

SEPTEMBER 2020

CURRENT HISTORY

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CHINA AND EAST ASIA

Viral Variations

Was China's Public Health System Ready for the Big One?

Katherine A. Mason

Democratic Pandemic Control in Taiwan and South Korea

Joseph Wong

Stumbling into a Japanese Miracle

Daniel P. Aldrich and Toshiaki Yoshida

Southeast Asian Responses

Lockdowns for Democracy

Joshua Kurlantzick

ASEAN in the Eye of the Storm

Mely Caballero-Anthony

Plus:

Hong Kong and Taiwan Face Beijing's Wrath

Frank Ching

The Old and New 'Sick Men'

Marta Hanson

A Chinese Scholar's Defiance

Geremie R. Barmé

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COMING IN OCTOBER

Russia and Eurasia

IN A SUMMER REFERENDUM, Russia's strongman, in power for twenty years, got his way with constitutional changes that could let him stay in the Kremlin for the rest of his life. But despite the heavily managed spectacle of popular support, even Vladimir Putin has met his match in the COVID-19 pandemic, which has strained Russia's creaking public health system and state finances dependent on oil and gas exports. The coronavirus exhibits no more deference for authoritarian rulers than it does for polarized democracies. *Current History's* October issue will cover these developments and more across the region. Topics scheduled to appear include:

- **Can Russia's Stretched Safety Net Handle the Pandemic?**
Linda J. Cook, Brown University
Judy Twigg, Virginia Commonwealth University
- **The Struggles of Central Asia Migrants**
Sherzod Eraliev, University of Helsinki
Rustamjon Urinbojev, Lund University
- **Messy Realities of China's Central Asia Push**
Catherine Owen, University of Exeter
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Pamela Kyle Crossley, Dartmouth College
- **Russia's Oil Impasse and Green Possibilities**
Veli-Pekka Tynkkynen, University of Helsinki
- **The Recolonization of Crimea**
Austin Charron, University of Wisconsin
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David R. Marples, University of Alberta

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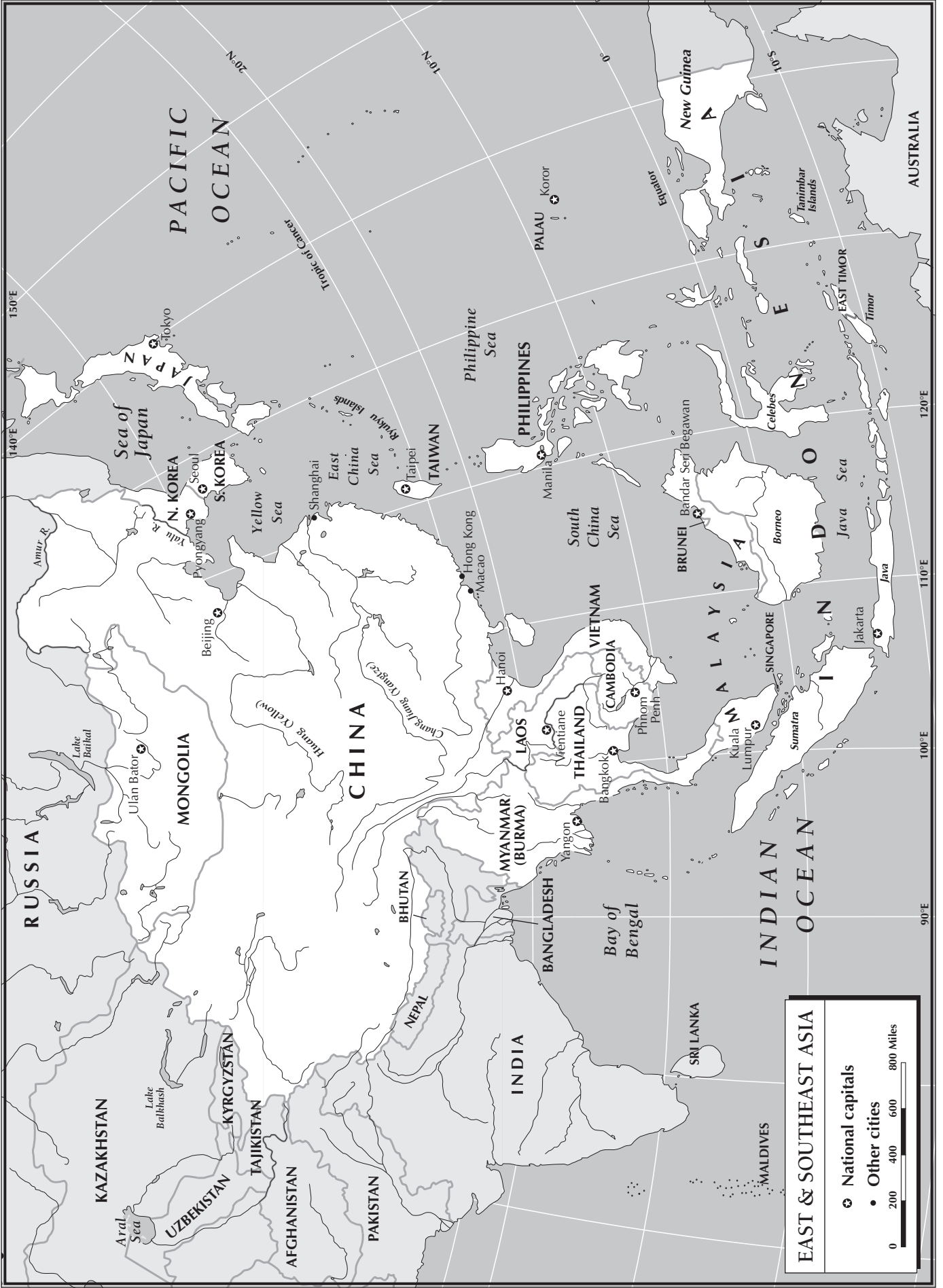
CURRENT HISTORY

