motivated by a desire to develop biological weapons (Caduff, 2012, p. 333-357). Caduff further suggests that information poses both opportunities and issues in terms of its circulation. Despite the negative parts, information has become an integral part of scientific development. Then, it becomes important to create an environment where one can move past security to the point where one no longer needs to securitize it (Caduff, 2012, p. 333-357). Elbe notes three significant viruses that have changed the scope of the international security agenda and presents them in chronological order as HIV, SARS, and H5N1 avian influenza virus. These viruses showcased that security was no longer solely about military capacities and warfare among men (Elbe, 2011, p. 848–66).

Elbe proposes that SARS was the antithesis to the notion that there was no security threat by the potential trans-border transmission of infectious disease when it appeared in 2003. Like many of its predecessors, SARS is thought to have emerged via animal-human transmission. Elbe likens its descent into infamy as a national and international security threat to AIDS, and further suggests this be evidence that the notion of security can no longer be solely based on military issues (Elbe, 2011, p. 848–66). Elbe suggests that SARS'

heightened mortality rate and potential economic repercussions caused it to be widely accepted as a security threat; noting that globalization allows the infectious disease to efficiently spread and impact the economy. Elbe offers ways in which SARS modified the medical dimension of security studies: it showed contagious diseases other than AIDS stood to threaten international security, and that spatial proximity no longer mattered when it came to whether a country could be infected (Elbe, 2011, p. 848–66). This last point was what widened the medical dimension of security, insofar that it is now possible to view infectious disease outbreaks which cause significant mortality as well as economic damage as a security threat.

When compared with H5N1, H5N1 is waiting for the right opportunity to strike versus SARS which essentially introduced a new set of rules on the security implications of infectious diseases (Elbe, 2011, p. 848–66). Elbe suggests that in the twenty-first century, there is a significant medical dimension to national and international security. Said expansion including the threat posed by infectious disease is considered the first and possibly most pertinent change considering the push for global health security and a sense of pandemic preparedness. The role of medical professionals in international organizations and the existence of new organizations formed to address such issues add merit to the former statement (Elbe, 2011, p. 848–66). There are still questions on how policies born of such organizations will be implemented and monitored; whether there should be enforcement mechanisms to ensure compliance on the part of states (Elbe, 2011, p. 848–66). New systems designed to extract information from unofficial channels and real-time infectious disease outbreak monitoring showcase the change undergone to strengthen existing international health organizations. Connectedly, the influence health professionals have on security is the second significant change on contemporary security practices in context of global health security. The existence of global health security suggests that tradition institutions of security lack the means of protecting populations from infectious disease outbreaks (Elbe, 2011, p. 848–66).

Emerging health-security articulation has not only presented a medical aspect to the international security agenda and a new role in security policy making for medical experts. Said articulation has also encouraged a more systemic approach to the acquisition of medical countermeasures to complement the security of populations throughout the twenty-first

century. There is now a shift from categorizing deviant behaviour from "badness" to "sickness" - even the face of cultural moral designations has become medically oriented, according to Elbe (Elbe, 2011, p. 848–66). In the field of medicalization, this is taken to be how non-medical problems would then be treated as their medical counterparts, especially in cases of disorders and illnesses. When applying this to a global scheme, Elbe suggests it shows that the growth of global health security is an expansive medicalization process. Thus, it becomes fair to suggest that a medical source or origin could be an underlying cause for insecurity (Elbe, 2011, p. 848–66).

There is a complex link between the concepts of governance, infectious disease, and prosperity. Whether or not pathogens pose security threats that can be considered significant to a given sovereign state is entirely dependent on how lethal and transmissible it is, as well as the level of fear they may awaken as well as the economic damage they stand to create. This is contextualized as the power of the state in relation to its rivals, and not purely limited to the power that the state may hold over its people (Huang, 2009, p. 773-75). Whether there exists a correlation between these two concepts is a question this thesis aims to answer. There is a connection between republican theory and the newly conceptualized health security paradigm. There is historical precedent to the idea that infectious disease outbreaks present significant challenges for governments, as was seen in Austria with the 1918 Flu pandemic and the 2003 SARS epidemic which was followed by a series of compelling nonlinear change in domestic structures of governance in Canada and China, specifically (Huang, 2009, p. 773-75).

It is also important to acknowledge that the WHO has acted as a primary actor in the construction of a discourse on emerging infectious disease securitization, and that those more eager to engage with said discourse have been western states. This is also a reflection of the political relationship between western states and the WHO. State norms have an impact on how states consider these responses to the same phenomenon. This is where the possibility is that one dominant account takes over the WHO, thus making it difficult for more effective response mechanisms to be taken into consideration in times of crisis. Davies suggests that forcing the defining of concepts such as an external threat source and referent object is one issue with securitizing infectious disease. This is somewhat associated with the possibility, noted as quite dangerous, that the WHO may have corrupted its moral authority and

disregarded cooperation with developing countries on outbreaks per western concerns (Davies, 2008, p.295-313). Davies suggests that Barnett and Finnemore's research on the fundamental relationships between states and international organizations may help explain the implications this securitization of infectious disease has had on the mandate and organizational working patterns of the WHO (Davies, 2008, p.295-313). This is an important aspect to consider contemporarily, as the COVID-19 pandemic has shown state interactions with the WHO and various criticisms have been mounted against the organization and its favouring of western states compared to the rest of the world (Peters, Hollings, Green, & Ogunniran, 2022). This is one of the connections this thesis works to uncover in later chapters in the context of South Korea and China. Davies argues that western states have inspired the disintegration of the former international governance rules by relegating authority on infectious disease response to the WHO. He argues that the revision of the IHR and the development of the GOARN have benefited western states while also providing unilateral authoritative power to the WHO in the process (Davies, 2008, p.295-313).

As Hay suggests that narratives of a crisis mean the state needs conclusive intervention, along with a state project; makes it so a given subject can be justified when a decisive intervention is to be made (Hay, 1996, p. 253-277). Bostdorff echoed these sentiments through the lens of how US presidents utilized crises to promote individual agendas (Bostdorff, 1994). This can be explained through several concepts. Baum suggests that there is no neat coinciding nature or covariation between political, economic, and ideological currents on the regular and that patterns have been irregular. These were sometimes triggered by outer forces, leadership changes, and any unforeseen events (Baum, 1994). Connectedly, Qiu et al. note that the SARS outbreak saw already-impacted areas such as the less-well-off regions in China taking extra cuts to education, health, and welfare (Qiu, Chu, Mao, & Wu, 2018). Kamdrat-Scott adds that state-based mechanisms surrounding national security policies at the time of infectious disease crises or pandemics can prevent organizations like the WHO from doing their jobs effectively (Kamdrat-Scott, 2011). This further suggests then that the investigation of national security interests should and must take a multi-disciplinary approach in consideration of contemporary issues that arise.

2.2 Contextualizing the Relationship Between Infectious Disease, Public Health, and National Security

In this section, infectious diseases, public health, and national security will be connected to place this thesis in the context of the contemporary climate. These three subjects have more in common than one may assume at a first glance.

As previously mentioned, the disease has cost the world a lot both historically and in the contemporary. It then becomes logical to presume states would be able to adapt to the learning curves they experience throughout these times. This comes to light in different forms. Perry argues that the Chinese state was able to utilize the SARS crisis to implement policies that would better serve its national security interests (Perry, 2007). Yang observes that the crisis has served as a catalyst for long-term reform since the late 1980s, which is a process that lasts a long time and has resulted in improved governance (Yang, 2004). As such, Thornton argues that in the case of China, the SARS outbreak of 2003 posed a political unity for the shift within the political system as identified in the country (Thornton, 2009, p. 23-48). The reader may understand from here that it may be fair to say that in the case of China, infectious diseases posed an opportunity to unify their national security goals under the guise of public health developments.

Regarding the SARS regional crisis, Bouey suggests that one key characteristic of the Chinese response was to downplay the severity of the threat the virus posed from the beginning (Bouey, 2020). In the recent COVID-19 pandemic, Bouey adds that officials were dispatched to the location of the alleged outbreak, but the response was still downplayed because experts suggested there was no evidence present to suggest person-to-person transmission had occurred (Bouey, 2020). In contrast, it can be seen in 2020 discourses by President Donald J. Trump of the United States that his strategy has been to refer to the virus as “the Chinese virus” and suggests that the situation is exaggerated by many (Mahase, 2020). With the election of Joseph R. Biden as the new US President, American rhetoric has seen a shift to emphasizing 7 key goals regarding pandemic response, ranging from “regaining the trust of the people” to the United States becoming a leader in global health and safety (White House, 2021). Rhetoric then presents an interesting opportunity, and this will be expanded on in the theory section to complement contemporary examples.

This is somewhat in line with what Rosenthal argues; that crises usually permit central authorities to forego the usual participants in a decision-making process, as well as avoid normal scrutiny while bypassing established procedures and inter-agency bargaining that would be expected under normal circumstances, which is why they are especially useful in the context of national security practices as they have an added gain (Rosenthal, 1998). The medicalization of insecurity proposes that there is a medicalized shift occurring in the understanding of security and insecurity in regards to world politics. The referent object becomes, in this case, security itself - not an infectious disease. Insecurity, which was once a non-medical issue- is now in some sense understood to have a medical origin and is somewhat seen as a "disorder" caused by infectious disease. This concept does not mean the redefinition of insecurity is by any means complete (Elbe, 2011, p. 848–66). Understanding how it will change is dependent on what the world is to experience in the future.

Elbe proposes that increased interest in global health security showcases the wider process of medicalization in three ways. The first is that insecurity is redefined by health security as something that is essentially a medical problem for contemporary world politics. The second is that this situation expands the authority medical professionals have in terms of influence on foreign and security policy. The third is that health security means more investments in pharmacological interventions which becomes one of the main forms of security operationalization against infectious disease. In addition to the encouragement toward securitization provided by the rise of global health security, there is now a subtle "medicalization" of insecurity. Several realms of the contemporary health security, such as countering biological weapons, projects in developing diseases focused on lessening the burden of endemic disease, and Western emphasis on minimizing smoking, obesity, and alcoholism in their countries showcase this process. Medical sociologists have criticized this process for being inclined to almost isolate and individualize complex social problems, while "normalizing" or "pathologizing" aspects of human life that are usually normal differences or mere events that take place. Ivan Illich is one of those critics that suggests one must deter oneself from wider medicalization of life - although his critics propose that there needs to be an empirical verification to this claim; in that they suggest there are many benefits to medicalization as it can lead to new therapies and more productive investigation into understanding and mitigating deviant behaviour in society that surpasses the commonly

accepted, historical “moralistic” standpoint (Elbe, 2011, p. 848–66). This process of medicalization forces a confrontation on the limitations in the medical field and showcases the future risks pandemics hold for mankind (Elbe, 2011, p. 848–66).

Infectious disease is not isolated to the security of an individual, rather they pose threats to economies, political systems, and societies. According to Fonkwo, viruses like HIV and the subsequent disease AIDS, tuberculosis, and malaria have done great damage to the crucial health and education systems of the developing world. Fonkwo thus also agrees with the notion that infectious diseases are thus not merely issues in the realm of public health, and that there is an economic interest in the fight against them as is seen from the steps taken to mitigate the effects of smallpox. There are several reasons; biological, social, and political infectious diseases can exist. Their genetic flexibility allows them to evolve and mutate into strains that can cause major issues for mankind. The HIV and influenza viruses are constantly mutating and recombining to make it through the host defence mechanisms (Fonkwo, 2008, p. 13-17).

Goldstein et al. refer to important studies that propose the physical changes in proportionate risks of infections during an epidemic cycle can be used to determine population groups that can propel infectious disease outbreaks and assist in decoding the differences in the effect of vaccination against infection concerning transmission control and compare that to its effect on disease episodes which would correspond with individual protection. Manipulating a vaccine’s efficacy during trials may help provide clues to how the vaccine will work against the organism while also showcasing the relative risk heterogeneity in the trial population. The pool of potential hosts may become populated if unvaccinated hosts are introduced which can also mean another outbreak. The classical motivators of infectious disease epidemics have been largely limited to the relationship between the characteristics of hosts and the risk of disease changes throughout time (Goldstein, Pitzer, O’Hagan, & Lipsitch, 2017, p. 136–144).

If one is to understand public health policies as the operationalization of security toward infectious disease, one must consider how the medical realm relates to the social realm. How various groups are impacted throughout an outbreak can vary despite what final evidence may show (Goldstein, Pitzer, O’Hagan, & Lipsitch, 2017, p. 136–144), that is it is important to map out an epidemic from start to finish rather than rely solely on final

indicators. Risk factor analysis regarding infectious disease epidemiology is sometimes not compatible with the classical models as those are usually steered by questions in which the chronic nature of disease epidemiology is taken into consideration (Goldstein, Pitzer, O'Hagan, & Lipsitch, 2017, p. 136–144). This essentially suggests a slower change over time in terms of relative risks. Understanding this risk trend becomes important to answer various questions regarding how public health may deal with issues that come about during an epidemic or even preventing one in the first place. National security and the medical field as such should be working together to implement policies that will ensure this end. There are still several questions that have no answer, but some complex examples do show where to start. A contemporary example involving the risk of methicillin-resistant Staphylococcus aureus infection was considered from the point of hospital and community exposures, in that understanding the connection between a host's risk factors and how that changes, and the molecular analysis of a pathogen may aid in understanding what factors promote change in the pathogen itself. This presents an important connection to the security element of understanding pathogens and infectious disease outbreaks, as it shows there is a need for consistent monitoring and analysing during times of uncertainty. Perhaps this policy would not have existed without the concern of the infection in the first place. This is perhaps also why Goldstein et al. propose that the notion of visualizing possible changes in infectious disease epidemiology should become routine, and that said changes should be considered in context to new statistical analyses previously omitted. Keeping the first two points in mind, they conclude that there should also be a consideration of potential explanations for such changes at the time they are observed (Goldstein, Pitzer, O'Hagan, & Lipsitch, 2017, p. 136–144).

While at first glance this portion of the thesis may seem more in the realm of medicine and not the traditional understanding of security, it is important to look at it in terms of the preparedness element. If the goal is to ensure future infectious disease outbreaks do not cause damage as their predecessors, there must be a cohesive connection between how medical concerns are addressed and then turned into policies. As such, there need to be measures in place to ensure that institutions are learning from these past issues. All these considerations present a pathway to understanding how they impact a given governments' response to national security in times of infectious disease outbreaks, as the crisis element

implies a state of heightened panic and uncertainty. Understanding how China and South Korea may assess such patterns is one element this thesis aims to address. Its importance is centered around the possibility that such investigations will provide insight into how these two countries make decisions in times of crisis like an infectious disease outbreak. This offers a perspective both for researchers and for policymakers on how adaptable policies in realms beyond medicine should be to orchestrate processes effectively even in times of crisis.

Sands et al. agree with the idea that infectious disease is a clear and potent risk toward the future of mankind. They argue there is not enough investment in infrastructure that could be used against such a threat, and that this neglect is cause for concern. They add that global health security is a public good, and that there needs to be a global effort to ensure safety of all as the limits of one may greatly impact another. They suggest that global leaders should commit to a recommended expert framework to ensure global safety regarding pandemics caused by infectious disease outbreaks especially (Sands, Mundaca-Shah, & Dzau, 2016).

Connected to the threat of infectious disease are the important considerations brought about by climate change. Researchers argue that there can be no questions on the impact anthropogenic climate change has in terms of fundamental and direct threats to human health. They further argue that the harm done by climate change could be deserving to become a central portion of research on infectious disease (Lancet, 2017). Correia suggests medicalization poses a fundamental importance to the sub-discipline of medical sociology; but notes a further need to revisit and even critique the way it is conceptualized (Correia, 2017). Sears argues that the process of contestation is what entails the politics of desecuritization. When considering COVID-19, this means that securitizing involves the framing of the pandemic as a catastrophic threat, and a manageable situation that works in tandem with public policy interventions becomes the de-securitizing moves. One such example is of lockdowns, where there becomes the possibility of pathogen extinction – which can create the groundwork for relaxing restrictions (Sears, 2020).

The spread of such diseases to the farthest corners of the world are made easier through mass migration, trade, and voluntary travel. This is what happened with the West Nile virus in the late 1990s, its arrival in New York City saw its further spread across North

America. Compared to then, it would be far easier for the next such epidemic to occur at any point in any part of the world. Urbanization is also seen as an increasing factor; as sanitation and clean water are increasingly difficult to access; which makes it possible for infections to occur. Rarely does one know the true origins of a virus, however many suggest that their mutations occur from human contact with wildlife. This is made possible by their ability at times to shift hosts and infect humans. Due to a lack of human adaptation to zoonotic disease, it can cause greater issues than it would to an adapted host. Several disease outbreaks are credited to zoonotic viruses, aided by human hosts who have misused antibiotics: leading to a body incapable of handling more common infectious diseases. In the case of malaria, Parish et al noted (Fonkwo, 2008, p. 13-17) that some of the drugs once used to immediately respond to the virus are now useless due to the several mutations the virus has undergone. Fonkwo argues that when there is no appropriate healthcare infrastructure or personnel in place, the response to infectious disease control is handicapped. In addition, he suggests there is not yet a desirable level of commitment at the political level to infectious disease control. Fonkwo agrees that infectious disease will likely burden, aggravate, and perhaps even provoke economic decay, social fragmentation, and political destabilization, especially in vulnerable countries. In terms of numbers, according to a WHO 1999 report where it was found that infectious diseases were the cause of 32% of deaths worldwide, with this being broken down regionally to 68% in Africa and then 37% in Southeast Asia (Fonkwo, 2008, p. 13-17). By November 2020, COVID-19 was on track to being the global leader, with 1.3 million deaths registered at the time (Project Hope, 2020).

Looking at Korea, Lee and Jung find in their study that there is an overall impact through public health policies on the national security practices in the time of the SARS crisis that did indeed stem from a position of opportunities to identify gaps in their public health policies (Lee & Jung, 2019, p. 1432). They note that it is possible to see instances of learning from tragic events throughout the history of Korea, such as the investments in various infrastructure after the fallout from the Sewol Ferry Tragedy. How this translates to specific infectious diseases and Korean administrations will be identified throughout the case study portion of this thesis.

Some scholars argue that the measures taken during the SARS and MERS outbreaks did nothing to counter the level of panic-buying, rumours, and social instability that

followed; rather they ended up encouraging further struggles (Sim, 2020). There are some in Western literature whom argue that authoritarian governments put an emphasis on securitizing the topic for the purposes of justifying and uplifting their legitimacy as a regime by tightening access to information (Vuori, 2008) some suggest that in fact is the greater transparency in reporting of infectious disease outbreaks and other types of emergencies after SARS that improved the credibility of the government domestically (Wishnick, 2010) so one could argue that they are but complementary measures are taken to confront a larger problem while also providing welcome results for another. Thus, it remains largely unclear to what extent this can be seen in public sentiment, as there is also evidence that would argue infectious disease is a time of polarization and agitation of existing biases (Menzel, 2018).

There needs to be further elaboration on the nature of the multi-layered emergency response network in the years after the 2003 SARS outbreak. Chinese experts have been critical of these efforts for the continued impromptu and unplanned nature of financing (with emphasis on the provincial level), along with inadequate inter-ministerial coordination, as well as general poor risk communication (Ma, 2008, p. 561–5) all of which further suggested that a more nuanced and practical solution was needed where the damage on the economy was not irreversible. Wishnick also raises the issue of the impact that the political systems themselves have on the response and strategy selection process; such that the way the governing bodies decide how to approach a subject is dependent on the final decision-making body and whether it is reliant on one person or some form of a collective (Wishnick, 2010).

To offer a summary of this section, there is the fundamental importance of understanding both the big picture and the small one. There is merit to the idea that something on the small scale can be as important as a large-scale issue, especially in the case of infectious disease; it comes down to that one person, the patient zero, spreading a virus from one person to the next. In the age of a global and connected world, it becomes necessary to understand national security in the context of how it relates to state interests. To understand how these issues are connected, and how further governments choose to pursue these interests in extraordinary situations like infectious disease crises - it then becomes necessary to understand the levels that are impacted by said crises and how they interact with ongoing security concerns that the affected countries may also be considering.

In the scope of this thesis, the main interests revolve around understanding how infectious diseases impact the national security practices of China and South Korea. This previous section has attempted to understand how infectious diseases, public health, and national security are presented in literature and what this project then presents. As more infectious disease crises erupt, security analysts will need to consider them as extraordinary circumstances, governments will deal with in time with their existing national security interests. Understanding where infectious disease fits and how perhaps it shifts existing narratives will provide sustainable if not long-term policy understanding that can be manipulated into projections and predictions. With that, the next section will be introducing the theoretical framework and methodology that will be used throughout this thesis to provide the infrastructure necessary to articulate the findings and importance of the intersections between infectious disease and national security.

CHAPTER III: CASE STUDIES

3.1 China

In this section there will be observations into the modern interpretation of national security that the People's Republic of China embraces today. Then, the analysis will look at how their policies have adapted considering infectious disease outbreaks. It will do so by looking at the Belt and Road Initiative, media and information control, human capital, diplomatic relations, Hong Kong, and Taiwan.

3.1.1 National Security Act

The National Security Law of the People's Republic of China was adopted on July 1st, 2015. The Law puts forth the duties of various organizations regarding national security and highlights that emphasis will be given to preventing acts that endanger the country's national security interests ("National Security Law of the People's Republic of China (2015)" n.d.). This Law was especially controversial as it posted that Hong Kong, Taiwan, and other disputed areas were in fact under the purview of China.

The National Security element of the law is stated as follows: national security is a status through which elements of the state are not threatened nor facing any danger internally or externally. The law as it stated does not offer sufficient insight into how these policies are implemented by China administration, and specifically what may or may not be classified as a security threat remains unclear. There are valid arguments to suggest that crises especially pose an important threat as they imply the possibility of an escalation. Nonetheless, there exists the possibility of control through effective applications of crisis management policies and implementation strategies (Johnston, 2016). The China Institutes of Contemporary International Relations summarized national security into 6 principles: to seek a peaceful resolution, limit the scope to realistic goals, maintain communication with all parties, restrain own behaviour to ensure productive outcomes, compartmentalize each issue, and refrain from approaching a crisis with a zero-sum mentality (Johnston, 2016), meaning solutions should offer positive results for all involved parties rather than serve the purposes of merely one. To understand how these policies are implemented in today's world, a deeper look into China's approach to various global issues and diplomatic affairs is needed. Later, insight

will be offered as to how infectious disease outbreaks may have impacted these components of China's political life.

3.1.2 Belt and Road Initiative

Although the Belt and Road Initiative did not commence until much after the SARS outbreak, it does pose interesting perspectives for how the country is addressing it considering the ongoing COVID-19 pandemic.

The strategic significance of the BRI should not be dismissed. Euan Graham argues that the BRI is a well-thought-out grand strategy for China that encompasses political, economic, military, and to an important degree psychological dimensions (Lyons & Jones & Veit, 2021). As such, the BRI can be understood as a guiding directive for Chinese entities in terms of forming partnerships with foreign actors for the express purpose of advancing the People's Republic of China (China)'s global and domestic strategic interests. Understanding it as a directive means one should also consider it to be more fluid and changing depending on the circumstances, and ultimately a more long-term investment rather than a coincidence of the times (Lyons & Jones & Veit, 2021). The results of the COVID-19 pandemic, namely the lockdown periods, identified three serious challenges for the BRI, including restrictions on the workers and logistics regarding cross-border movement, the financial burden posed by the economic downturn faced worldwide, and the rise of global anti-Chinese sentiment (Lee, 2021).

China-based companies are an integral part of the BRI and were severely impacted by the COVID-19 outbreak, posing a threat to the infrastructure of the project. To protect said companies, the China Council for the Promotion of International Trade (CCPIT), a quasi-governmental organization, has been issuing "force majeure certificates" since February 2020. These certificates serve as proof of lockdowns, and justification for incomplete work and unfilled quotas. The Supreme People's Court of China released a "Guiding Opinion on the Proper Handling of Civil Cases Involving the Novel Coronavirus Outbreak in Accordance with the Law" circular which contains directions to lower courts on the handling of civil cases pertaining to the COVID-19 pandemic ("The impact of COVID-19 on Belt and Road Initiative infrastructure and construction projects" 2020). This circular was released in part due to concerns on determining the legitimacy of the certificates,

especially in international trade. Foreign companies operating in China are to also abide by this ruling to protect Chinese companies serving BRI interests (Lyons & Jones & Veit, 2021).

China also sought to speed up the process of implementing the Health Silk Road (HSR) as well as the Digital Silk Road (DSR) to strengthen the BRI. The uncertain length of the pandemic, a power vacuum global leadership, a shift to digital access-based economy, and the need for further digital support by developing countries aided the process of expanding the DSR significantly. China was able to use COVID-19-related circumstances to strengthen both the HSR and the DSR while" proving" its capability of gaining rapid domestic control over the virus in comparison to other countries. Under the HSR, China provided vaccine aid to 53 countries and exported vaccines to another 27 (Lee, 2021). Despite making monetary gain off the 27 countries, providing access to "traditional" vaccines (non-MRNA) in a time of vaccine-hesitancy among citizens across the world provided China with an advantage over administrations who were pushing for the MRNA-based vaccines. These vaccine-recipient countries have been identified by researchers to be either present on key corridors or bridgehead (strategically important) in terms of location ("Definition of BRIDGEHEAD") countries for the BRI. Specifically, China has given key-corridor countries such as Indonesia, the Philippines, Serbia, Sri Lanka, Turkey, and the United Arab Emirates priority access to the Sinovac vaccines. Italy and Pakistan, denoted as bridgehead countries, were dispatched medical teams as a method of expanding BRI outreach. Researchers have posited that this medical aid in conjunction with the HSR will enforce friendly relations between recipient countries and China while promoting the BRI. The push for the HSR is commonly accepted to be designed to combat infectious disease outbreaks, as the diplomacy related considerations and economic consequences require a re-evaluation of proactive approaches especially in BRI countries (Lee, 2021).

The COVID-19 pandemic also created the necessary conditions for the DSR to become a viable project. It presented developing countries with the gaps in their information and communication technology systems that aid in the prevention of epidemics, aid mass contact tracing, as well as public welfare. The DSR provided China with the ability to expand the range of the BRI to Latin America and Africa. Developing countries appear undeterred regarding issues raised by Western nations such as the United States of America on whether

the technology is secure and reliable as they are faced with a need for digital transition and new avenues for economic growth. Notably, the DSR has no physical constraints, meaning that the farther it can expand, the more possible it becomes for the BRI as well. Thus, the COVID-19 pandemic has no doubt tarnished China image and posed a national security threat but has also presented opportunities for China to expand the BRI through the HSR and DSR. This in a sense also aids China's long-term national security goals (Lee, 2021) by offering both stability during an uncertain time and creating the platform for future endeavours. Despite a shift in global focus on the gravity of COVID-19 as a disease itself and more on handling the aftermath, China administration is still heavily focused on the HSR marketing itself as a health diplomacy organ. As recently as April 2022, Chinese media outlets reported that China had made a considerable amount of medical aid donations to the Arab League headquarters in Cairo, Egypt. Based on statements by the Chinese ambassador to Egypt Lia Liqiang, this can be taken as a step in diplomatic preparation for the first China-Arab Summit. Arab League Assistant Secretary-General Hossam Zaki also noted that member states are interested in further cooperation, especially under the BRI framework (Xinhua, 2022).

China anti-COVID-19 donations to Sudan were estimated to be around 4.55 million yuan (around $680,000 at the time) in worth, including facial masks and respirators. There was a hand-over ceremony on May 19, 2022, at the Friendship Hall located in Sudan's capital Khartoum, The ceremony was attended by Sudan's acting Minister of Foreign Affairs Ali Al-Sadiq and Acting Minister of Health Haitham Awadalla, with the Chinese side being represented by Ambassador to Sudan Ma Xinmin (Xinhua, 2022). The documents signed at said ceremony notably state that Sudan received continued aid from China, as underlined by the Sudanese Acting Minister of Health (Xinhua, 2022). This ceremony was also heavily covered on social media, utilizing the prominent Chinese accounts put in place for self-promotion and legitimization.

Prior to the COVID-19 outbreak, specifically on March 17, 2017, the United Nations (UN) Security Council, with the consensus of 193 member states, adopted Resolution 2344 which legitimized the regional economic cooperation capacity of the BRI. Proposed by China, the resolution was promoted as one motivated by a desire for peace and cooperation, mutual learning and sharing of benefits, emphasising openness and inclusivity. The

suggestion was that its goal was to provide absolute results to produce global economic development. The intention was that this would be done by enhanced policy coordination, trade, connection, financial integration, and diplomatic bonds that would benefit the citizens of all involved countries. In fact, UN Secretary-General, Mr. Antonio Guterres proposed that the BRI is in line with an event complementary to the Sustainable Development Goals (SDGs) as it aims to promote inclusive development while strengthening exchange between countries and a major benefit to livelihoods (Chen, Bergquist, Zhou, Xue, & Qian, 2019). This provided legitimacy to China's attempt to showcase itself as a benevolent and human-motivated administration, all the while providing a beneficial service to the global order.

Going back to 2016, The Healthy China 2020 plan highlights health as a national policy priority; and is further solidified by the Memorandum of Understanding signed with the World Health Organization in 2017. Another important legitimization of the BRI and its complementary health initiatives came in the form of the Director-General of WHO, Dr Tedros Adhanom Ghebreyesus' speech during the Belt and Road High-Level Meeting for Health Cooperation: Towards a Health Silk Road, held in August 2017 in Beijing. Dr Ghebreyesus praised the initiative and suggested it may become the catalyst necessary to invoke universal health coverage (UHC) and that it is comprised of necessary elements such as infrastructure building, human resources, access to medicine, to build a platform of promoting the most effective practices and building a shared platform (Chen, Bergquist, Zhou, Xue, & Qian, 2019).

Official BRI documents suggests that China understanding of health cooperation is also comprised of medical staff training programs, public health crises capacity-building, emergency medical relief, the promotion of traditional Chinese medicine, and free treatment abroad by Chinese doctors ("China's Health Diplomacy during Covid-19 - Stiftung Wissenschaft Und Politik" 2021). This standardization and sustainable building of the BRI present China with the opportunity to adapt to crises as they come to be, rather than always taking on the defensive role. The April 2019 document titled *The Belt and Road Initiative – Progress, Contributions, and Perspectives* highlights 56 bilateral health agreements with organizations including the WHO and the Bill & Melinda Gates Foundation. The BRI Standardisation Action Plans from 2015-2017 and 2018-2020 discuss efforts to standardize Traditional Chinese Medicine (TCM) and the definitions of other medical terms used

throughout the BRI framework. The BRI Development Plan for Promoting TCM (2016–2020) also suggests China has plans to promote TCM internationally as an alternative to Western medicine (China's Health Diplomacy during Covid-19, 2021). This indicates a desire to capitalize on opportunities in the name of self-promotion, and as infectious disease outbreaks become more frequent in the coming years it may be possible that TCM centers appear in BRI countries where such centres could operate effectively to stabilizing the infrastructural usage of TCM.

Past government rhetoric suggests that long before the BRI framework China felt the need to centre health in relationships with possible BRI nations as a direct result of the 2003 SARS outbreak. In 2012, ASEAN countries and China concluded an MOU on health cooperation and on October 26, 2016, participants in the first China-ASEAN Health Cooperation Forum adopted the Nanning Declaration; which focuses on information exchange, joint prevention and control of infectious diseases, health sector professional training, promoting TCM, and utilizing Chinese doctors; akin to prior agreements and in line with the BRI framework. China BRI health diplomacy is also meant to target the specific needs of countries, an example of this is free eye operations by Chinese doctors in Cambodia, Laos, Myanmar, Thailand, and Vietnam (China's Health Diplomacy during Covid-19, 2021).

A strategy employed in regions where the China + X formats are less widespread is to send medical personnel to offer free treatment. Researchers find China's commitment to Oceania and South Asia to be of great importance, as teams of doctors have been mobilized to particularly volatile states such as Nepal, Micronesia, Vanuatu, Tonga, and Fiji. While also maintaining activities in Central Asia, China's perhaps most important pilot project appears to be the Medical Services Centre of the BRI Core Region Xinjiang. Serving as a hospital cooperation platform, it is tasked with providing medical aid to patients in neighbouring countries. One such incident involves free heart operations for Afghan children and building a network for Central Asian hospitals with Xinjiang to promote medical tourism (China's Health Diplomacy during Covid-19, 2021). This serves a key element of highlighting not only the infrastructure that needed to be addressed after the SARS outbreak, but also opportunities in the region that drew more attention during a crisis.