September 2020

Vol. 119, No. 818

CONTENTS

- 203 Did China's Public Health Reforms Leave It Prepared for COVID-19?** *Katherine A. Mason*
Modernization efforts and lessons learned in defeating a deadly virus nearly two decades ago left China with systems that could have stopped the pandemic earlier, if politics had stayed out of the way.
- 210 Combating COVID-19 in Democratic Taiwan and South Korea** *Joseph Wong*
With rapid responses and clear communication, two states on the front lines of the pandemic managed to bring the virus under control without a draconian crackdown on personal liberties.
- 217 How Japan Stumbled into a Pandemic Miracle** *Daniel P. Aldrich and Toshiaki Yoshida*
The nation's rigid bureaucracy and bumbling political leadership did not deliver a model response, but the people themselves voluntarily did what it took to curb the spread of the virus.
- 222 ASEAN's Multilateral Path Through the Pandemic** *Mely Caballero-Anthony*
While nations elsewhere turned inward and have struggled to cope with the pandemic, Southeast Asia has done better with regional mechanisms and a spirit of cooperation.
- 228 The Pandemic and Southeast Asia's Democratic Struggles** *Joshua Kurlantzick*
Democratic forces were already in retreat across the region. Authoritarian regimes are using the pandemic to accelerate the trend and seize even greater powers.
- 234 Hong Kong and Taiwan Confront Rising Chinese Pressure** *Frank Ching*
Beijing's moves to impose direct rule on a supposedly autonomous Hong Kong and its hardening demands for reunification with Taiwan have drawn redoubled opposition from locals.
- PERSPECTIVE**
- 241 From Sick Man of Asia to Sick Uncle Sam** *Marta Hanson*
A mocking nineteenth-century caricature motivated China to diagnose its weaknesses and fix them. Now that the tables have turned, can the United States face up to its failings?
- BOOKS**
- 245 A Defiant Voice of a Living Chinese Tradition** *Geremie R. Barmé*
Legal scholar Xu Zhangrun, a master of using the nuances of literary language to skewer those in power, is paying a price for pursuing that ancient calling in Xi Jinping's China.



RUSSIA

KAZAKHSTAN

UZBEKISTAN

KYRGYZSTAN

TAJKISTAN

AFGHANISTAN

PAKISTAN

NEPAL

BHUTAN

INDIA

BANGLADESH

MYANMAR (BURMA)

LAOS

THAILAND

CAMBODIA

VIETNAM

BRUNEI

INDONESIA

SINGAPORE

Malaysia

PHILIPPINES

TAIWAN

N. KOREA

S. KOREA

JAPAN

CHINA

NEW GUINEA

AUSTRALIA

Sea of Japan

Yellow Sea

East China Sea

Kyaku Islands

Philippine Sea

South China Sea

Java Sea

Sumatra

Borneo

Celebes

Java

Sumatra

Sumatra

Sumatra

Sumatra

Sumatra

Sumatra

Sumatra

Sumatra

Sumatra

Sumatra

Aral Sea

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Yalu R.

Chang Jiang (Yangtze)

Yellow Sea

East China Sea

Philippine Sea

South China Sea

Java Sea

Sumatra

Borneo

Celebes

Java

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CURRENT HISTORY

September 2020

“By the time COVID-19 arrived . . . China’s public health system had been remade from the bottom up.”

Did China’s Public Health Reforms Leave It Prepared for COVID-19?

KATHERINE A. MASON

On December 30, 2019, Li Wenliang, a 33-year-old ophthalmologist at Wuhan Central Hospital, sent a group message to several friends on the messaging platform WeChat. He told them something alarming—something that Chinese public health professionals had been dreading for over 16 years.

SARS was back.

Li wasn’t exactly right about the virus that had begun appearing among patients in his hospital a few weeks earlier. But he was close. Six weeks later, Li was dead from COVID-19. The new coronavirus that caused his disease, and would soon spread far beyond Wuhan to become a global pandemic, was named SARS-CoV-2, or SARS coronavirus 2, in homage to its close cousin.

SARS (Severe Acute Respiratory Syndrome) spread from the southeastern Chinese province of Guangdong in late 2002, crossed the border from mainland China into Hong Kong, and went on to seed outbreaks throughout East and Southeast Asia as well as in Toronto, Canada. (There were no major outbreaks in the United States.) Like its successor, SARS-CoV was a novel coronavirus that likely originated in bats and spread to humans through one or more intermediate animal hosts, in ways that are still not fully understood. Also like COVID-19, symptoms of the resulting disease included pneumonia, high fever, and respiratory failure.

But unlike COVID-19, SARS never escalated into a full-blown pandemic. The virus killed around 800 people worldwide, out of 8,000 recorded cases, before disappearing in July 2003 as suddenly and mysteriously as it had arrived. As the

science writer David Quammen put it in a May 2020 article in the *New Yorker*, “SARS was the bullet that went whistling past humanity’s ear.”

It was the pandemic that wasn’t. Most of the world’s attention quickly moved on. But SARS became the spark that remade China’s public health system. It also gave the country an outsized role in a massive global effort to prevent just the sort of nightmarish scenario that the world is now experiencing with COVID-19.

That prevention effort clearly failed. To understand why, and what SARS may have had to do with it, let’s return to the beginning.

A MYSTERIOUS ILLNESS

The 2003 SARS epidemic began in much the same way that COVID-19 did. Intermittent reports of a mysterious pneumonia-like illness began appearing in Chinese hospitals in the fall of 2002. Local officials denied or downplayed reports of the disease, and the general population at first was relatively unconcerned. A local “wet market” that sold wild animals for consumption was quickly identified as a likely source of the virus. The civet, a mammal considered a delicacy in southeastern China, became the face of “zoonotic,” or animal-to-human, transmission. (The civet’s culpability was later called into question when the virus was traced back to bats instead.)

One important difference between SARS and COVID-19 is that SARS first appeared in the third-largest urban area in the world—the region of southeastern China known as the Pearl River Delta. This area encompasses several large cities with a combined population of 60 million people, including Guangzhou and Shenzhen, as well as the Special Administrative Region of Hong Kong, a center of regional and global commerce. Once

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the World Health Organization (WHO) became aware of SARS's existence, the new virus immediately raised alarm bells due to the location of the outbreak and its high potential for spreading internationally.

However, SARS was a slower-moving virus than COVID-19, and its international spread did not start in earnest until four months into the outbreak. In February 2003, a Guangzhou doctor crossed the border into Hong Kong, where he stayed at a hotel to attend a wedding, and went on to become the SARS epidemic's first known "superspreader." Hotel guests who stayed on the same floor as the doctor returned home to seed outbreaks in Hanoi, Singapore, Toronto, and other cities.

The WHO declared its first ever "global health alert" and advised against travel to mainland China or Hong Kong—infuriating Chinese public health officials, who were still insisting that the outbreak was under control. Finally, on April 20, 2003, a military doctor revealed to the media that a major outbreak of SARS was raging in the heart of Beijing, more than 1,000 miles from the original epicenter in Guangdong province. This suggested that the deadly new disease might already be spreading out of control in the world's most populous country.

Following this whistleblower report, the central government abruptly changed tactics. Newly appointed President Hu Jintao declared "war" on SARS and began bringing the full power of his authoritarian government to bear on the problem. Local and central authorities built field hospitals in a matter of days, quarantined universities and apartment complexes, set up village watch systems to keep out migrant workers returning home from the cities, and encouraged citizens to report on their neighbors. After bitterly criticizing the government for withholding information about the true extent of China's outbreak for months, the WHO began praising Beijing for its "bold" containment efforts.

Many public health scholars have since pointed to these actions on China's part as among the main reasons that SARS was contained so quickly and that the rash of outbreaks failed to escalate into a pandemic. But some also contended that China's containment measures—at the time considered quite extreme—could only have been implemented by an authoritarian

government with a compliant population used to following its orders. In other words, coercive mass quarantines were not considered to be a viable option for most other countries.

Writing in the wake of SARS in 2003, public health ethicist Lawrence Gostin and colleagues contended that "coercive strategies reflect conceptions of individual rights, the legitimacy of state intrusions, and the appropriate balance between security and liberty. Measures tolerable in an authoritarian regime would not be tolerated in a liberal democratic state." In my own ethnographic field research conducted with public health professionals in the Pearl River Delta in the years following SARS, I heard much the same thing. One of my interlocutors, a higher-up in a local public health institution, told me:

In this area, when it comes to infectious disease, I think that China has better administrative means than the United States—stronger and more effective. If the United States wants to do this sort of thing, it's not easy. . . . A lot of our measures, maybe Americans say it's human rights. For example, the current quarantines, they'll say, "I'm not going: you're violating my human rights." Our country, in this area, is clear about having sense. It can take forcible measures.

SARS became the spark that remade China's public health system.

Of course, 17 years later the United States did do "this sort of thing," and at a much larger scale than China ever resorted to against SARS. Still, watching footage of armed citizens demonstrating against COVID-19 lockdowns in Michigan, and reading the screeds of Americans who argue that even requiring them to wear a mask in public is tantamount to trampling on their civil rights, it is hard not to conclude that Gostin was right. As it turns out, measures tolerable in an authoritarian regime are in fact not at all well tolerated in at least some liberal democratic states.

MAO'S LEGACY

The aftermath of SARS in China, and the massive impact it had on the Chinese public health system—which has informed this year's COVID-19 response—can only be understood in the context of broader systemic reforms that had just been getting underway in China when SARS hit. And these reforms, in turn, can only be understood in

the context of the Mao-era reforms that preceded them.

During the period that some scholars refer to as “high Communism” in China—the years from 1949 to 1976, during which Mao Zedong held power—China’s public health system won global admiration as a model for how to achieve major gains in population health with relatively few resources. Although Mao has been heavily condemned for his highly repressive and often bizarre style of rule, one of his positive accomplishments was to prioritize public health improvements, insisting that they were essential for the success of his communist experiment.

Mao declared in the early 1950s that improving public health was a “patriotic duty,” and that disease prevention was to be a core goal of his “people’s government.” Over the next decade, he built a comprehensive, grassroots public health system focused on sanitation, preventive care, and basic primary care. The ensuing reports of astonishing gains in life expectancy and dramatic falls in infant mortality rates have recently come under a fair amount of scrutiny. Still, there can be little doubt that certain basic measures of public health did greatly improve during this period, particularly in poor rural areas. (It should be noted, however, that tens of millions died from starvation during Mao’s “Great Leap Forward” movement of 1958–62.)