Perhaps even more critically, the first instance of the Health Silk Road being showcased internationally is the Memorandum of Understanding on Health Sector Cooperation under the Belt and Road Initiative which was signed by China and the WHO on January 18, 2017. This explicit support and acknowledgment on the part of the WHO is viewed as an indicator of China's growing influence within the organization. In August of 2017, officials from governments, international organisations, and non-governmental organisations (NGOs) came together to sign the Beijing Communiqué on BRI Health Cooperation and the Health Silk Road, which offered a summary regarding the fundamental elements that make up the BRI health policy (China's Health Diplomacy during Covid-19, 2021).

The Central Government and Communist Party are not the only actors providing aid supplies. The determining of recipient nation status is also considered based on the strategic interests of China; and one example of this is seen through "mask diplomacy": locally present Chinese actors who were normally outside the realm of normal life in these recipient countries were the ones providing necessary aid to combat the spread of the virus that causes COVID-19. Such actions are well aligned with the BRI framework as highlighted in many of the governing documents (China's Health Diplomacy during Covid-19, 2021).

China made sure to offer aid supplies to states that had yet to form diplomatic relations with Beijing, notably in Latin America. Perhaps a positive result of this for China was the parliamentary opposition in Paraguay demanding relations with Taiwan be severed to receive aid. Another was in Belize City where councillors took to posing with Chinese flags after receiving aid from supposed Chinese NGOs (China's Health Diplomacy during Covid-19, 2021). These types of public diplomacy activities, no matter how clearly Party-motivated, nevertheless gave China legitimacy and created groundwork to further its actions and interests under the BRI framework.

Another notable example of BRI rhetoric at play was on May 18, 2020, when Chinese President Xi Jinping expressed that Beijing would be engaging in vaccine diplomacy by distributing an inexpensive vaccine which he deemed a necessity for global good. President Xi also pledged USD 2 billion to the WHO to aid in the fight against the novel coronavirus. In October 2020, Beijing joined the United Nations (UN) – European Union (EU) – France joint initiative vaccine platform COVAX, which was created with the goal of providing fair

distribution of vaccines (China's Health Diplomacy during Covid-19, 2021). These are few examples of how China is utilizing the BRI as a direct result of the COVID-19 crisis and possible threat of future infectious disease outbreaks.

In the early days of the COVID-19 pandemic, some researchers had predicted a severe loss under the BRI framework, which has not occurred in the manner as initially expected. Beijing has been consistently associating COVID-19 combat contributions with the BRI narrative under the idea of global connectivity outcomes and the construction of a viable global community under a shared destiny. The BRI seems to have so far weathered this crisis in part due to its flexibility, political will, and logistically advantaged starting position. Beijing was able to prioritize health as a major actor under the BRI rapidly, and the necessary infrastructure was available under pre-existing BRI elements. Beijing was able to repurpose rail links and the Air Silk Road hubs as supply lines for aid. The DSR and HSR are now linked through contact tracing mechanisms, and China + X mechanisms will serve to further promote BRI interactions (China's Health Diplomacy during Covid-19, 2021).

One cannot be certain as to how China administration will evaluate the opportunities that COVID-19 has presented in the long term. Experts in the field offer polarized views and overall, the pandemic is still very much ongoing and thus makes it difficult to predict when they will take what action. Looking at the steps that were taken to ensure the Beijing 2022 Olympics occurred, it can be said with certainty that the government is willing to take extreme measures to ensure such large-scale events are realized. That said, the BRI poses great opportunities for China administration, so based on the previous example it would not be amiss to suggest they would be willing to take drastic measures to maintain the integrity and continuity of the Initiative.

3.1.3 Media and Information Control

The shift in the capacity for the average citizen to access information from the time of the SARS outbreak to the COVID-19 pandemic has severely and rapidly changed. The average citizen was now able to access previously censored sites. Studies show that people are often reliant on mass media in times of crisis to inform themselves and are confronted with a sudden large volume of information that was previously controlled by governments. In the early days of the pandemic, data from Twitter and Wikipedia showed an uptick in user

profiles that are normally blocked in China. The information accessed by these profiles was not limited to the COVID-19 pandemic specifically, in this case; rather a flurry of information pertaining to historical events as well. Researchers find that this was not the case for other countries when compared to China, as they are focused on issues directly relating to the pandemic. They find that on average, natural disasters between 2007 and 2011 resulted in a decrease in political trust. Internet users surveyed at the time were found to have decreased levels of political trust while political surveys were found to suffer from preference falsification (Chang, Hobbs, Roberts, & Steinert-Threlkeld, 2022).

When a government is in control of mass media, citizens who are aware that censorship is taking place are found to potentially uncover ways to circumvent censorship through alternative sources they may normally not have access to alongside higher levels of mass media consumption. This was especially the case in China during the SARS outbreak. Researchers found that people were attempting to read further on and corroborate information from mass media via group chats, the internet, and Short Messaging Services (SMS). This does not appear to be exclusive to infectious disease outbreaks. An increase in censorship evasion and use of Twitter was identified in China during some events that were identified as "regime-worsening" such as negative trade relations between China and the United States as well as during the removal of limits to presidential terms in 2018 (Chang, Hobbs, Roberts, & Steinert-Threlkeld, 2022).

Chinese leadership chose to initially deny the presence of the SARS outbreak in Beijing, before succumbing to external pressure. Hu Jintao of the Chinese Communist Party (CCP), General Secretary since November 2002, was put in a position where a dramatic shift in the SARS response strategy was needed. The said strategy was put in place from late March to early April 2003, largely due to foreign confidence in the leadership's capacity to control the outbreak depleting. The CCP did not feel equipped to handle the international and economic implications of the outbreak continuing, and thus took aggressive and visible actions to suppress it (Puska, 2005)

Finnish Pekka Aro became the first foreigner to die in China of SARS on April 6, 2003. Beijing health authorities attempted to diffuse tension by calling it a case of foreign exposure, however this attempt to deceive the public would be exposed on April 9, 2003. Time Magazine published information regarding the alleged falsification of SARS statistics

at the 301 military hospitals provided by military doctor Jiang Yanyong on April 4, 2003 to the China Central Television and Hong Kong-based Phoenix television.

Central Military Commission (CMC) Chairman Jiang Zemin mobilized the People's Liberation Army (PLA), to aid in the mitigation of SARS particularly through health and anti-chemical assets. The spread of the epidemic was relatively curbed by June 24, 2003, coinciding with the World Health Organization (WHO) removing its travel advisory for Beijing. China's leadership regained some level of international confidence and was praised for its mobilization against SARS. Researchers note that this period was an important example of how a nation can keep its resources concentrated on mitigating infectious disease outbreaks for a show period of time, however the failure to respond from November 2002 to April 2003, a five-month period, posed questions on priorities and risk assessment capabilities (Puska, 2005).

In 2014, Xi Jinping created the Cyberspace Administration of China (CAC) in an effort to centralize the management of propaganda and internet censorship, along with other components regarding digital policy. The CAC's coronavirus controls began in the first week of January (Wee & Wang 2020). News websites were ordered to use only government-published material by an agency directive; with the directive expressing demands to not draw any connections regarding the SARS outbreak. At the start of February 2014, China called for tighter management of digital media, and a directive in Zhejiang Province said the agency should also look into effectively influencing international opinion for the benefit of China, and not only focus on controlling messaging within its borders (Xinhua, 2020). Agency directives were concerned over the possibility that China acquiring donations from overseas would cause backlash and disrupt China's procurement efforts of personal protective equipment as the virus spread abroad. There was also concern that China would be seen as needing foreign aid to combat the coronavirus (Zhong & Mozur 2020) CAC workers were tasked with flagging on-the-ground videos for deletion, including several that allegedly show bodies in public places. Other clips allegedly show people yelling angrily inside a hospital, workers carrying a corpse out of an apartment, as well as a child in quarantine crying for her mother. The agency was also tasked with distracting the public and getting them offline, as such they put out directives to local branches with content directed at those who use social media and other online resources. In fact, the day after Li's death, a CAC directive included

a sample of material in which Li's mother reminisced about her son, which was deemed to be "taking advantage of this incident to stir up public opinion". Agency directives also instructed workers to be on alert for all memorial posts regarding the doctor (Kao, 2020).

Regarding the COVID-19 outbreak in 2020, Chinese social media was filled with posts in the first months of the outbreak asking the government for information, especially as to whether there was an active suppression of news on the possibility of a novel coronavirus. Researchers identify that China is delayed in acting and that censor mechanisms become overwhelmed with the volume of information in need of addressing. President Xi Jinping's notable absence from the public stage in January 2020 raised several questions regarding the outbreak; government outlets would also see a decrease in publications regarding him and his activities. Communication tactics were shifted to operate under the idea that in fact, the Wuhan administration was to blame for the delay in information as they failed to duly report the outbreak to the national authorities. In early February 2020, Xi Jinping made the return to the media stage and suggested that the initial recovery period was a success for China; despite there being public backlash regarding the death and treatment of the doctor who brought awareness to the coronavirus, Dr. Li Wenliang ('Li Wenliang: Coronavirus kills Chinese whistleblower doctor - BBC News', 2020). News websites were ordered not to issue "push notifications" (instant alerts on a smartphone) notifying their readers of his death. It was alleged that Chinese organizations also pressured various social platforms to remove his name from trending topics pages, while taking care to not draw attention to the removal process. Other researchers found that fake online commenters were dispatched and told to create distracting content on social media sites, they further alleged that these organizations were stressing the need for complete anonymity on the part of these commentators at the risk of foiling the authenticity of the scheme ('Widespread Outcry in China Over Death of Coronavirus Doctor - The New York Times', n.d.). There were also several journalists who took to platforms such as YouTube to share information on what was transpiring in Wuhan ('Chen Qiushi', 2020).

Again in 2020, the Committee to Protect Journalists revealed that government agencies were specifically targeting journalists who were deemed to be challenging the official narrative surrounding the COVID-19 outbreak ("Record Number of Journalists Jailed Worldwide" 2020). Several press organizations have made the argument that China

has used the pandemic to control journalists; positing that extra surveillance and health-related restrictions were used to suppress their work efforts (SCMP n.d.). The annual report of 2020 from the Foreign Correspondents' Club of China (FCCC) stated that journalists had been asked to abide by measures that did not apply to non-journalists, and that coronavirus checkpoints as well as contract tracing applications inadvertently created further opportunities for China organizations to surveil foreign journalists and sources while gathering data on their activities. The worsening relations between Western countries and China were in conjunction with what the FCCC described as the largest deportation of foreign journalists since the Tiananmen Square massacre. They also noted that foreign news outlets were targets of disinformation campaigns by state media. One such example involved implications that interviewees in their content were in fact paid actors (Agence France-Presse, 2021).

The government and authorities also employed more traditional efforts to ensure the official narrative presented by China was the dominant actor. State media agencies published and promoted books that reaffirmed the so-called effective cooperation between various agencies to suppress the virus (马驰 2020). They also used Chinese dramas to promote the lives of frontline workers, however, it received major backlash due to the public perceiving a downplay of the role of women and their efforts (*BBC News,* 2020). Researchers have also found data to suggest that thousands of people in the country work part-time, posting comments and sharing content that reaffirms state ideology. Many of them were identified as low-level governmental and party employees. They also found further evidence to suggest that universities were used to recruit students and instructors as well (King & Pan & Roberts 2017). Another study found that the number of Chinese Ministry of Foreign Affairs (MFA) diplomats present on Twitter was 39 in January 2019 to more than 188 in December 2020. Chinese state-linked media accounts on Twitter also grew from 58 to 76 accounts over the same period. As for Facebook, as of March 2021, researchers identified 84 Chinese MFA diplomats and officials and 95 state-linked media accounts (Schliebs, Bailey, Bright, & Howard, 2021). These accounts worked to promote Beijing's narratives around the world.

Research on the content of these Chinese state-linked accounts revealed they had between January 2020 and September 2021 tweeted (shared posts regarding) COVID-19

more than 270,000 times. From January, As China handled its outbreak until March 2020, nearly 47 percent of tweets were praising or defending China's policies throughout the outbreak. There was a brief peak in April 2020, where this number reached 29,400 tweets as the first outbreak was suppressed domestically. As China mitigated the outbreak and the severity of the pandemic moved globally, these accounts shifted to criticizing other countries. From April to June 2020, 50 percent of the most-interacted tweets focused on highlighting the failings of other countries while criticizing their policies, only 18 percent were defending and praising China (ChinaPower, 2021).

Throughout the COVID-19 pandemic, research also found that Chinese organization conducted disinformation and propaganda campaigns against Europe. The United Kingdom, Italy, and France ranked among the top seven most-mentioned countries on Twitter, mentioned in more than 10,000 pandemic-related tweets. Media outlets perceived as being "government-oriented" were found to focus on the allegation that the SARS-COV-2 virus originated outside of China. These so-called "proxy media channels" have since put forth several alleged origins of the virus, each which they argued were far more plausible origins than Wuhan. Giuseppe Remuzzi, director of the Mario Negri Institute for Pharmacological Research in Milan made comments suggesting that the novel coronavirus has been present for longer than suspected as there was evidence of its symptoms in Italy in November 2019, however, Chinese state and social media channels used this to justify the idea that the virus itself originated from Italy (Ho, 2020). China has also explicitly alleged that the United States of America in fact was responsible for the release of the virus. The Wuhan Military World Games were held in 2019, and Chinese media and officials proposed that the U.S. military spread the virus at an international sports competition. They further alleged that it was possible that the virus was developed at Fort Detrick in Frederick, Maryland. Fort Detrick operates as a U.S. military biological laboratory (Rogin, 2021). Chinese diplomats and state-backed media wrote tweets specifically targeting activities in Fort Detrick in mid-2021 following U.S. President Joe Biden announced a 90-day investigation by the U.S. intelligence services into the origins of the virus. Fort Detrick was targeted on Twitter especially from May to August 2021, where the combined number of tweets by these accounts increased from 47 to 402, before gradually decreasing in September (ChinaPower, 2021).

The International Federation of Journalists (IFJ) released a report that highlighted the positive impact the pandemic had on Beijing's global image despite the pandemic originating within its borders. More than fifty percent of the fifty nations surveyed by the end of 2020 reported their national media displayed more positive coverage of China since the announcement of the novel coronavirus, whereas less than a quarter noted theirs had become increasingly negative compared to earlier periods (IFJ Research Report, 2021).

China for a long time has been trying to present narratives which positively portray its position foreign media, while censoring generally unfavourable coverage, and attempting to distract the world's attention by highlighting Western failures. Beijing does so by tapping into foreign media ecosystems by offering access and resources based on the needs of the organisation. The propaganda materials are exported through content-sharing agreements and memoranda of understanding with state-sponsored media outlets to foreign media outlets (Yang 2019). An example of this was seen when Italian state-run ANSA was publishing 50 Xinhua stories a day in 2021, with editorial responsibility going to Xinhua for the content (Bergin, 2021). It was only in August 2022 that the two news agencies parted ways (Decode39, 2022). Beijing was also found to offer all-expenses-paid trips to journalists from across the world (Lim & Bergin, 2018) as a form of cultural bribery.

China hoped that the international media would amplify its messages in their own words on the pages. COVID-19 in this context appears to have acted as a catalyst. The Chinese administration was able to utilize its media channels overseas, encouraging foreign outlets to publish domestic and international news in their own local languages to ensure their narrative of the pandemic was being decimated. Social media was an important tool for the spread of disinformation and misinformation, and the government sought to keep track of foreign reporting inside China and carry out mass journalist expulsions. This subsequent void in foreign media China coverage of China created an opportunity Chinese state channels to control the narrative, alongside state-sponsored content (Kuo, 2020).

In another instance of weaponizing their social media presence, Chinese foreign ministry spokesmen and ambassadors shared footage allegedly showing Italians on their balconies applauding COVID aid received from China, with the Chinese national anthem being played in the background. This footage was found to have been doctored, with the scenes originally showing Italians clapping for their frontline medical workers (New China

TV, 2020). Disinformation as a result has become an identifiable part of the Chinese Communist Party's propaganda tactics since the beginning of the pandemic. State actors colloquially referred to as "wolf warrior diplomats" dispersed on China-inaccessible social media platforms such as Twitter to spread a series of conspiracy theories (Callick, 2020). These were then further spread by social media active Chinese ambassadors, foreign ministry spokesmen, and fake or anonymous accounts known as "trolls". This was not the first time Western social media platforms have been used to discredit "enemy" institutions; similar measures were used by the government during the 2020 US presidential elections, as well as when the BBC reported on China's treatment of the Uyghur minority in Xinjiang (Bergin, 2021).