“Barefoot doctors,” the minimally trained health workers who were dispatched to the countryside to provide basic primary and preventive care, became the most famous international symbols of Mao’s public health movement. But the bureaucratic health apparatus and physical infrastructure that Mao built may have had an even more enduring impact. These institutions later formed the backbone of China’s attempt to rebuild, modernize, and scientize the public health system in the early 2000s.

In the early 1950s, Mao established thousands of “anti-epidemic stations” (AESS, or *fangyi zhan*) across the country at the provincial, city, district, and county levels. These stations provided basic sanitation, vaccination, and other preventive care services, but they fell into disrepair during the early economic reform period of the 1980s and 1990s, when interest in public health declined. Government funding for local AESS plummeted. Scrambling to make their own money, they charged fees for sanitation inspections, basic health checks, and other services. Meanwhile,

infectious disease rates, which had dropped precipitously during Mao’s rule, again began to rise.

THE AMERICAN MODEL

At the turn of the century, President Jiang Zemin decided to overhaul the public health system, reasoning that a strong economy required a healthy population. Taking after the US Centers for Disease Control and Prevention, which the Chinese public health community revered, the thousands of AESS scattered throughout China’s cities and rural counties were renamed as CDCs (*jibing yufang kongzhi zhongxin*). A national Chinese CDC, modeled after the American original, was established in Beijing in July 2002 to provide guidance to the centers at the local level.

The process of converting local AESS to CDCs began in 2002 and continued right through the SARS epidemic in 2003. These new CDCs were supposed to modernize the low-tech Maoist approach to public health by prioritizing research and taking a rigorous scientific approach to disease control. But before the arrival of SARS, most of the local CDCs appeared little changed, and the switch remained a bureaucratic footnote of which few outside of public health circles were even aware.

SARS changed all of this. As another of my interlocutors told me, “The whole society knew the CDC” after SARS. The new centers suddenly had purpose, attention, respect, and a lot of new funding. Fears that another outbreak might soon emerge from China—and lead to the pandemic that SARS never became—sparked global calls for serious investment in Chinese public health and science. Money from domestic and international sources poured in, allowing the CDCs to hire many highly educated epidemiologists, virologists, molecular biologists, and others—at all levels of government, down to the county and district levels.

Along with the renewed attention to public health and increased funds for personnel, equipment, information systems, and laboratories came a narrowing and focusing of the goals set for these local institutions. No longer burdened by the need to hustle for money with sanitation inspections and health certificate exams, the new CDCs sought to build reputations as high-tech research institutes with an emphasis on outbreak control and pandemic prevention and preparedness. By the time COVID-19 arrived 17 years later, China’s public health system had been remade from the bottom up.

One of the more internationally visible outcomes of this remaking of Chinese public health was an enhanced spirit of cooperation between Chinese and foreign scientists—particularly US public health and infectious disease experts. The US CDC had begun teaming up with Chinese public health agencies in the late 1990s, in the wake of a 1997 outbreak of the H5N1 avian influenza in Hong Kong. SARS dramatically accelerated and enhanced this budding relationship.

Experts from the US were invited to assist Chinese public health professionals in developing biosecurity systems for markets, farms, and other entities that handle animals or food; building laboratory and testing capacities; and training scientists and health personnel. The US CDC sent representatives to work in the Chinese CDC office in Beijing, launched numerous collaborative research projects and initiatives, and set up a field epidemiology training program in China. The program educated many of China's top epidemiologists and launched regional spin-off programs in large coastal cities and beyond.

DIRECT REPORTS

Apart from this highly visible increased foreign cooperation, another primary focus of China's post-SARS public health reforms was to build an efficient, transparent, and accurate online system for outbreak identification and reporting. The central Chinese CDC set up a real-time surveillance system to detect and facilitate mandated reporting of even the smallest outbreaks of a wide range of viruses. Most virus reports were to be sent upward step by step, from district- to city-level institutions or from city to provincial levels, via an online form. But Beijing mandated that novel influenza viruses be reported directly to the central government, whose health officials would receive an alert on their cell phones.

This was a big change from previous, much slower, and more casual outbreak reporting systems. As a professional who worked at a provincial-level public health institution told me in 2009, "It used to be that a hospital would get a case of flu, and would fill out a form . . . and by the time it got to the provincial level it's a month later and the patient has recovered and the outbreak is over! Now it's totally different—it's all computerized. So there is one case of novel influenza and

everyone knows up to the national level by the next day." By the time COVID-19 appeared in late 2019, this new system had already been through numerous pandemic trial runs, detecting and addressing outbreaks of H5N1 (2005–7), H1N1 pandemic influenza (the 2009 pandemic, which began in North America and was relatively mild), and H7N9 avian influenza (2013–16).

Despite these efforts, a June 2020 Associated Press exposé suggests that public health officials up and down the reporting ladder in China dragged their feet in transmitting information about early cases of COVID-19. This lack of transparency and relatively slow reporting kept the outbreak from the public eye—both internationally and domestically—during its early stages, when containing it still might have been possible.

Local Wuhan officials, afraid of being blamed for a politically inconvenient truth, were reluctant to take responsibility for the outbreak and failed to report upward as they were supposed to. Once the central government eventually found out about the outbreak, it did not immediately share the informa-

tion with the WHO, likely out of reluctance to face the inevitable geopolitical repercussions. Confusion over who was supposed to do what, and internal competition over who should get credit for the scientific advances being

made in decoding and studying the new virus, apparently further impeded reporting to the WHO of crucial information about the virus and its spread.

Such were the early failures of this post-SARS pandemic surveillance system that when Li Wenliang told his friends about a new outbreak of a lethal respiratory disease in Wuhan, he was quickly detained by local authorities, who accused him of spreading rumors and forced him to retract his claims. It was not until the *Wall Street Journal* 10 days later reported the identification of a new coronavirus that the world began to learn about what was happening in Wuhan. At the time of this writing, five months later, COVID-19 has infected nearly 10 million people worldwide and killed almost 500,000.

MIXED MESSAGES

Beyond the push for increased scientific training, the legacy of SARS in China was also shaped by two very clear messages that the international

An outbreak of a novel virus remained, as it was before SARS, a state secret.

community communicated—knowingly or not—in the wake of the epidemic. The first message was that scientific cooperation required scientific transparency: “covering up” outbreaks or failing to share data in a timely fashion was portrayed as a Third World approach to public health, unbecoming of scientists working for a new world power. The second message was that authoritarian impulses could be useful public health tools: top-down massive containment efforts had proved to be impressively effective in fighting SARS, and China’s capabilities in this area gave the country an opportunity to shine.

Both of these messages were heard loud and clear by Chinese public health officials. The twin—and potentially contradictory—goals of broader transparency and increased population control were etched into the backbone of the new CDC system.

When Li Wenliang sent his now-famous WeChat message to his circle of friends in China, he waded into the murky terrain between these two priorities. As a doctor who had trained in China in the wake of SARS, he no doubt had learned that scientific transparency is crucial to effective disease control. But as an employee of a public hospital, he also would have known that an outbreak of a novel virus remained, as it was before SARS, a “state secret” (*guojia mimi*) that only the central government had the right to share with the public. Although he did not release information to the public at large, sharing a state secret on WeChat was venturing into dangerous territory. This transgressive flirtation with free speech briefly made Li a martyr for the cause of government transparency and individual freedom in China following his death.

The case of Li Wenliang and later allegations that Chinese officials covered up the outbreak in the early days of the COVID-19 response together may give the impression that little has changed since SARS in terms of information sharing in China. But that would not be quite accurate. SARS did have a substantive impact on how Chinese public health agencies interact with each other and with the global health community.

Although China apparently withheld information about the genomic sequence of SARS-COV-2 for over a week, the fact that this delay was counted in days rather than weeks still suggests a speeding up of the pace of sharing compared with SARS. Local officials dragged their feet in reporting on the true extent of what was happening until it was too late

to wipe out the outbreak entirely, just as they had done during SARS. But the Chinese CDC nevertheless was informed that something was happening in Wuhan within days of the first documented cases, and its investigators were on the ground in Wuhan almost immediately thereafter.

The hiring of so many highly trained scientists after SARS also paid off. Chinese scientists at the Chinese CDC and other institutions sequenced the new coronavirus genome in record time. There was a downside to this increased scientific rigor, however. The Associated Press reported that internal squabbling over which Chinese scientists and institutions would get credit and publication rights for COVID-19 data may have been as responsible for the delay in data sharing as political concerns were.

Once the news of COVID-19 was out, Chinese authorities did not delay at all in launching the most massive and comprehensive disease containment response in history, putting its authoritarian powers proudly on display. The entire province of Hubei—home to 56 million people, larger than the entire population of South Korea—was almost entirely sealed off. No one was allowed either out or in for more than two months.

As with SARS, field hospitals were built in days. Public health workers went door to door, taking residents’ temperatures and carting away those with a fever, alone, to government-run quarantine facilities. Guards were stationed at the gates of apartment complexes, keeping outsiders out and residents in. The rest of the country quickly followed suit, implementing lockdowns only slightly less restrictive than Hubei’s.

The astonishing thing about the COVID-19 lockdowns in China is not that they were attempted, or even that they were successful. SARS clearly laid the groundwork, in a more muted fashion, for that outcome. More remarkable is that this time, the rest of the world attempted to mimic what China had done. Brushing aside the previously established wisdom that it was impossible to implement severely coercive disease containment measures in democratic societies, nonauthoritarian governments from Italy to the United States locked down their own societies for months on end, with decidedly mixed results.

DISEASE POLITICS

Despite the similarities in their virus names and clinical presentations, SARS and COVID-19 are two very different diseases. SARS had a higher fatality

rate, killing around 10 percent of those it infected. COVID-19 kills somewhere between 1 percent and 2 percent, but it is much more contagious and difficult to control. Whereas SARS generally only passed from symptomatic people, who could be relatively easily identified and isolated, COVID-19 appears to pass both from symptomatic people and from those with no symptoms at all, meaning that every person on the street is a potential carrier. As a result, although SARS killed a total of 800 people worldwide, COVID-19 has already killed more than half a million—and many epidemiologists think it has barely gotten started.

The different trajectories of these two diseases were shaped by more than just biology. Both SARS and COVID-19 proved to be intensely political diseases as well. Nowhere is this more evident than in the varying impact of US–China political dynamics on Chinese disease preparedness efforts.

The younger, well-educated staff of China's new CDCs, hired after SARS, at first were enamored with the US scientific establishment. Some of my interlocutors in 2008–9 revered the US CDC with an almost religious fervor, and took every opportunity for training offered by the American institution at its Atlanta headquarters or elsewhere, including in China—for doing so became a marker of high prestige. They saw US science as neutral, apolitical, rigorous, and of the highest possible quality. These ideals—however unrealistic—were incorporated into my interlocutors' own value systems, leading to notable reductions in problems like corruption in science, and to increasing professionalism.