China's global state media also began pushing said theory a week later. China Radio International asked in an opinion piece published in Mandarin on March 22, 2021: "Did the U.S. government intentionally conceal the reality of COVID-19 with the flu?" Another version of the story asked, "Why was the U.S. Army Medical Research Institute of Infectious Diseases at Ft. Detrick in Maryland, the largest biochemical testing base, shut down in July 2019?" The story appeared more than 350 times in different languages and the Chinese Embassy in France was instrumental in pushing this story onto the world stage (Kinetz, 2021). Chinese media focused by and large on how to communicate official measures, ensure the pacification of public sentiments, as issue updates on the severity of the issue during the first wave of the COVID-19 crisis. Moderated reporting in this stage served to preserve the integrity of the ruling party while also relaying important information to the public (Xi & Chen & Ng, 2021). Simulation Researchers found that that COVID-19 media coverage in China possibly reduced 394,000 cases and 1.4 million close contacts between January 19 and February 29, 2020 (Liu & Chen & Bao, 2021).

Zhao Lijian, one of China's foreign ministry spokesmen, became an important factor in the communication campaign regarding the origin of the coronavirus. He would share 13 tweets regarding the coronavirus and Patient Zero, the first COVID-19 patient in the world. According to research from the Atlantic Council's Digital Forensic Research Lab (DFRLab), Zhao's tweets were cited over 99,000 times over a period of six weeks, in as little as 54 languages on Twitter. Accounts that referenced him were found to have close to 275 million followers, but researchers were unable to determine if all are real-person accounts. China's

Global Times and 30 Chinese diplomatic accounts also showed their support for Zhao. Venezuela's foreign minister, as well as accounts belonging to Saudi Arabian nationals close to the kingdom's royal family also significantly extended Zhao's reach through retweets and other interactions. Despite a ban on Twitter in the country, citizens in China were also targets of this communication campaign. His posts were carried over to Chinese social media platform Weibo and were viewed 314 million times, but it is unknown if each is unique views or multiple. This strategy continued globally where Australian officials calling for an inquiry into the origins of the coronavirus were met with China's ambassador to Australia, Cheng Jingye, suggesting that Chinese citizens would ask why they should drink Australian wine or eat beef. Within one month, China banned beef imports from four major Australian producers and implemented an 80% tariff on Australian barley which were actions based on retribution despite the administration's denial, per experts in the field (Kinetz, 2021).

The first initial full genetic sequencing of the virus was completed by January 3, 2020. It was not until January 20th that the Chinese government scientists would publicly declare that the virus was capable of human-to-human transmission (Editorial, 2021). China would not share more information for another week with the WHO, and according to the timeline only did so upon the visit of WHO Director-General Tedros Adhanom Ghebreyesus to Beijing, where he met President Xi Jinping and requested details pertaining to the virus (News release, 2020). Allegations that the Chinese government has not been transparent about the number of COVID-19 cases and deaths within the country were and are also present. A study by the Chinese Centers for Disease Control suggested that the number of cases in Wuhan at the time of the initial outbreak may have been 10 times higher than what was officially reported (Gan, 2020). A study on international air traffic revealed that actual cases in China may have been closer to 37 times higher than actual reported cases in January 2020. The number of passengers flying from China to five countries was lower than the number reported by the authorities, however, given the rapid spread in these countries this number was found to be statistically unlikely given the incubation period and virility of the virus (Mouton, Hanson, Grissom, & Godges, 2020).

China's communication strategy on COVID-19 saw a shift toward distancing itself as the origin of the virus, rather suggesting its own success in comparison to the West. Another important element to this strategy is the allegation that the virus in fact originated

in the West, and not Wuhan like the state media had also initially written (Hui & Caiyu, 2020). State media also tried to identify specific issues in the COVID-19 responses of Western states to the point that some Chinese netizens began referring to the coronavirus as the "America Virus" or "Trump Virus". It should still be noted that there are debates on the authenticity of these alleged Chinese civil accounts. Cases that helped strengthen China's hand on why the Chinese response was better than those of the United States were the issues such as the ones raised on privatized healthcare and the extreme polarization of the US elections.

3.1.4 Human Capital

There were several government policies implemented throughout the pandemic to control and shift the outcome. Most countries restricted movement and implemented social distancing measures, this largely helped to control the pandemic. Adversely, it led to a lack of business production, along with declining income, food shortages, and even triggered inflation, local economic crises, and severe financial risks.

Like many other countries, COVID-19 has been the biggest infectious disease outbreak China has faced in the last decade. China categorized COVID-19 as a national category B infectious disease but managed it as if it were a category A disease. Research widely accepts that this time around, the nationwide epidemic prevention and control system has responded quicker than before. Despite criticism, this response still presented a somewhat positive outcome for China. Yang et al. used epidemiological and population migration data to create a classical epidemiological prediction model to showcase the pandemic's developmental pattern; in which they found that had the government acted five days later, the virus would have done three times the damage (Yang et al., 2020).

The Chinese government was not prepared to combat the 2003 SARS epidemic when it first broke out. There were various issues identified in fields such as disease control and prevention, epidemic reporting, emergency response, and information collection. As a result, Public health gained prominence as a national security priority, and with that a new wave of reform measures followed. Their aim was to establish a public health system made up of disease control and prevention, emergency response, and health advisory sub-systems. The system has priorities made up of public health laws and regulations, response plans, food safety, and epidemic emergencies relating to animals. During the SARS response, the

government focused on increasing financial support toward public health institutions. Between 2003 and 2006, through federal and local government financing, China redeveloped the disease prevention and control system, as well as the urban and rural area public health emergency response system. In 2005, the list of vaccines under the coverage of the National Immunization Program became free of charge. The National Expanded Program on Immunization was implemented in 2007, free vaccines increased from 6 to 14, inoculating against 15 diseases in total. These policies allowed for the elimination of smallpox, neonatal tetanus, and polio. In 2009, basic public health services became available to all urban and rural residents free of charge. The National Basic Public Health Service Project (NBPHSP), service delivery cost, personnel expenditure, infrastructure investment and operating cost of specialized public health institutions were fully financed within the government budget (Zheng et al., 2018, p.502).

China established what is accepted to be the world's largest public health emergencies and infectious disease epidemics reporting system after SARS. All health institutions regardless of level became able to directly emergencies under their purview to the national level. Average reporting and response time went from 5 days to 4 hours after detection and diagnosis by healthcare institutions. On a real-time-basis: all county level or above disease prevention and control institutions at or above county level, 98% of county level or above healthcare institutions, and 94% of primary facilities can directly report cases of statutory infectious disease. Protocols regarding the surveillance of noncommunicable diseases (NCDs) and their risk factors, including but not limited to tumor registration, cause of death monitoring, NCD risk factor surveys, and detection of major conditions (e.g., cardiovascular diseases) were implemented. The Ministry of Health released a document regarding the plans to develop the Health Supervision System. Provincial health supervision agencies were then established in 31 provinces (Wang, Wang, Ma, Fang, & Yang, 2019).

China shifted its focus in 2006 regarding the promotion of the health system: taking the focus off the idea of framework building to an equitable people-centered model. The 2007 17th CPC Party Congress report expressed that public health should not be privatized, and public health services along with primary health care should be accessible, affordable, and effective (Wang, Wang, Ma, Fang, & Yang, 2019). This helps to identify the direction of China's health system. This was reaffirmed by the end of the 18th CPC Party Congress,

where the administration expressed an interest in being an established and efficient society, and healthcare was placed in an important part of this. President Xi Jinping has stated on several occasions that prosperity is not possible without a healthy population. The notion of "Healthy China" has become a significant molder of the national strategy. Per the Planning Outline of Healthy China 2030, the goal is to provide unlimited access to comprehensive healthcare services covering the entire human life cycle by 2030. This also takes into consideration the possibility that average life expectancy will be 79 years of age, and major health indicators will be of those from high-income countries. There is no doubt significant evidence pointing to the fact that public health can contribute greatly to better health indicators in the long-term. Given that China is a country with a significant population that also suffers from significant health burdens, public health investments become critical for any administration aiming to build longevity and sustainable population growth and maintenance. In 2009, the Chinese government identified four pillars of China's health system, and accordingly formulated a healthcare reform plan. The administration identified an equitable and accessible public health service system as one of the pillars. Ultimately "equalization of basic public health services" was set as a goal, and the "National Basic Public Health Service Program" was launched ("中共中央 国务院关于深化医药卫生体制改革的意见_2009年第11号国务院公报_中国政府网" 2009). This program was advertised as being "people-centric" in its approach and aimed to address population-wide interventions, while providing services targeting pregnant women in both before and aftercare, children, and the elderly. There was also an emphasis on NCDs and terminal illnesses as the idea was expressed as a desire to address the needs of the entire population throughout their entire life cycle. Moreover, the program also includes reporting and handling of infectious diseases and other public health emergencies along with general health supervision. It is fully funded by the government and focuses on urban and rural residents. The urban residents rely on community health centers (herein referred to as CHCs) or designated stations. In rural areas the THCs and village clinics embrace this role. There have since been several modifications and updates to the National Basic Public Service Specifications act that promote Chinese exceptionalism in healthcare (Wang, Wang, Ma, Fang, & Yang, 2019).

The fiscal position of each local government is different due to the uneven economic development present in China. The government implemented a minimum standard per capita public investment module in the program to ensure a financing equity was put in place. This standard was indexed to inflation and saw changes every year. The program is praised by some scholars as comprehensive in covering the needs of its target population. While specific measures are taken to address groups suffering chronic illnesses or in need of special considerations given their temporary circumstances, the target regarding the general population was to establish a system that would record a given patient's health record. The motivation for this was the understanding that a well-kept health record would allow any given doctor within the borders of the country to treat the patient considering pre-existing conditions and outstanding issues. Standardized measures for intervention and tracking of non-infectious diseases have been implemented in the program to ensure sustainable intervention and management among at-risk groups (Wang, Wang, Ma, Fang, & Yang, 2019). The long-term political implications regarding the COVID-19 pandemic for China are widely presumed to not have a major impact on the position of the party itself; however, Demir (2021) argues that an important portion of Chinese citizens are lacking prior trust toward Xi and the governing body in China.

3.1.5 Diplomatic Relations

The COVID-19 pandemic has served as a reminder to many security analysts that health security is an unforgettable component of national security. Countries with weak health infrastructure are ill-equipped to handle the effects of what may seem to be a small virus. Funding sophisticated military surveillance technology does not mean much in a world in need of international and domestic disease surveillance systems. These are systems that would work to detect, trace, and prevent lethally potent viruses. There are nonetheless positive advancements in technology, namely platforms that allow a higher level of global connectedness. Caballero-Anthony (2020) argues that without these platforms the negative effects of the lockdowns implemented by many countries would have far more severe consequences.

Countries located in Asia have had several major experiences with communicable disease, namely the 2003 SARS outbreak and the 2009 H1N1 disease which have put an emphasis on regional partnerships taking into consideration economic cooperation and

health security. For example, the Association of Southeast Asian Nations (ASEAN) countries and ASEAN Plus Three (China, Japan, and South Korea) have worked to implement programs designed to build effective strategies regarding information sharing, increasing capacity building in especially technical expertise, as well as a regional task force for highly pathogenic pandemics. Three areas of cooperation are identified ASEAN and ASEAN Plus Three countries. The first being the creation of an ASEAN response fund for health emergencies, tasked with addressing shortages of medical supplies, like testing kits and personal protective equipment, as well as funding research into vaccines and other types of medication. The second is the secure establishment of an emergency regional essential medical supplies stockpile, ready for deployment at all times. The third is keeping the supply chains accessible through the preservation of open markets for trade and investments (Caballero-Anthony, 2020).

Since 2002, China has established high-level dialogue mechanisms with the United States, ASEAN, Russia, Japan, and the United Kingdom. Starting in 2004, the Chinese government facilitated several forums with US counterparts to discuss public health, humanitarian assistance, human trafficking, conservation, and sustainable development. China increased its participation at the global, regional, and subregional levels when it came to multilateral arrangements on international health cooperation. China has shifted its interest in working closely with major international organizations on the topic disease prevention and control at the global level. One such instance was in January 2006, when China hosted a conference on avian and human influenza, in cooperation with the World Banks and the European Commission. China's communication strategy has also involved promoting active participation in regional multilateral platforms, including ASEAN+3 mechanisms emphasizing a need to prioritize the management and mitigation of public health emergencies. China has also focused on the Greater Mekong Subregion as a means of expanding health cooperation projects. The precedent was set with Premier Wen Jiabao and his 2003 SARS diplomacy, since then, top government leaders have also taken active roles in promoting health diplomacy. In September 2005, then- President George W. Bush of the United States of America and President Hu advocated for a set of ten core principles on global pandemic response. This memorandum of understanding was later signed by 88 nations and agencies. (Garrett, 2005). Margaret Chan, the former director of health of Hong

Kong, was nominated by China in June 2006 to become director-general of the WHO. The Chinese Ministry of Foreign Affairs issued a mobilization order to 33 embassies in the countries on the WHO Executive Board, where they were instructed to facilitate votes in the campaign for Chan (Garrett, 2005). At the federal level, several countries received letters from President Hu and Premier Wen recommending Chan for the role. President Hu also contacted US President Bush personally for support (Freeman & Lu, 2009). Hu also took the opportunity at the 2006 Sino-African summit meeting to lobby support for Chan from the participating African leaders. These efforts proved fruitful in November of the same year; with Chan defeating 12 other candidates and becoming the first Chinese person to head a major United Nations agency (Garrett, 2005).

China has been presented with opportunities considering infectious disease outbreaks regarding its' strategic interests across the globe. Using continental approaches, the leadership has been working toward achieving influence and capital in various parts of the world. One such instance is the continent of Africa, which continues to be a critical priority for China's health diplomacy. According to data from 2007, there were 108 clinical stations with 38 Chinese medical teams distributed in each of them on the continent (Guoji Shangbao, 2007). The beneficiaries of their services were not only the public. A 2009 document issued by the Ministry of Health indicated medical teams were told their duties were not only to issue routine medical services, but also providing specialized service targeting the upper class in the recipient countries (Zhang, Zeng, Yu, & Zhang, 2018).

3.1.6 Relationship with Hong Kong

The relationship between China (referred to here as Mainland China) and the Hong Kong Special Administrative Region of the People's Republic of China (referred to here as Hong Kong) cannot be diluted to specific considerations regarding infectious disease outbreaks and national security policies. However, given the experiences of China and Hong Kong with the severe acute respiratory syndrome (SARS) epidemic of 2003, it is no surprise that both countries have come to worldwide attention on their infectious disease outbreak responses in the post-SARS years. Hong Kong has a unique position on emerging infectious disease detection due to its intensive disease surveillance systems and as a window on epidemiology to what happens in Mainland China. Hong Kong and Mainland China

consistently interact with on another despite stark differences on how their public health systems are built to handle infectious diseases. The outcome of their interactions holds both regional and global significance. Despite being inseparable from China, from an infectious disease point of view, it has a unique position as it has a sovereign health administration while simultaneously being in conjunction with China. President Xi Jinping has been noted to express to Hong Kong leadership that their immediate mission was to stabilize and control a worsening COVID-19 outbreak. The directive would then put further pressure on Hong Kong Chief Executive Carrie Lam, just a day after her statement regarding the unsatisfactory response to the outbreak shown by her government. The main concern was with hospitals and medical staff being unable to cope. Front page stories from the newspapers Wen Wei Po and Ta Kung Pao suggest that Xi relayed instructions to Chinese Vice Premier Han Zheng on his “concern about the pandemic situation" and his care for residents to Lam (Kwok & Master, 2022). To understand the interaction dynamics between Hong Kong and Mainland China regarding infectious diseases and national security, it is necessary to understand just how Hong Kong changed after the 2003 SARS epidemic.

Considering SARS and other infectious disease outbreaks, Mainland China and Hong Kong have adopted the same coronavirus strategy, in that the goal is to isolate and prevent the spread immediately. Nonetheless, there are several differences between Hong Kong and Mainland China in terms of how their public health and medical services are funded, structured, and delivered. Hong Kong also has a high degree of transparency and openness alongside a strong mass media presence, aside from its strength in surveillance capacity, technology applications, being a globally connected hub. The COVID-19 pandemic has shown that no matter how prepared and advanced a health system may be, such is the case in Hong Kong, it can still be vulnerable to an infectious disease outbreak. With a high population density which sits at roughly 7 million people per 1,100 square kilometers (“Hong Kong - Place Explorer - Data Commons", n.d.), along with it serving as one of the world’s busiest trade and travel hubs, important public health challenges become more apparent. The penetrable nature of borders is clearer when one considers the 300,000 passengers use the crossing between Hong Kong and Mainland China daily. It may not be amiss to suggest that the unique relationship between Hong Kong and Mainland China with regards to travel and exchange would create opportunities for the latter to exert control over

the former. The justification for the Security Act is based no doubt on Mainland China's claimed ownership of Hong Kong, but the communication of infectious disease in a highly cooperative environment may act as a motivator in the eyes of Mainland leadership to justify drastic measures (Freeman & Lu 2009).

Conversely, given the global hub nature of Hong Kong, infectious disease may pass through and reach other parts of the world within a short time. The case of the single SARS patient living in a Hong Kong hotel who would go on to infect other guests travelling to Singapore, Toronto, Vietnam, and Taiwan is one such example. A review committee tasked with identified gaps in the handling of SARS pointed to several weaknesses in Hong Kong's health care system. They noted these gaps existed specifically on the handling of infectious disease, including emergency preparedness, infection control, command and coordination, surge capacity, and risk communication. The committee pointed out specifically that the Mainland China systems for communication during infectious emergencies were not up to standard to end an infectious disease outbreak. A new Centre for Health Protection (CHP) was set up in 2004 under the Department of Health in Hong Kong by the recommendation of the committee. The Centre for Health Protection (henceforth referred to as the CHP), which is the Hong Kong counterpart of the Centers for Disease Control and Prevention in China and other countries, operates as a specialized organization held responsible for all levels of infectious disease prevention and intervention. It is made up of of a Board of Scientific Advisors and seven scientific subcommittees with local infectious disease experts. There are six specialized branches with a total of 1,500 staff and an annual budget of HK$1 billion within the CHP. The CHP is often credited with having learned valuable lessons from the SARS epidemic. Not only was there a need for infectious disease response to be global, but the relationship with Mainland China needed to be strengthened as well. The CHP organizes a daily report on infectious disease news across the globe, covering data on misinformation and expert opinion on disease projection. The outbreak reports are then assessed to determine a suitable course of action. The CHP also maintains contact lists with information from overseas health authorities and the World Health Organization for the purpose of exchanging information quickly and effectively (Freeman & Lu 2009).

There are also new levels of relations emerging with Mainland China. A Tripartite Agreement with Guangdong Province and Macao, as well as a Memorandum of

Understanding signed with China's Ministry of Health has aided in the founding of a mutual agreement on the fight against infectious diseases, strategically linking all interested parties together. Such arrangements on productive channels of communication were absent before the experiences with SARS. Experts from Macau, Hong Kong, and Guangdong (neighbouring regions) meet every year to observe and analyze trends in infectious disease primarily in the Pearl River Delta Region. Mainland China also takes interest in exchanging information monthly with Hong Kong regarding infectious disease statistics as well as updates on major outbreaks which may be of mutual concern. Researchers note that these contact points are made to operate on a 24-hour basis. This allows Mainland China access to outbreak intelligence and the capacity to make ad hoc inquiries on the present situation in Hong Kong (Freeman & Lu 2009).

Mainland China has taken care to ensure enhanced collaboration in several other areas apart from infectious disease intelligence in the post-SARS era. Mainland China has set up several major outbreak investigations within its borders on avian influence as well as the zoonotic streptococcus suis virus outbreaks ("Centre for Health Protection, Department of Health - Streptococcus Suis Infection", 2020). There are also joint contingency exercises conducted annually on avian influenza between Hong Kong, Macao, and the Chinese Ministry of Health. An extension of these programmes has allowed epidemiology and laboratory staff to attend exchange programs aimed to train specialized health personnel. Joint research projects on seasonal influenza and HIV/AIDS stemming from these exchange programmes have also been found to generate valuable results for vaccination and treatment research (Freeman & Lu 2009).

3.1.7 Relationship with Taiwan

Taiwan has been a major target of China throughout the COVID-19 pandemic especially. China employed several tactics prevent Taipei's success at mitigating the spread of the virus, causing doubt that Taiwan would be able to accomplish this without aid. A 2020 report from the Investigation Bureau of Taiwan stated that there was a significant increase in the spread of social media misinformation on Taiwan's COVID-19 responses, and said responses were found to be from Mainland China (Lien, 2020). In May 2021, Taiwan Democratic Progressive Party Legislator Wang Ting-Yu launched an investigation into what

was considered a wide scale disinformation campaign on Taiwan's Central Epidemic Command Center (Lee & Pan, 2021). Wang Ting-Yu stated (Lee & Pan, 2021) that allegations of fabricated death data, hospitals disposing of COVID-19 victims into nearby rivers, and a coordinated effort between the administration and funeral parlors to burn bodies were all indicative of social media-based psychological warfare by Mainland China ("Is China Succeeding at Shaping Global Narratives about Covid-19?", 2021).

China perceives Taiwan's involvement on the international stage as a threat to its One China principle and as such works to stifle Taiwanese NGOs by strong-arming their potential recipients and partners to reject their projects and activities This interference then prevents these NGOs to utilise Taiwan's experience as a tool for capacity building and aid, which they need. This marginalization of Taiwanese NGOs on the part of China has been said to have negative consequences for quality of life and general health of the globe as it risks access to timely information and effective research into infectious disease outbreaks (Glaser & Funaiole, 2018).

Researchers also suggest that it is perhaps idiosyncratic for China to utilize infectious disease outbreaks to vilify Taiwan. Taiwan has done much to promote the Sustainable Development Goal 3, which is ensuring healthy lives and promoting well-being for all at all ages, abroad and at home. Taiwan has also undertaken several steps to combat and understand infectious diseases such as MERS, SARS, H5N1, Ebola, and Zika. Despite several successful NGO missions in the international community stemming from Taiwan, there are several more that are unable to do so due to China's pressure on recipient countries. China has been found to show exceptional care to the idea of Taiwan's positive international image because according to the administration there is one China, and Taiwan is a rogue province that needs to be contained. Therefore, any actions perceived as Taiwan behaving like an independent, sovereign nation are in direct conflict with said principle (Glaser & Funaiole, 2018).

To recall from the Hong Kong section, Margaret Chan was the Director of Health of Hong Kong during the SARS outbreak in 2003. Her nomination and subsequent win at the WHO could be taken as a case of China's successful campaign and rising positive image at the time on the global stage, while also displaying its confidence in her management of Hong Kong and the successful implementation of China's "One Country, Two Systems" policy

(Chan & Chen & Xu, 2010). It would perhaps not be amiss to suggest that China actively capitalized on the opportunity from Chan's role at the WHO as a pre-emptive measure to block Taiwan's attempts to seek WHO membership.

China has become more flexible over the years in seeking health related cross-strait cooperation. In 2009, the PROC pulled its objection to Taiwan's observer status application to the World Health Assembly (henceforth the WHA), while researchers have noted there was allegedly a requirement on the part of Taiwan to abide by the One China policy (Chan, Chen, and Xu 2010). In January 2010, Chinese Vice Minister of Health Huang Jiefu attended a conference in Taiwan in January 2010 called "Cross-Strait Cooperation in Preventing H1N1", acting as a consultant for the Chinese Medical Association. Minister Huang would also emphasize the need for extensive cross-strait public health collaboration especially on food safety and disease notification (Chan & Chen & Xu, 2010). The 2003 severe acute respiratory syndrome (SARS) crisis led to concern over the international implications of the absence of Taiwan from global responses to disease outbreaks. Taiwan's engagement in global health governance would see a boost when it was granted observer status in the WHA in 2009. Despite this opportunity to engage with the WHO, there was a limit on Taiwan's ability to engage within the organization. In 2005, the Chinese government and the WHO secretariat signed a secret Memorandum of Understanding (MOU) that acknowledged China government's power over Taiwan's participation in the WHO/WHA (Glaser, 2013). This would entail China government approving and authorizing the attendance of Taiwanese experts attending the WHO meetings. If for example Taiwanese experts were invited to the conference, the WHO was also obliged to invite Chinese experts. Higher-level Taiwanese officials were restricted from attending WHO activities, and all communications would be done through China. This would mark the first time the One-China Principle was explicitly mentioned as a precondition for Taiwan's participation in the WHA (deLisle 2016, 552). However, in 2017, upon Tsai Ing-Wen and the ruling Democratic Progressive Party (DPP)'s refusal to acknowledge the One-China Principle, Taiwan's participation in the WHA would be suspended. A Chinese government white paper from 2000 stated that everything could be found suitable if under the conditions of the One-China principle. Researchers argue thus that if Taiwan were to unconditionally accept said principle, its' international position and status would be open for negotiations (Chu, 2000).

Taiwan's unique position shows the vulnerability of the WHO in terms of great power influence and becomes significantly more apparent during global health crises. Taiwanese officials would go on to contact the WHO for further information regarding reports of unidentified pneumonia in Wuhan, China in late 2019. Taiwan also warned the WHO on December 31st, 2019, on the possibility of human-to-human transmission, citing the International Health Regulations (IHR). The WHO only stated that the information provided by Taiwan had been passed on to the experts on the case (Taiwan CDC, 2020).

China would utilize the One-China Principle as a political foundation for its continued relations with African countries as the diplomatic tensions with Taiwan intensified. One such instance was the push for Chinese medical teams to overtake Taiwanese teams and reduce Taiwan's international space through health diplomacy. Considering these issues Taiwan's international space being reduced due to China's efforts was contributed to by the Chinese medical teams (Xu & Yang, 2009).

3.1.7 Contextualizing China's Approach

This section of the thesis has highlighted various national security considerations China has had to consider given the select infectious disease outbreaks it has experienced over the years. Taking into consideration the dynamics present within China, it is fair to suggest that new avenues will be pursued by China under Xi Jinping to keep the people of China under control. Most recently, the protests occurring across China considering severe COVID-19 restrictions and the targeting of the Uyghur people ("China COVID Protests Mark 'biggest Act of Resistance' in Decades", n.d.) has shown that there are limits to how long policy decisions are made to last. In most recent days, it seems that China has abandoned COVID-19 precautions altogether ('China abandons COVID case reporting as infections explode', 2022). In that regard, and as SARS and COVID-19 have shown, China works to capitalize on opportunities while justifying security concerns. The desecuritization of such crises is complex, as the notion of safety is dependent on that of the government and economic structure rather than that of the people. As such, the strategic communication-based approach becomes the more apparent tactic employed by China throughout infectious disease outbreaks. While many steps are taken under the realm of protecting public health and safety,

the actions that follow are focused on deflecting blame; inciting conflict on social media and pushing narratives that serve the purpose of the administration.

3.2 South Korea

South Korea is no stranger to infectious disease outbreaks like China. Having experienced its fair share of conflict and crisis since its founding as a nation, the governmental structure has seen several changes throughout the years. In this context, it would not be out of place to suggest that there are no established governmental organizations or structures prepared to handle crises such as the infectious disease outbreaks the world has seen throughout the years. However, South Korea is unique in that it has institutionalized several lessons over the years regarding infectious disease management and containment.

This section of the thesis aims to address several points relevant to South Korea and the connections between infectious disease outbreaks and national security. It starts off with examining media and information control, before moving on to an overview of diplomatic relations, followed by infrastructure, citizen trust, and lastly its relationship with North Korea.

3.2.1 Infrastructural Issues

Researchers propose that Korea's shift from a president-led political nexus triad (henceforth PNT) to a balanced PNT by was maintained by bureaucracy becoming increasingly autonomous, and the growth of the legislative body and citizen participation. Given that South Korea has a single legislative chamber (unicameral system), and that the president is elected by South Korean citizens through direct democracy, it would be possible to suggest that citizens feel inclined to demand more from their government when they feel responsible for the choice they have made. Noting that South Korea's presidential system is a single, fixed term of five years with no re-election, national security policies are bound to be more individualistic than institutionalized in terms of specific goals and interests (Moon, Lee, & Hwang, 2020). This is because the government is not motivated to continue the administration-specific goals as there is no possible of the same leader being elected in the future. Rather, the goal becomes party-specific and based in collective ideology which will ensure the continuation of the party's success.

There is, however, the suggestion that there are fundamental differences in Korean leadership as opposed to other leaders. Moon et al. suggests that in comparison to other East

Asian countries, Korean presidents are more aware and sensitive to what most voters may want and need. There is also a theory that due to the recruitment structure of bureaucrats, which is through competitive exams, the political influence on civil servant personnel management is not as high as it would be for appointed heads of government organizations (Moon, Lee, & Hwang, 2020). This could be used to further argue then that civil servants are not motivated to cater their work or decisions toward management they do not have a specific political connection to.

Bureaucratic decisions are found to be connected to the political dynamics and determined by the president in Korea. This president-led PNT model of Korea has transformed into a model where open competition-based and conventional closed exam-based recruitment are both utilized to recruit government officials. This new standard of professional bureaucracy in Korea has helped shape the autonomous and critical role it has presented in creating and enacting various policies (Moon, Lee, & Hwang, 2020), specifically those surrounding infectious disease outbreak management.

The office of the President has been reliant on professional communities and responsible agencies in terms of policy positions and scientific judgments, in particular the medical community at large. The conception and subsequent upgrading of the Korean Centers for Disease Control and Prevention (henceforth KCDC) and the policy lessons learned from the handling of SARS and MERS in 2003 and 2015 respectively aided this process. The KCDC became an autonomous vice-ministerial-level agency in an effort to strengthen it in the post-MERS crisis period of 2015. This expansion would continue during the COVID-19 pandemic, in which employee numbers increased from 907 to 1476 on September 12, 2020. This was also the period when the KCDC was upgraded further to an independent and autonomous agency (Kwon, 2020).

The painful MERS experience served as a series of important policy lessons for the Korean government, as the need for strengthening institutional capacities, increasing collaboration with private organizations and municipal governments, and establishing procedures that would make effective identification, tracking, treatment of potential and confirmed cases became apparent ((Moon, Lee, & Hwang, 2020); (Moon, Suzuki, Park, & Sakuwa, 2021, p. 651-671)). This aided the government greatly when the first confirmed case of COVID-19 was identified in early 2020 (Moon, Lee, & Hwang, 2020).

The Korean government's highest official authority responsible for COVID-19 response is the Central Disaster and Safety Countermeasure Headquarters (henceforth CDSCH), which is under the purview of the Prime Minister. The CDSCH co-chairs, known as Vice-head 1 and 2, are respectively the Minister of Health and Welfare, and of Interior and Safety. There are 23 ministries involved in the operations of the CDSCH, along with 17 municipal and provincial governments. Ensuring effective communication between the highest levels of federal and municipal governments to address problems and create solutions was a significant motivator for the CDSCH to meet frequently. The CDSCH convened every day from late February 2020 onward, committee meetings twice a week for ministries and municipal governments with the chair being the Minister of Health and Welfare. The national media has frequently used securitized language to describe this organization's authority of controlling and managing the crisis, calling the CDSCH the "control tower". The government has been using the CDSCH to provide a full-government approach in the eve of country's infectious disease outbreak alter system to the top level on February 23, 2020. This has lead the government to keep close partnerships with expert groups and the sacrifices of civilians as a driving factor for effective countermeasures against COVID-19 (Moon, Lee, & Hwang, 2020).

The CDSCH has held a central position in preparing the government for the potential spread of infectious disease by strengthening response and maintaining collaboration with municipal governments as well as medical communities. The government utilized expert opinion to promote nonpharmaceutical interventions (hereafter NPIs) to the public. NPIs were made up of social distancing, mask-wearing, and handwashing. The government was then tasked with aggressive contact tracing to identify and contain confirmed cases. Despite a peak in case of numbers due to a herd infection at a Shincheonji mass, the major curve was largely flattened by April 2020, which allowed the previously scheduled general parliamentary election to proceed. The critical nature of pre-planned activities such as the election was no doubt one of the main motivators to ensure the country continued with "business as usual". If the administration needed to cancel the election due to increased case numbers, this would make them open to criticism of voter suppression by the opposition and the public. Given the already uncertain future of the world with the COVID-19 pandemic, it makes sense that for the sake of preserving national security interests, the country would

work to push through with strong contact tracing and NPI signaling. In fact, COVID-19 held an important place in the conversation regarding Korea's 21st general assembly election which was held on April 15, 2020. The Democratic Party of Korea called on the citizens to empower the president and his government during the crisis, praising President Moon Jae In and the government and drawing on an already high-public opinion that the COVID-19 pandemic was being handled effectively (Moon, Lee, & Hwang, 2020).