In the past several years, however, as US science has become increasingly politicized, and as Chinese nationalism has intensified, this dynamic has shifted. US President Donald Trump's general antipathy toward China, his suspicion of American–Chinese scientific cooperation efforts, and his determination to blame Chinese President Xi Jinping for America's own economic woes have run up against Xi's defensive nationalism, increasingly aggressive assertions of Chinese strength, and determination to position China as a superpower rival of the United States. The clashing of these two strong personalities created a toxic brew that has made it hard for the two countries to work together to contain COVID-19. It did not help that each blamed the other's nation for the COVID-19

disaster, even promoting conspiracy theories that the disease had been deliberately released to harm their people.

The Trump administration's hostility toward scientific cooperation with China has had a particularly pernicious effect. Peter Beinart reported in *The Atlantic* in March that after George W. Bush and Hu Jintao began expanding scientific cooperation on disease control between the United States and China in 2003, officials from their respective CDCs went on to work productively together in responding to H1N1, H7N9, and even Ebola. Beinart notes that “many of the health experts whom China dispatched to fight Ebola [in West Africa in 2014–15] had been trained by the Americans whom the Bush administration had sent to Beijing a decade earlier.” After over a decade of teacher-student relationships, the scientists of the US and Chinese CDCs had, by the time of the Ebola outbreak, become close colleagues.

Much of this goodwill was squandered over the next several years. Trump dramatically reduced the presence of CDC and National Institutes of Health scientists in China, shut down the National

Science Foundation office in Beijing, and severely damaged diplomatic ties. He cast all US–China cooperation in a suspicious light, deterring experts from maintaining the kinds of close professional and personal relationships that had made productive

scientific collaboration possible. As Beinart and others have pointed out, this tension likely hampered cooperation early in the pandemic. It may well have contributed to China's reduced transparency and delays in data sharing with the international community, which many have blamed for allowing COVID-19 to escape Wuhan and spin out of control.

AT THE SOURCE

In the first weeks of the epidemic in China, local officials blamed the COVID-19 outbreak on the Huanan Seafood Wholesale Market in Wuhan. Among many other, more ordinary food items, this market sold small quantities of “exotic” fare, including pangolins and other wild animals. Since the initial cluster of coronavirus cases they identified was found among people associated with this market, Wuhan officials suggested that the virus must have passed to humans from a wild animal on sale there.

This time, the rest of the world attempted to mimic what China had done.

This claim, in turn, supported local officials' false assertions that the disease was not transmissible between humans.

Virus watchers around the world jumped on the "wet market" theory as an obvious explanation for the new disease. So did the US media, which immediately blamed strange Chinese diets and the illegal wildlife trade for the outbreak. It all made sense: SARS had supposedly spread from wild animals in a wet market in Guangdong, so this new disease could easily have spread from wild animals in a wet market in Wuhan. The Huanan market was quickly shut down.

This easy credulity blinded observers to what epidemiologists now tell us was a more probable scenario. The disease had likely been circulating among humans for weeks or even months before the revelation of the cluster of cases found to be associated with the market—and that cluster itself likely resulted from human-to-human spread. Although scientists now believe that SARS-CoV-2, like SARS-CoV, originated in bats, it remains a mystery how exactly it made its way into humans. In any case, they agree it was unlikely that the Huanan market had anything to do with the origins of COVID-19. In a rush to embrace the "exotic animals" storyline, both scientists and the larger public missed the scope of the outbreak in Wuhan in the early days of the epidemic and failed to question a key assertion: that the virus was not transmissible between humans.

The wet market debacle points to a broader problem with the goals and scope of containment. After SARS, a singular fixation emerged among Western members of the global health community: to stop a pandemic, new viruses needed to be stopped "at their source"—that is, in the non-Western regions where they usually emerged. The international community set a high priority on training Chinese public health officials to identify and corral new viruses before they could spread outside China. Many world leaders seemed at a loss for what to do once that effort failed with COVID-19.

The focus on identifying and containing new viruses at their source assumes that the source can be found—and that a new virus can be contained. But epidemiologists have warned since the first

cases of COVID-19 were reported in Wuhan that this disease likely could not be fully contained. What happens after containment fails—and what is needed to keep billions of people alive and functioning during a protracted battle with a relentless pandemic over a period of months or years—is something that the proponents of preparedness at the source did not sufficiently imagine.

A MOMENT OF TRUTH

For a brief period after the death of Li Wenliang, it seemed that the drive to increase transparency and information sharing in China might be at a turning point. The change appeared to be coming not from the international scientific community, but from ordinary Chinese citizens.

As Wuhan's case count exploded and the entire country locked down, hundreds of millions of Chinese were confined to their homes. Many became angry. They were angry that their government had failed to tell them about this disease earlier, they were angry that it was still failing to report accurately on the toll the virus was taking in Wuhan, and they were angry that they were not being allowed to freely express their anger.

Self-appointed citizen-journalists posted horrific photos of dead bodies in the hallways of hospitals in Wuhan, even as officials insisted that the situation was under control. Bold, scathing critiques of the government's response were uploaded and shared faster than the government could take them down. The drive toward transparency appeared, however briefly, to be overtaking the entrenchment of authoritarian rule.

That moment has long since been quashed under heavy censorship and a wave of intensified nationalism. Xi's storyline—that China's bold actions and powerful government controls rendered it uniquely capable of controlling a virus that laid waste to the rest of the world—has gained the upper hand. As life more or less normalizes in China—recent sporadic outbreaks notwithstanding—what happened in Wuhan has not been forgotten so much as forgiven. Or, at the very least, buried alongside the annals of other unfortunate incidents that Chinese citizens have learned to live with in the name of safety and prosperity. ■

“The long-term process of mainstreaming norms of solidarity contributed to citizen compliance and other, more ambitious responses to the COVID-19 pandemic. . . .”