One element of Korean bureaucracy remains independent from the changing nature of administrations. The shift from the president-centered PNT has allowed for more a balanced distribution of power between the president, bureaucratic structure, and civil society, which in turn has allowed Korea to reach various infectious disease-related targets. Researchers note that the failure of the primary response to the 2015 MERS outbreak can be attributed to the current response strategies pursued by the government (Kim, 2020; Moon, 2020). Moon (2020) especially notes that the experiences from MERS increased awareness of the potential risk posed by COVID-19, especially among agencies like the KCDC and individual citizens.

Moon also notes that the Korean government has pursued a flexible and highly adaptive strategy as the case count increased (Moon, 2020). One such example that has seen global acceptance has been walk-in and drive-through screening stations. It may perhaps be fair then to suggest that the Korean administration has emphasized science-based approaches throughout the pandemic rather than solely focusing on minimizing damage. This aided in the prevention of the overpoliticization of COVID-19, which could have occurred under the president-led PNT. Such responses and policy decisions regarding situations like COVID-19 would not have been possible under the president-led PNT system. An interactive and balanced PNT, one in which political interactions between the president, citizens, and bureaucrats, allow the system to be more balanced with the sitting president having a sense of leadership and accountability, bureaucratic power existing based on professional merit and expertise, and lastly through the citizens' voluntary engagement. This can be seen through a decision made on September 12, 2020, in which the KCDC became the agency in charge of infectious disease outbreak response. The presidential cabinet approved this separation of the KCDC from under the purview of the Ministry of Health and Welfare (MOHW). Through which it took on the new name Korea Disease Control and Prevention

Agency (KDCA) and was granting autonomy on the enforcement and policymaking decisions regarding infectious disease. The MOHW also established the second vice minister and was put in charge of medical and health care. This would then ensure a degree of specialization regarding infectious disease outbreaks (Moon, Suzuki, Park, & Sakuwa, 2021, p. 651-671).

COVID-19 testing proved to be a proactive approach to aid in the prevention and mitigation of the virus in an effective manner, especially in the initial stages of the outbreak. This was in part thanks to the Moon Jae In administration's trust and support of the KCDC in the early stage, centering the agency in the policy-making process. It should be noted that given the institutionalization of infectious disease response in Korea, the securitization of infectious disease outbreaks is beyond the political level of administrations and the structure is sustainable to operate outside the bounds of administrative ideologies (Jae, Moon, Suzuki, Park, & Sakuwa, 2021).

The government has also taken the opportunity to take several key steps to accelerate the digital transformation of Korean society and the economy in preparation for the post-COVID-19 era through the Digital New Deal and Green New Deal. These new policy initiatives are essentially identifying gaps in infrastructure from the COVID-19 intervention and setting up steps in place to create a stronger society and governmental strategy. The Moon administration also stressed a need for inclusive growth and a shift in social values to resolve inequalities that were exasperated due to the COVID-19 pandemic, while doing its part to enhance digital government services and the quality of healthcare services, along with the administrative capacity of public healthcare agencies (Jae, Moon, Suzuki, Park, & Sakuwa, 2021).

The voluntary participation of most members of Korean society in personal hygiene, social distancing, quarantines, face masks in public facilities, and check-ins for restaurants is a fairly important factor in outbreak management success. Due to its painful and simultaneously valuable past experiences with SARS and MERS, the Korean government was seemingly better prepared to respond to COVID-19 (Moon, Lee, & Hwang, 2020). The securitization of infectious disease outbreaks through government signaling and interventions has no doubt aided in the process of society continuing with a minimal issue while also allowing for new opportunities to be realized.

To address outbreaks in Daegu, the government recruited and trained volunteer healthcare professionals, including practicing physicians and nurses in other cities, and dispatched military medical personnel. That said, these measures fell short of addressing the needs of the area. Nonetheless, these strategies were beneficial in increasing the speed of patient triage, which allowed for the faster treatment of critical patients and decreased mortality rates. This triage occurred in increments based on the severity of symptoms; mild, moderate, severe, and critical. The system was set up to treat patients in different locations based on the status of their illness. Those with mild cases were instructed to stay at home or in designated locations for monitoring. Mild cases were difficult to manage in cases where the patient was already admitted to a hospital and refused to move to another hospital, taking up beds and leaving hospital staff exposed to criticism (Bai et al., 2020, p. 1406–1407).

The government established over 600 COVID-19 screening sites across the country, and all were made capable of performing intense screening tests. An average of more than 15,000 tests were performed on a given day, on the highest days of the virus. Screening sites served several purposes, identifying patients early on to prevent further transmission and avoid shutting down unaffected hospitals in the event of contagion. Hospitals were also tasked with handing out questionnaires to every visiting patient on symptoms and recent travel and contact history. Suspected cases were instructed to visit screening sites or consult the dedicated hotline before the hospital. Researchers find it plausible to attribute the smaller mortality rate of COVID-19 to these intense measures. They also note that the government choosing to include mild and asymptomatic cases in the grand total case count could have aided this process (Her, 2020, p. 1-3).

Technological opportunities such as tracking movements with push notifications in the event of travel, developing a COVID-19 screening questionnaire application, the public sector distributing and consistently supplying protective gear were present including drive-through screening for COVID-19. Movements were tracked via the Global Positioning System (GPS) records of case mobile phones' credit card records to generate movement maps. Once the map was completed, the maps were sent out to those in the same vicinity as the patient and further used to identify potential cases. The application also had a tracking counterpart that sent GPS data to the agencies responsible for keeping track of cases. Face masks were already a norm in the country due to yellow dust, but the government pushed to

ensure citizens were using Korean filter 94 masks regularly. Due to a shortage in Personal Protective Equipment (PPE), the government felt compelled to intervene in their production and distribution to ensure the high demand was met. Despite a general emphasis on the importance of listening to the scientific community and healthcare professionals, their recommendations on border control, lockdowns, mass gatherings, and exports were not taken into consideration. The conflict between the interests of the government, public health organizations as well as stakeholders became apparent over time (Subbe, Kruger, Rutherford, & Gemmel, 2001).

The Korean approach to combating COVID-19 has been centered on contact tracing, testing, and quarantine with support from the marriage of mobile technology and data analytics. Effective public communication and overall compliance with mask mandates, social distancing, and hygiene has also aided in the efficacy of the approach. The pandemic has also been managed without a need to implement closures or lockdowns, which has been beneficial for businesses and families in weathering economic costs due to the pandemic. The South Korean government has been consistent in its efforts to provide up-to-date data to the public regarding the virus, along with guidelines on how to avoid personal infection. The government has often relied on a variety of media and press briefings twice a day to ensure the public is aware of the threat and the actions taken to mitigate the potential threat (Dyer, 2021).

The policy followed throughout the pandemic has been roughly the same as other countries within the Organisation for Economic Co-operation and Development (OECD), where the government has chosen to seek macro-financial and fiscal means of taking the pressure off families and businesses (OECD, 2019). The target spending has been toward industries that were specifically impacted as a result of the pandemic, which has been a strength in this approach, as well as ensuring that government finances were used to stimulate consumer spending patterns and broader national economic activity. The emergency cash transfer payment system design is shown as a key example of this: in which the government gave citizens the option of credit card deposits or pre-paid cards that had an expiry date of the end of August 2020, which forced citizens to spend money instead of putting it into their personal savings accounts (Dyer, 2021).

South Korean officials saw the Korean New Deal as an opportunity to stimulate investments in technology, enhance the skillsets of Korean workers, and position the country to leave behind the pandemic, ultimately becoming a leader in data and green economy. This is a departure from the idea of focusing government funding solely on rebuilding damaged economies. The Korean New Deal is a case of the government seeking to create new opportunities despite the existence of a crisis Oh, 2020).

The South Korean government started vaccinating long-term care residents and frontline healthcare workers on February 28, 2021. The delay was partially due to South Korea's participation in the COVAX agreement, and due to an interest among healthcare officials to observe how vaccine rollouts were being managed in globally. Since summer 2020, officials have continued negotiations of local vaccine production deals between international manufacturers and domestic pharmaceutical companies. Developments in procurement and local manufacturing deals promised South Korea's efforts to achieve its herd immunity goals by the end of 2021 would be hastened. South Korean authorities began screening passengers at Korean entry ports as of January 3, 2020. The first imported case being identified on January 20, and the country ramped up efforts of effective screening, imposed severe quarantine requirements on those in contact or with confirmed cases, and implemented more severe restrictions on travelers from China, continental Europe, and other parts of the world showing high infection rates (Oh, 2020).

Korean health officials contacted private labs in Korea early on with the purpose encouraging test developments, and then pushed approval for use in the domestic market. The government required businesses to adopt disinfection measures, increase distance between employees, and when possible provide work from home alternatives. Authorities also closed public venues and entertainment venues, as well as suspended religious gatherings. The school year, which normally begins in March in Korea, was delayed initially until schools eventually resorted to online and television-based learning. A gradual reopening began in late May 2020. Reopening meant business as usual, with many workers returning to their offices. Emergency daycare was made available to families with dual incomes, though the demand for care ended up being more than what was available at the time. (Dyer, 2021).

There was a second wave of infections in mid-August, with new daily cases significantly rising from 103 on August 13 to a peak at 441 on August 26. Authorities once again mobilized resources to ensure the spread was brought under control within two weeks, as there was a concern over the possibility of losing control of the spread. Daily cases went back down to roughly 100 cases per day by mid-September, which was accepted as a third wave by pandemic influenza standards. The control mechanism employed was the close down bars, nightclubs, churches, and reimposing restrictions on public gatherings. The third wave showcased limitations to Korea's intervention strategy, as the high rate of infection and its duration suggested that it was not sustainable as public compliance, infection patterns, and variants changed. The government chose to enforce a mask mandate in mid-November 2020 and proceeded to arrest 191 individuals for neglecting to obey the mandate. Early December 2020 saw schools in Seoul shifting back to online learning, and a night curfew was implemented by the health authority. The government also closed tourist attractions, limited the number of customers allowed at a given time in restaurants, and implemented a ban on gatherings of more than five people around the holidays for a period of ten days to decrease the growth of new cases ('South Korea signs COVID vaccine deals for 44m people', 2020)

As mentioned previously, South Korea had not begun vaccinations until the end of February 2021. Vaccinations began with elderly residents in long-term care facilities and frontline healthcare workers on February 26, 2021. This mandate expanded to all elderly citizens in mid-March. The number of first dose-vaccinated individuals would reach nearly 3.63 million individuals (which at the time made up 7.1 percent of the population) by May 1, 2021. The number of two-dose individuals was only 236,188. At one point, the country was using 180,000 doses a day on average. South Korea was one of the first to make a commitment to the international equitable effort to develop and deliver vaccines, known as COVAX. This commitment contrasted with many developed countries and provided substantial effort to ensure the international effort was realized. Domestic manufacturing of vaccines would support local pharmaceutical companies, while also laying the groundwork for potential export opportunities once domestic inoculation goals were completed, with the added advantage of leveraging price negotiations. Domestic health authorities would have an easier time gaining oversight over standards and quality, also ensuring accountability in

the event of issues with the vaccine. Domestic production means more domestic availability in the event of international competition for supplies. Numerous patient-level datasets were made available by the government to researchers, which has allowed in-depth analysis of the virus and how it spreads, allowing the international community to understand how the pandemic has played out “Coronavirus Disease-19, 2020).

The CDSCH has three implementation arms under its mandate: The Central Disease Control Headquarters is headed by the director of the KCDC and is responsible for disease control efforts as well as infection prevention, control, and treatment steps. There are four teams, each focused on surveillance, testing and tracing, isolation and sterilization, and public education that are also tasked with working together alongside ministries and subcommittees. The health minister is tasked with heading the Central Disease Management Headquarters, which is responsible for assisting the Central Disease Control Headquarters in controlling the spread of infectious diseases. They are also responsible for developing guidelines to prevent the general spread and report statistics; while also working to ensure there are enough supplies and staffing at hospitals. The Pan-Government Countermeasures Support Headquarters is under the purview of the Minister of Interior and Safety. It is responsible for coordination between the federal and municipal governments. This includes logistical and supplement support for local healthcare providers to maintain virus treatment and enforce quarantine guidelines (Dyer, 2021).

Each municipal and district governance structure was required to establish its own local disaster and safety management headquarters akin to that of the Central Disaster and Safety Countermeasures Headquarters when the federal government raised the threat level to Red. These localized headquarters are responsible for ensuring there are enough isolation hospitals, wards, and beds available within the context of their community; while also enforcing all quarantine, mask, and social distancing mandates present. Individual ministers have also collaborated under the purview of the IMS or the CDSCH depending on the time of collaboration. The Ministry of Economy and Finance organized a conference with the ministries responsible for health, food and drug safety, interior and safety; alongside fair trade and taxes, on regulating mask sales and medication on January 30th, 2020. The contact tracing application was a collaborative effort between the Ministry of Science and ICT (Information and Communications Technology), the Ministry of Land, Infrastructure and

Transport, and the KCDC. The KCDC developed a strategy called "Everyday Life Quarantine" with input from twelve ministries, with the purpose of reopening the Korean economy. The Korea National Police implemented a COVID-19 response headquarters of their own, which included a Disaster Situation Center tasked with rapidly responding to any given situation, working in tandem with the Countermeasure Support Group which provided officers with access to equipment and information. Lastly, the Countermeasure Implementation Group was responsible for forming responses to fake news, as well as enforcing quarantines, transporting patients, inspecting public venues, and contact tracing ('Ministry of Health & Welfare : News & Welfare Services > Press Release View Content', 2020)

One of the first initial steps taken by the government at the beginning of the pandemic was to coordinate with private labs to facilitate tests and vaccine preparations. Government officials met with representatives from 20 private medical companies on January 27, 2020, even though there were only four confirmed cases in the country. The companies were promised immediate approval in the event they produced viable COVID-19 tests. This is accepted as a lesson learned from the 2015 MERS epidemic, as the government approval structures were said to have slowed down the process of usable tests being pushed to labs. After MERS, the Medical Devices Act was amended to include partnerships between public and private parties and establish emergency-use authorization (Dyer, 2021).

This policy change saw fruition as early as one week after the meeting on January 27 when one company secured approval to release tests into the Korean market, and four others by the end of February. This was an added benefit to domestic production as limited availability would have meant a lack of testing targets being met. Health authorities had established 600 testing locations with the capacity to test 20,000 people per day by the beginning of March 2020. Government officials also aided in setting up testing facilities designed for minimal contact in municipal governments and surrounding hospitals. An increase in options regarding the location of testing meant there were fewer potential carriers of the virus in a place at a given time. This was a lesson from the MERS outbreak where a lack of options for testing lead to mass infections. The Korea Occupational Safety and Health Agency provided around 720,000 masks to workplaces in the construction, manufacturing, and service industries in early February 2020. Toward the end of February,

there was a surge in mask exports, which the government then chose to limit to ten percent of general production. In March, the government chose to ban mask exports completely and took over the distribution rights domestically. It implemented pricing regulations and required 80 percent of all masks to be sold at accessible locations such as pharmacies and post offices. Exports became permitted in September 2020 when overall demand was met through production and the spread of the virus was held under control (Song, Choi, & Ko, 2020).

Being able to have access to tests early on the pandemic meant the ability to further develop and better them as time went on due to other measures in place such as isolation and quarantine measures. This also means more resources going into research and development and indicates aforethought on infectious disease; wherein an opportunity lies to become an exporter of advanced testing technology should the chance arise. The efficiency of contact tracing measures was enhanced through GPS technology as well as social patterns involving credit card usage and closed-circuit television (CCTV). This worked in harmony with the communication strategy employed, where the emphasis was not on sharing information as needed; but on ensuring that correct information was out to the public quickly and spread across various channels to ensure misinformation was kept to a minimum. The economic response of South Korea has been concentrated in five areas: stabilizing employment; relief for the self-employed, and small and medium enterprises (SMEs); vulnerable industries; financial market stabilization, as well as aiding and appealing to public consumption (KPMG, 2020).