Combating COVID-19 in Democratic Taiwan and South Korea

JOSEPH WONG

On April 15, 2020, in the middle of the COVID-19 global pandemic, South Korean voters turned out in record numbers to give the Democratic Party (DP) a majority in the National Assembly. The DP won 180 seats, increasing its number of representatives in the 300-member legislature by 57. Before the coronavirus outbreak, the DP, led by President Moon Jae-in, had not been polling well and was expected to fall short of a majority. But the election became largely a referendum on how the government had managed the crisis. After seeing its effective response to COVID-19, the public gave a resounding vote of confidence to Moon’s administration and party.

South Korea recorded its first case of COVID-19 on January 20. Over the next four weeks, the virus’s spread appeared to be minimal—only 30 new cases were confirmed—despite Korea’s proximity to China, the first epicenter of the pandemic. But that early calm came to an abrupt end on February 18, when “Patient 31,” as she has since come to be known, a 61-year-old woman who belonged to a massive church in the city of Daegu, was identified as a superspreader. Over the next ten days, the number of COVID-19 cases in South Korea skyrocketed from 30 to nearly 2,300, with over 900 new cases recorded on February 29 alone.

For a short period, South Korea was one of the hardest hit countries in the pandemic, second only to China. Soon after the peak period in late February, however, South Korea quickly flattened its COVID-19 curve with aggressive testing and contact tracing. By May 14, the country had recorded nearly 11,000 COVID-19 cases and 260 deaths.

Comparatively, South Korea’s response to the first wave of the COVID-19 pandemic ranks as one of the most effective in the world.

Taiwan’s story is even more remarkable. Separated from mainland China by the Taiwan Strait, only about 100 miles wide, Taiwan as of mid-May had confirmed just 440 COVID-19 cases—and even more astoundingly, just seven deaths. The key to its success was the government’s rapid response. Right after the Chinese government announced the first case in Wuhan in late December 2019, Taiwan’s airport authorities began screening all passengers arriving from that city.

The first case in Taiwan was confirmed on January 21, one day after the government had activated the Central Epidemic Command Center. Taiwan did not record its first death until February 16. The fact that it was able to effectively combat COVID-19 while excluded from the World Health Organization (WHO), and thus from the real-time information sharing and other support to which members are entitled, makes Taiwan’s experience all the more extraordinary.

Why were Taiwan and South Korea so successful in combating COVID-19? Neither imposed the sorts of draconian measures seen in China, for instance, where the authoritarian government deployed its security apparatus to quarantine the entire city of Wuhan and the surrounding areas, locking down some 50 million people. In neither Taiwan nor South Korea did armed security officers patrol apartment buildings to keep people in their homes. In fact, neither state imposed a full lockdown. Throughout the winter and spring of 2020, commercial activity largely continued to bustle, Taiwanese children kept going to school (though schools were temporarily closed in South Korea), and most people continued to work.

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Instead of the harsh actions taken in China and other countries that imposed nationwide lockdowns, Taiwan and South Korea responded to the pandemic with early and swift imposition of relatively light-touch measures, such as encouraging social distancing; managing the size of crowds; delivering a constant flow of science-based information to citizens through multiple media channels; making face masks mandatory in public places; and, in South Korea, rapidly rolling out testing. These were not particularly strict measures; they were responses that came early and proved effective.

PAINFUL LESSONS

The governments of both Taiwan and South Korea were prepared for COVID-19 by recent experience. In 2003, Taiwan had been hit hard by the outbreak of Severe Acute Respiratory Syndrome (SARS), a coronavirus epidemic in which nearly 700 people in Taiwan were infected and more than 80 died. Excluded from membership in the WHO, Taiwan was left to fend for itself. It carried those lessons to the COVID-19 pandemic.

For South Koreans, memories of the 2015 Middle East Respiratory Syndrome (MERS) epidemic, in which the country recorded 186 cases and 38 deaths, were even more recent. Citizens had been harshly critical of the government's response and its lack of preparedness. Like their counterparts in Taiwan, Korean officials knew they had to be better prepared for the next health crisis.

Given the speed at which COVID-19 spread, a rapid response was needed. Countries that hesitated soon found themselves in much worse situations, with soaring infection rates and fewer policy instruments at their disposal. Scarred by the trauma and the political fallout from SARS and MERS, the Taiwan and South Korean governments were ready to respond quickly after the COVID-19 outbreak started in neighboring China.

The South Korean government had enacted new legislation, the Infectious Disease Control and Prevention Act, following the MERS outbreak in 2015. It provided public health officials with the authority and coordinative powers to rapidly mount responses to emerging epidemics. In 2004, after SARS, the Taiwan government had passed the Communicable Disease Control Act. Like the subsequent Korean legislation, this measure enabled

the government to move swiftly and decisively in its response to COVID-19.

Just a matter of weeks after the 2020 outbreak had been confirmed by Chinese authorities, Taiwan's National Health Command Center activated the Central Epidemic Command Center (CECC), created in 2004 as part of the Communicable Disease Control Act. The CECC immediately took charge of government efforts to contain the spread of COVID-19. Coordinating with other ministries and agencies, the CECC implemented over 120 containment measures during the pandemic, almost all of them within the first month of the global outbreak.