Five stimulus packages were gradually pushed out as part of the economic relief program. The Ministry of Economy and Finance and the Central Economic Response Headquarters began developing an economic strategy centered around the idea of being sustainable in order to aid the general Korean economy, which was a shift from short-term approaches to stabilizing the economy. There was a consensus among government officials that the pandemic had highlighted some structural weaknesses. They also saw the infectious disease outbreak as an opportunity to transform the economy to compete in a global technology-driven and automated one. The Korean New Deal was designed to produce 70 trillion won ($62 billion) in investments. The target sectors are made up of 5G technology, factory automation, green technology, artificial intelligence, machine learning, and energy-

efficient manufacturing. The Deal also included the development of e-commerce, virtual office spaces, and telemedicine which would serve to provide aid in a contagion spread crisis. The Korean New Deal was formally launched in July 2020, when the fiscal scope had been expanded. The plan also implemented new conditions for the support and training of Korean workers in artificial intelligence, green manufacturing, and software programming. A public fund was also established to work in conjunction with the private sector and seed funds to restructure the Korean economy. The plan at present intends to create 1.9 million jobs in technology and the green economy by 2025 (Dyer, 2021).

On May 4, 2015, a 68-year-old man was confirmed to have been infected by the virus known to cause Middle East respiratory syndrome (MERS) when he returned to South Korea. MERS stems from a virus transferred to humans from infected camels. The widespread domestic infections are thought to have taken place at the Samsung Medical Center in Seoul, a major hospital. 16,754 cases were confirmed, and there were 186 confirmed deaths. It came at a time when infection prevention and control mechanisms were not yet developed fully and caught public health authorities and medical staff by surprise (Shin, 2021).

The government worked with the WHO to form a joint commission to learn more about the outbreak and prepare a response as the situation developed. The Ministry of Education decided to shorten the mandatory school days due to a fear of virus transmission during both MERS in 2015 and COVID-19 (Shin, 2021). The Korean infectious disease outbreak response strategy has precedent since the Prevention of Contagious Disease Act in 1954. Cholera became a nationwide crisis in 1946 The Korean War of 1950 also saw a resurgence in malaria along with hemorrhagic fever. The period following these specific outbreaks saw relevant prevention acts implemented, and the government took steps to ensure the at-the-time active Korea National Institutes of Health were consistently updating the literature on how to manage future outbreaks (Sir et al., 2014).

The government has been updating its infectious disease policy since 1951; ensuring it is adaptable to societal and global changes. In the post-MERS period, there were a total of 48 tasks identified to prevent, intervene in, and end infectious disease outbreaks. The government announced that a round-the-clock Emergency Operations Center (EOC) would be established to collect and monitor data on infectious disease outbreaks in real-time with

the purpose of detecting, reporting, and responding to infectious disease outbreaks. The Department of Risk Communication was established to address the lack of risk communication preparation, which has been noted as the main cause of the spread of the MERS virus. The goals of this department were determined to be coordinating risk communication with various discipline experts, determining the scope and information-sharing strategy with the public, and managing the release of relevant information transparently in the event of an infectious disease outbreak (‘Doctors, health workers volunteer to help mitigate coronavirus crisis in Daegu, N. Gyeongsang’, n.d.) .

3.2.2 Media and Information Control

Media and information are tools of utmost importance in daily life, but they take on new meaning during a crisis. Without them being used effectively, governments run the risk of creating further damage whether they mean to or not. During MERS, South Korea had an issue with the number of chains of command that had overlapping jurisdictions, and a lack of clear guidelines on how ministries were supposed to collaborate. An example of this was seen between the KCDC and the Ministry of Health and Welfare as the former had the expertise necessary to work to end the outbreak and the latter was responsible to lead the public health response. This was mitigated by an investigation in the post-MERS period where the KCDC was upgraded to become its entity (Yonhap, 2020).

South Korea is one country that has received high praise in recent years for how it handled the COVID-19 crisis. South Korea officials branded their approach toward COVID-19 as TRUST: Transparency, Robust screening, and quarantine, Unique but universally applicable testing, Strict control, and Treatment. The risk assessment protocol made up by the KCDC was composed of four colour-coded risk levels. Blue: the identified infectious disease is outside the country but poses a risk and is thus a national interest. Yellow: demands caution, at least one case of the infectious disease is confirmed within the country. Orange: the infectious disease has spread throughout a specific geographic location within the country. Red: The highest level of alert, means the infection has spread throughout the country. The KCDC raised the risk to Blue on January 3, 2020. It was then raised to Yellow on January 20, and having confirmed the presence of four cases along with evidence of domestic contamination; this level was raised to Orange on January 27, 2020 (Dyer, 2021).

The risk level being raised to Orange meant there was now legal legitimacy to establish an incident management system (IMS) under the framework of the Ministry of Health and Welfare. A presidentially chaired pan-governmental meeting was held on January 30, where the IMS framework was introduced across all ministries involved with the pandemic response. This meeting would be the formal beginning of the expansion of cooperation between the Ministry of Health and Welfare alongside other ministries and municipal governments in Korea. Another meeting would be convened on February 23 by the president to announce that the alert level would be raised to Red. This helped scale up the response level of the government. The Central Disaster and Safety Countermeasures Headquarters (CDSCH) was established to act as a command center responsible for prevention and control efforts, which was also the replacement for the IMS. Since its installation, the CDSCH has facilitated and coordinated inter-agency responses (Republic of Korea Ministry of Health and Welfare, 2020).

The Korean government shifted responsibility when it escalated disease risk levels. While at Level Orange, the IMS was responsible for coordinating the approach, whereas Level Red was under the CDSCH. This is an example of understanding levels of securitization and responding accordingly. Securitization theory demands a consistent change considering new information, which showcases an awareness on the part of South Korean policymakers in terms of what needs to be done to combat a given issue in the context of infectious disease outbreaks. The government made sure to require municipal and district governments to be represented at the CDSCH to implement effective communication between the various government channels. This meant the city and district governments were already aware of decisions and actions planned to be taken on the national level, and that there were open lines of communication if special needs arose. The Korean Infectious Disease Control and Prevention Act was enacted to enhance cooperation between entities by separating the financial responsibilities of central and local governments in the event of an outbreak (Dyer, 2021).

The CDSCH coordinated with external experts and formed a committee made up of medical experts, government officials, as well as the private sector and civil society representatives. This group was made up to ensure the committee was able to create guidelines that would apply to all avenues of daily life. The efficacy of public

communication in South Korea regarding the infectious disease outbreak served to limit the spread of the virus and inform the public of measures being taken against it. This transparent approach aided, according to researchers, the limitation of panic and fear regarding the virus which in turn meant hoarding of supplies was kept to a minimum by the public (Lee & Lee, 2020).

The securitization element of South Korea's infectious disease outbreak response comes out in its efforts to prepare for potential future crises, where demonstration exercises - commonly known as "war games" - were held to determine response strategies in a real event. One such exercise occurred in December 2019, where an exercise was designed around the outbreak of a coronavirus that caused pneumonia. An expert from the KCDC, Sangwon Lee, described the motivation for an exercise on a coronavirus as coming from a concern about what could occur in the event of a novel coronavirus outbreak. Data privacy has been a central issue for South Korea throughout the COVID-19 pandemic. Korean law permits the Ministry of Interior and Safety access to personal records for contact tracing in times of infectious disease outbreaks. Concerns have been raised by various groups on how the government will use the accessed data and whether hackers will be able to extract this sensitive data. Another concern expressed is the right to privacy that confirmed patients have; specifically, their right remains unidentified. The act of honest self-reporting has been largely missing from several groups active in South Korea. Large cluster outbreaks were traced to religious organizations and bars in the Seoul Metropolitan area (Dyer, 2021).

The Korean government has remained consistent in referring to the novel coronavirus as "Corona-19", distancing itself from the ongoing "China Virus" or "Wuhan Virus" rhetoric. This success may stem from a previous relationship between the government, the public, and an influenza-type virus outbreak (Shin, 2021). The government launched a web-based infectious disease monitoring and tracking system in 2007. Finally, the Infectious Disease Control and Prevention Act was enacted after being built off existing laws in December 2010. "Contagious disease" became "infectious disease" so that the term would include all diseases such as non-human-to-human transmitted infections. Additionally, the list of identifiable infectious diseases was increased through scientific identification ('Statutes of the Republic of Korea', n.d.)

Korea uses two field surveys on infectious disease outbreaks: the National Survey of Tuberculosis and the Nationwide Survey of Internal Parasites. The government has been routinely conducting the latter since 1971. Experts note that the National Survey of Tuberculosis was made redundant after a successful suppression of tuberculosis through treatment, vaccination, and coordination among respective government organizations (Sir et al., 2014). This is important when considering why established and institutionalized disease response is necessary in government structures, independent of governmental ideology. The execution of surveys beyond periods of specific administrations suggests the presence of experts working routinely and developing experience in the monitoring and tracking of such changes in the country's people.

The further institutionalization of these steps was done through new duties and authority given to the central government. The central government is then tasked to work with municipal governments to ensure all steps to recovery in an infectious disease outbreak are achieved. The Act also mandates the development and implementation of a new infectious disease prevention and control plan every 5 years ('Statutes of the Republic of Korea', n.d.)

3.2.3 Diplomatic Relations

Diplomacy is a fragile set of rules that are heavily impacted by both domestic and international concerns. In an infectious disease outbreak, it is no doubt likely that nation-states feel the need to consider their interests before focusing on others. That said, several components make up a foreign policy. Kim et. al identifies and explains the fundamental trends in South Korea approaches to foreign policy and national security. They suggest that collective policy preferences tend to be mutually consistent while also being rational, stable, and coherent (Kim, Kang, & Ham, 2021). This involves many different layers, including the domestic public. The notion of citizen trust specifically will be discussed in a separate heading, but it still holds important considerations under the umbrella of diplomatic relations.

From data in 2021, it appears that South Korea public was especially concerned about the potential threat posed by China to South Korean national interests. However, there were notable differences in how these concerns should be approached. This was exemplified in

the data where conservative, male cohorts were skeptical of North Korea and proposed a harder policy regarding Pyongyang, whereas progressive, female, and middle-aged cohorts were arguing for more cautious approaches (Kim, Kang, & Ham, 2021). It is perhaps here where one can make the connection between strategic security and the idea of image-building for nations, and that would be through public diplomacy. The concept of public diplomacy is centered on the idea that nation-states will take on strategic approaches to promote national interest and influence public opinion on foreign policy through non-militarial means. This would include a wide range of subjects including but not limited to culture, food, art, and media. It is heavily influenced by soft power and the idea that valuable results can be obtained through means other than coercion or payment (Nye, 2008).

This is important to note because public health outcomes are not the only variables in each infectious disease outbreak; a nation's influence and brand can also be at risk. South Korea is one country that researchers suggest can respond effectively in the event of new opportunities. This is exemplified by an examination performed at the start of the COVID-19 pandemic on the gaps in the technological infrastructure and establishment of new opportunities such as the Green New Deal; and through the various strategies employed to brand South Korea approach to infectious disease outbreaks (Kim, Kang, & Ham, 2021). Middle powers usually find it difficult to gain visibility, as they are not strong names in terms of soft power influence but without a doubt have influence and a strong presence on the global stage. Securing the voluntary participation of citizens and keeping them informed is a vital part of the fight against infectious disease outbreaks (Fisher - Choe, 2020). Information-sharing is also one of the easiest ways to protect the government against misinformation. The MERS period is exemplary of how misinformation and conspiracy theories spread in an environment where public health authorities are not actively sharing information. In contrast, the communication strategies during the COVID-19 pandemic are heralded as an example of how effective information-sharing is for earning public trust; specifically in raising awareness and voluntary cooperation (Oh, 2020).

COVID-19 in specific can provide insights into how South Korea used strategic communication strategies and public diplomacy to strengthen nation branding. The donation of goods is considered one of the most common actions of public diplomacy. As previously mentioned, several countries were experiencing insufficient supplies of medical equipment

and PPE. South Korea was able to build on this opportunity and ship medical supplies and masks in the millions to other countries in support of their COVID-19 responses. One such example is the two million masks donated to the United States of America on May 11, 2022 (Bowden, 2020).

South Korea took to framing the donation of masks as part of the commemoration program of the 70th anniversary of the Korean War. More than 20 countries received masks and other necessary medical supplies as a result. COVID-19 testing kits have also been an integral part of this public diplomacy effort, as South Korea has been sending them to several countries. South Korea aid to Colombia received much praise from the government officials, in which testing kits along with respirators and other health supplies were sent (Moss, 2020). Several countries expressed interest in securing purchases or donations from South Korea, as the country displayed a nation brand and growing reputation as a high-quality COVID-19 testing kit provider. South Korean companies were also donating test kits to foreign countries, aside from existing commercial sales; and this added greatly to the positive image-building efforts showcased by South Korea. SK Trading International and SK Energy for instance donated 4000 domestic COVID-19 testing kits to Myanmar in May of 2020 (Lee & Kim, 2020).

The government also took this opportunity to enhance pre-existing relationships. Indonesia received medical equipment, PPE and testing kits in April 2020. The government also pledged to provide US$500,000 to support Indonesia's fight against COVID-19 (Prasidya, 2020). South Korea also saw interest from private citizens in the US, such as when Maryland Governor at the time Larry Hogan imported 500,000 South Korea-made tests (Lee & Kim, 2020).

3.2.4 Citizen Trust

The ruling party was able to secure a victory amid the COVID-19 pandemic during the General Election which took place on April 15, 2020. This is widely credited as being a side effect of the government's quick response regarding the infectious disease outbreak. The government sent aircrafts to evacuate Koreans in several countries between the months of February and March. The Emergency Economic Council Meetings (EECM) convened every week by the President Moon Jae-In from March 2020 to keep track of economic

developments and innovate policy responses to mitigate the effects of the COVID-19 pandemic. This was an extremely important step toward economic recovery as the Korean economy is deeply connected with global value chains. The government's global value chain participation rate was at around 65 percent, ranked second among 33 OECD countries in 2009 (Kim, 2021).

The government argued against cancelling the April election, stating that the general election was held even in the middle of the Korean War in 1952. Personal Protective Equipment (PPE) was provided to all at polling stations and the National Election Commission introduced advance voting to mitigate crowding at stations. Infected and isolated voters were also made capable of voting through special stations and public facilities respectively. Those in self-isolation were also made able to vote in public areas. The Ministry of Health and Welfare raised the admission quotas in medical schools and established new medical schools targeting rural areas. Practicing doctors and trainees have argued that the problems in infectious disease outbreak treatment stem not from an insufficient number of doctors but from the insurance system, specifically the fact that doctors are not afforded the same pricing rights they would be in countries without a national health insurance policy. On August 14, 2020; the Korean Medical Association (KMA) staged a nation-wide walk-out. Medical students boycotted classes and eighty-four percent of medical students sitting licensing exams did not do so, which would cause a shortage in residents for 2021. The main reason the KMA saw fit to stage a protest was regarding a general thought that the national insurance system shrinks doctor income by making them dependent on payouts from the government (Shin, 2021).

Infectious disease outbreaks no doubt directly and negatively impact public health and place an indirect social burden that may aggravate the treatment and management of said outbreak. This may create new social quotas, like the sanctioning of those infected. (Sir et al., 2014). Thus, infectious disease outbreaks are not purely a national security concern in terms of human capital but pose risks for society as a whole and force governments to examine existing structures and norms that if not mitigated effectively could run the risk of breaking it down completely (Shin, 2021).

Kim et. al identify and explain the fundamental trends in South Korea approaches on foreign policy and national security. They suggest that collective policy preferences tend to

be mutually consistent while also being rational, stable, and coherent (Kim, Kang, & Ham, 2021). From data in 2021, it appears that South Korea public was especially concerned on the potential threat posed by China onto South Korean national interests. However, there were notable differences on how these concerns should be approached. This was exemplified in the data where conservative, male cohorts were skeptical of North Korea and proposed a harder policy regarding Pyongyang, whereas progressive, female, and middle-aged cohorts were arguing for more cautious approaches (Kim, Kang, & Ham, 2021). Researchers posit that the reason the Korean public was inclined to follow government directions throughout infectious disease outbreaks, especially COVID-19, was not due to the society being predisposed to such actions but because the government was able to earn their trust. The Moon Jae In administration had an awareness of the previous administration's failures regarding the major disasters Korea had faced, and his government focused on communicating that his government was committed to ensuring the fight against infectious disease outbreaks would be handled effectively. One such example of this was when the the KCDC was quick to operationalize its Office of Risk Communication on the eve of the first wave of COVID-19 (Lee & Hun, 2021, p. 382–96).

Effective communication mechanisms likely lead the Korean people to feel empowered by the government to follow recommendations; and allow the Moon administration an electoral victory during the April 2020 elections. There are three turning points identified regarding the relationship through citizens and the government in the COVID-19 pandemic. The first is the airlifting of Korean nationals back to the country during lockdowns in other countries, the second is the Daegu outbreak and the third are the steps taken to mitigate the virus in the form of mask distributions, the shift to online education and holding the election without delay. The government employed effective combat measures against the virus while using strategies that communicated, they were doing all they could to rectify the situation (Terhune, Levine, Jin, & Lee, 2020).

The governmental effort to secure public trust was largely focused on most of the population, rather than specific targets within smaller groups. An example of this was through mask distributions. Smaller interventions such as contact tracing were more invasive due to the nature of the information involved and was perceived as an intrusion into the private lives of citizens by many. Two of the largest coronavirus cluster outbreaks in Korea

were the Shincheonji and the Itaewon case. Groups made up of those lacking trust in government due to personal experiences, these cases highlight the fact that government-citizen trust can be fragile; and to gain long-term support more needs to be done within the country to address systemic discrimination and its resulting issues. This also highlights the possibility that the government-public trust paradigm is really based on luck: that the administration did not have to handle many cases involving those lacking trust toward it (Park, 2020). Çelik notes that several groups have become a part of the conversation on COVID-19 intervention in terms of legal and societal considerations (Çelik, & Demir, 2021). Thus, it becomes fair to say that understanding how a given administration categorizes the importance of a group in terms of societal significance does raise important considerations for how South Korea manages infectious disease outbreaks.

The government was able to do much more in the fight against infectious disease outbreaks due to citizen trust. Contact tracing, and the close monitoring of COVID-19 patients meant a high degree of state surveillance would be introduced into day-to-day life. Smartphones, credit cards, and other banking information were also used. The government shared the personal information of those infected with the public to ensure maximum contact tracing could take place (Park, 2020). Given the limited amount of protest toward these policies, it would be fair to suggest that such interventions would be impossible to deploy without widespread citizen trust regardless.

Several citizens also volunteered in two-week social distancing measures in the event they had traveled abroad in recent days. Crises are impacted by government responses. Voters are found to have emotional reactions in the event of crises, one which infectious disease outbreaks would certainly qualify as; and as a result, their choices in each election at the time may also be altered or motivated by the on-going or experienced crisis. Thus, voter choices are highly influenced by government responses to crises (Andrews, 2020).

There are three contexts in which trust in government is most often assessed under: honesty, benevolence, and competence (Andrews 2020). Given that President Moon Jae In was preceded by Park Geun-hye, whose administration tainted citizen trust in gaining transparent and honest leadership, the political context of the COVID-19 outbreak provided both favourable and unfavourable ground to building a stable Korea (Schwak, 2022).

The KCDC played an integral role in fighting what researchers and government officials refer to as the "infodemic". Misinformation and unsubstantiated allegations prevented the government to effectively showcase the efficacy of the in-place measures and left the public not inclined to abide by them. Many argue that the KCDC providing daily information on its website in both English and Korean contributed to the increasing the trust Korean citizens and non-citizens felt toward the government's infectious disease outbreak response. They further note that in the case of Korea, the clear and accessible dissemination of information guarantees trust and compliance to measures (Lee, Kang, & You, 2021)

A survey conducted in late February 2020 showed that most of the polled citizens approved of the government's use of cell phone-based tracking to control the pandemic. The argument for a political climate favourable to political trust in the country is based on the election of President Moon Jae In's election occurring following the impeachment of Park Geun-hye. The advocates for the favourable climate suggest that this indicated to citizens that a more trust-worthy relationship between them and the government would be viable. They also suggest that the political culture of the country is far more lacking in tension between people and state in comparison to other nations. They argue that due to past experiences with economic development under militarial authoritarian regime citizens feel motivated to set aside personal freedoms for national security (Schwak, 2022). It would perhaps be more in line with political psychology to suggest that given the dynamics of the Moon Jae In administration; many would be more inclined to accept it as a democratic process rather than suggest a direct shift for the collective good.

Nonetheless, the South Korea government has shown flexibility and adaptability throughout the evolution of the COVID-19 pandemic lessons learned from the MERS outbreak showcases the importance of promptly released information in gaining both citizen trust and the upper-hand against the uncertainty that is an infectious disease outbreak. 1,111 South Koreans were surveyed from March 2-12, 2020, via the internet in a study conducted by Macromill Embrain, where quota sampling by age, gender, and region based on census data was used. Set after the initial wave of COVID-19 cases, the case numbers were still in the 100s. Participants were asked to mark the government's performance on a five-point scale (Rich, 2020).

Clear ideological lines are noted in the responses by the surveyors, in which those who expressed support of President Moon's Minjoo or Democratic Party largely expressed a satisfaction with the response as well as supporters of the progressive Justice Party, while the centrist People's Party and the conservative United Future Party supporters were not inclined to agree (Rich, 2020). Opposition members were critical of the Moon administration, arguing that actions were not taken quickly enough, and that the President was irresponsible in hosting a gathering with the director and cast of Parasite as the country had 100 confirmed cases of the novel coronavirus. Online petitions were split on what should be done in terms of impeachment; but the party line clause shown in the survey was still largely abided by in the results (Rich, 2020).

4.2.5 North Korea

In a national address that took place on March 1, 2020; South Korean President Moon Jae In announced a plan for inter-Korean healthcare cooperation in the fight against COVID-19. North Korea did not affirm this pledge, nor did they explicitly deny its value. While experts suggest it would be to the benefit of North Korea, which is by all accounts struggling with the outbreak to this day, it also did not fall in line with Kim Jong-un's at the time commitment to peace and reconciliation. One suggestion on why this step was largely not accepted by the North Korean side is that it goes against the official ideology of the country, in which self-reliance is key to the doctrine. This in and of itself would be enough motivation to reject cooperation despite having a seemingly positive stance toward it (Lundstorm, 2020).

North Korean leadership has argued that South Korea has spread the novel coronavirus to assassinate the largely unvaccinated population. Experts believe the alleged victory on the virus signals Kim Jong Un's intention to move to other priorities and have expressed concern that his government's communication strategy thus far portends a provocation. This could include nuclear or missile tests, or even border skirmishes between security forces. It is possible that the necessity to boost the country's economy is more pronounced, as the already-hit economy has been damaged further by the pandemic. Experts have also suggested the possibility of a nuclear test. South Korea officials have said there is evidence of North Korea preparing for the first nuclear test in the past five years, as this year

has seen a series of weapons tests which include launches of intercontinental ballistic missiles since 2017 (Kim, 2022).

North Korea alleged that the COVID-19 outbreak occurred through people who had come in contact with objects dropped from balloons launched from South Korea. South Korea's Unification Ministry, responsible for handling inter-Korean affairs, rejected the allegations. Senior officials within the presidential office have been noted to say that the government is preparing for any number of possible provocations from the North Korean side (Kim, 2022). According to a report from the Human Rights Watch, analyzing satellite imagery covering over 300 kilometers around the northern border, the authorities have constructed and upgraded fencing, improved, and widened patrol paths, and built several watchtowers, and guard posts along the border since early 2020. North Korea became the first nation to close its borders in January 2020 as a response to the novel coronavirus outbreak. Nearly all international travel and trade were banned, and stricter punishments were imposed on North Koreans crossing into China to engage in unofficial trade. China is the main source for almost all food and daily needs for the average North Korean. The government implemented a shoot-on-site order for those entering or leaving without government permission on the border with Russia and China ("North Korea: Covid-19 Used as Pretext to Seal Border", 2022).

North Korea commenced the severing of communication lines with South Korea on June 9, 2020. North Korea allegedly took this step-in retaliation for the anti-regime leaflets sent over the border into the country by North Korean expatriate activists, per the Korean Central News Agency (KCNA) (Kim, 2021). This messaging was affirmed by Kim Yo-jung, sister of Kim Jong-un and the Vice Chair of the Central Committee of the Workers' Party of Korea, which was that South Korea would from now on be treated as its enemy (Smith & Cha, 2020). This would serve to diminish the gravity of the agreements made in 2018 ("North Korea Cuts Communication Channels with South as Tension Mounts", 2020).

The anti-South Korean rhetoric continued. The North Korean foreign minister Ri Son-gwon said that peace would no longer be feasible between the two Koreas and the US on June 5, 2020 (Sanger & Sang-Hun, 2020). Kim Yo-jung suggested that the joint liaison office did not serve a purpose and would soon come to an end on June 13. Three days later, on June 16, North Korea threatened to return soldiers to the border area. On that same day,

the joint liaison office located in Kaesong was blown up by the government. South Korea delegation had already left in January 2020 due to COVID-19 (Sang & Hun, 2020). North Korea stated it was prepared to launch 12 million leaflets, which would be the largest leaflet campaign against South Korea to date. South Korea issued a statement against this action on June 21, 2020 (Kim, 2021).

This was followed by a South Korean law criminalizing the launch of leaflets into North Korea on December 14, 2020. This was a comprehensive ban including balloons and bottles via rivers along the border. Those caught in violation of the law, which was in effect as of February 2021, would be fined US$27,400 (30 million won) or face up to three years in prison (Shin, 2020). Despite North Korea declassifying South Korea as an "enemy", South Korea continued its stance in the military White Paper while downgrading Japan's status in February-March 2021 (NEWS, 2021).

In October 2021, Kim Jong-un vowed to re-establish communication with South Korea. In a statement from October 4, 2021; the Unification Ministry of South Korea announced the restoration of communication lines between North and South Korea. Per South Korea Defense Ministry, the militaries of both countries have restored their east and west coast hotline as well (Ehlinger, 2021). The North Korean Nuclear program serves as an integral part in the strengthening of strategic coordination regarding North Korea for South Korea and the US. The two countries have been working in tandem in the face of a series of nuclear tests and missile launches. These have taken place at the Summit, Ministerial Meetings, and Vice-Ministerial levels (Korea, n.d.).

The fraught state of the relationship between North and South Korea is still a primary concern for South Korea, as an end-of-war agreement is still yet to be reached. Given the proximity and North Korea's inclination to frequently test weapons close to South Korea border, an activity which was not hindered by the COVID-19 pandemic, South Korea has been on guard to mitigate and minimize the potential damage North Korean interference may have on day-to-day South Korean life. The messaging and response times have been consistent, information has been spread effectively and consistently.

There are stark changes in how the Yoon Suk Yeol administration is addressing the North Korea problem compared to the former Moon Jae In administration. Whereas Moon pushed for multilateral meetings and further cooperation in ending the war between the two

countries; Yoon has recently declared North Korea as an enemy state once again; igniting debating on whether the conflict between the two Koreas will be resolved. As it stands, it is unlikely that the conflict will be resolved if the solution is not solidified within a law or parlay between government institutions; as there is in a sense a subjective nature to the present approach regarding how the issue is addressed; especially on South Korea side.

3.2.6 Contextualizing the South Korean Approach

Since the beginning of the COVID-19 pandemic, South Korea has been heralded as a country making critical advancements in the fight against the virus and an example for other developed nations. Equally, the country has been both praised and criticized for capitalising on opportunities stemming from the pandemic. Despite learning a significant amount from its MERS experience, several gaps have appeared within the context of COVID-19. In that sense, this thesis has attempted to highlight through the Copenhagen School securitization point of view the intersections faced by South Korea on infectious disease outbreaks and national security.

Given the emphasis of branding the country's approach to disease control, the emphasis on global cooperation and the various investments since 2020 into public infrastructure showcased by the administration, it would be fair to propose that South Korea has chosen to focus more on public diplomacy elements. This is in stark difference to China, as the country chose to employ softer components of messaging and signalling. It focused widely on distribution of resources to different parts of the world, fed and supported its social-cultural exports and developed new biotechnology efforts to combat the negative impact the most recent pandemic had on the Korean public.

In contrast with its experiences with COVID-19, it would be fair to say that South Korean infrastructurally learned to become independent from the elected leadership. It is likely that the South Korean response to COVID-19 would have on some level remained strong independent of political alignment.

CONCLUSION

The research for this thesis was started with an interest in uncovering answers to the question of how infectious disease impact the national security practices of China and South Korea. The hypothesis formulated was that both countries would be working to revamp and reinvent strategies to mitigate infectious disease outbreaks to protect existing national security interests. Not only was this hypothesis verified, but other answers came to light; namely that China and South Korea worked to capitalize on opportunities considering said outbreaks. China showed an advanced understanding of social media and strategic communication throughout especially the COVID-19 pandemic, and it was able to maintain a heavy presence in BRI countries. South Korea, on the other hand, maintained a hard focus on diplomacy and marketing their own success throughout infectious disease outbreaks, while working to ensure the upgrading of present infrastructure to address future needs.

There are several notable implications in terms of nation branding, especially when it comes to showcasing brands on the international stage. The Chinese approach of utilizing social media presence and relations with the media builds on more traditional measures of promoting the country throughout global affairs. In the case of South Korea, there is more of an effort to branch out into the non-traditional realms of arts and culture when it comes to government communications. In that sense, future studies will need to be conducted on the efficacy of such approaches, whether traditional or otherwise, to determine the cost-benefit numbers of each. Tapping into the sympathy factor will no doubt aid several countries in their question to successfully brand national interests and self-promotion; but it cannot be done if the global rhetoric is not in line with what the country is trying to promote. Infectious disease outbreaks are but just one example of how surprises can impact the day-to-day activities and goals of a government, which is why administrations must focus on building sustainable infrastructure independent of political alignment to address them.

Public trust is another important factor that has come up in the research for this thesis. As such asymmetric issues continue to arise, understanding how the public will respond to governmental measures will be critical for each sitting administration, regardless of which country it may be, to ensure issues such as mass protests are not insighted. Especially in the case of severe infectious disease outbreak, it is deemed necessary that administrations follow a humanitarian-first approach in preparedness and mitigation strategies as the already-

present fear factor that stems from uncertainty can do doubt lead to unwanted actions on all sides. Earning the trust of the public is crucial in infectious disease prevention and mitigation, without which it would be impossible to truly advance through such difficult times.

This thesis has attempted to showcase the intersection of infectious disease outbreaks and national security considerations of China and South Korea under the umbrella of the Copenhagen and Paris Schools of Security. It used a comparative research design which was followed to compliment the scope of this thesis, which was to identify and compare the policies undertaken by these two countries during infectious disease outbreaks. It has offered insight into the existing literature on infectious disease, national security, and public health. Additionally, it has provided information on the existing literature regarding securitization. It then provided in two parts the considerations of China and South Korea respectively in the context of infectious disease outbreaks: under four shared headings.

With respect to China, the thesis proposes that the administration follows a series of aggressive tactics in both domestic and international infectious disease prevention and mitigation. Domestically, the country has employed severe lockdowns and rapid testing measures; whereas diplomatically speaking there has been an emphasis on the shortcomings of other countries and deflecting criticisms centered around China's outbreak responses. This has occurred largely through social media outlets and in press releases, though the latter is dependent on the context of said release. Nonetheless, the strategic communication element of China's approach serves to amplify the threat-perception of the administration and justify actions in a national security context. Especially in the case of targeted lockdowns such as the ones in majority-Uyghur populated regions, the threat of disease outbreak was used to justify harsh action. This was also seen in Hong Kong and went even so far as to insight protests in Shanghai from the public as further quarantine measures were deemed no longer necessary by the public. In that regard, the pre-existing condition of an infectious disease outbreak is then securitized so to be used to co-opt national security concerns.

Regarding South Korea, the approach is centered more on public diplomacy and the exemplification of the infectious disease approach. Whereas major issues such the like of North Korea continue to cause concern, there are also new opportunities for the country to confront economic and infrastructural issues through investments and research. There will

need to be consistent monitoring of how the country responds to future outbreaks given the change in leadership, as previously mentioned the current administration appears to be far more relaxed compared to the former on social distancing and general healthcare related measures to combating infectious disease.

Both countries have utilized aid to support their endeavours throughout infectious disease outbreaks. Although a more long-term investment, especially in the case of China where administrative changes are less consistent, there is evidence to suggest that the image of a country is impacted by the actions of the government regardless of political alignment. This is apparent in South Korean perception on the world stage especially, where many argue that the current "right" leaning government is temporary, and that the left-leaning days of the country will no doubt return. If anything, cultural exports in South Korea have remained untainted despite a shift in rhetoric and casual acceptability of governmental policies by "K-Fans".

Through this, the hypothesis initially proposed in the theory and methodology section on the approaches of each country stands to reason. China focuses on strategically communicating its successes, whereas South Korea chooses to exemplify its approach as a success through public diplomacy efforts.

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