At the end of January, a week after Taiwan had confirmed its first case, domestic medical equipment manufacturers increased face mask production by 400 percent. Daily production capacity rose from fewer than two million masks to eight million, virtually within days. To prevent hoarding, a problem in many other countries, the government implemented a name-based rationing system, limiting the number of masks anyone

could purchase at a time. While supplies were low at first, the government distributed and rationed masks.

By early February, after production had ramped up, pharmacies began to stock and sell masks. People used their digitized National Health Insurance (NHI) cards to secure weekly rations of masks, which had to be worn in public spaces, including schools, at all times. Later that month, masks became available for sale in the convenience stores that are ubiquitous throughout the island. More innovative fixes were also implemented—notably a map-based app, developed collaboratively by the government and civil society organizations, to inform the public of real-time mask inventory levels at convenience stores. By early March, masks could be purchased online.

PRECISE TARGETING

Notably, Taiwan did not rely on mass testing of its population. According to its Centers for Disease Control (CDC), as of May 15, fewer than 70,000 people had been tested for COVID-19. This amounts to under 0.3 percent of the total population. By comparison, the United States and Canada had tested over 2 percent of their populations by that time, and many European countries had tested well over 3 percent.

*Trust in government increased
over the course of the pandemic.*

Instead of mass testing, Taiwan's approach to combating COVID-19 was to test those who presented symptoms and those who were at high risk. Its strategy for containment was based on precision: rather than testing low-risk cases, focus on identifying and containing high-probability, high-risk cases.

Taiwan was able to be so precise in its approach because it set up a sophisticated monitoring and quarantine system soon after the coronavirus arrived on the island. Airport authorities conducted thorough health screenings of arriving travelers—initially only for those coming from Wuhan, then for the rest of China, and eventually for all arriving passengers. People deemed high-risk—for instance, those presenting COVID-19 symptoms or those who had arrived from a hot-spot—were immediately tested, quarantined, and monitored.

Through a coordinated effort across different ministries and agencies, the government integrated the massive NHI and immigration databases to help identify high-risk individuals based on travel history and health status, including pre-existing conditions. The integrated database allowed health authorities to directly contact people who later presented symptoms.

The government also created a “digital fence” to ensure that quarantined patients did not leave their residences during the 14-day isolation period. Using GPS technology, health authorities were able to monitor people's movements. Anyone who moved outside their quarantine location immediately received a text message alerting them that their movements had been tracked and that they could be fined if they did not return to quarantine. In addition, the government provided daily subsidies to those who were quarantined.

TESTING AND TRACING

Whereas the Taiwanese approach to combating COVID-19 centered on efforts to enforce quarantines and contain the spread of the coronavirus, the South Korean government adopted a different strategy. Its approach focused on early mass testing, supplemented with contact tracing.

In late January, the government coordinated the transfer and sharing of testing technologies among domestic medical technology manufacturing firms. Approvals for domestically made tests were fast-tracked; in a matter of weeks, Korean companies were producing tens of thousands of tests. By the end of February, close to 100,000 South Koreans

had been tested for COVID-19. To put that in perspective, only around 3,000 people in the United States had been tested by that time. As of mid-April, nearly half a million tests had been conducted in South Korea.

The South Korean CDC coordinated with local governments to set up 600 testing facilities. In late February, public health authorities started to open drive-through and walk-through testing sites throughout the country. The tests were simple to administer, and the results were texted to the patient within 24 hours.

Importantly, COVID-19 testing was not restricted to those who were showing symptoms. Asymptomatic people could be tested as well. Those who were at a higher risk of contracting the virus or had a doctor's referral were tested free of charge. The cost of a test for everyone else, even those who were not symptomatic, was about \$150. This fee was waived for those unable to afford it.

In addition to mass testing, the government implemented a sophisticated contact-tracing system to alert people who might have been in proximity to an infected patient. If someone tested positive, contact tracing “investigators” reconstructed that person's movements over the past several days. Using a mix of patients' recollections, mobile phone data, credit card and cashless purchase records, and video from security cameras, investigators traced the histories of their activities and whereabouts. Health authorities sent text messages to people living or working in areas a patient had visited, as well as to local governments, warning them of possible exposure to the virus and encouraging testing.

Early on, South Korea also introduced a mobile phone app that notified users when they were within 100 meters of an infected person. To maintain privacy, health authorities did not release any personal information except the patient's age and gender.

STRONG FOUNDATIONS

These data-intensive approaches—quarantine and contain in Taiwan, test and trace in South Korea—were so effective because both states had made significant investments in their health care systems well before the pandemic. The fact that both had implemented national health insurance programs in the 1990s was critical to their success in combating COVID-19.

During Taiwan's democratic transition, the authoritarian government of the Kuomintang

(KMT) party announced plans to implement a universal and accessible national health insurance program by 1995, one year before the first democratic presidential election. The timing of the NHI's introduction in the midst of democratization was not coincidental. Confronted with a socially liberal opposition in the Democratic Progressive Party, the KMT needed a new strategy. The creation of NHI was a critical plank in the party's platform, contributing to the victory of its presidential candidate, Lee Teng-hui (the incumbent).

The NHI integrated Taiwan's medical insurance system into a single-payer scheme providing universal coverage, managed centrally by the Bureau of National Health Insurance. One administrative consequence was the consolidation and centralization of medical data. Citizens' NHI cards became an important source of "big data," which the government leveraged effectively in the battle against COVID-19.

South Korea similarly universalized its medical insurance program when the country underwent its own democratic transition. Starting in 1988 and 1989, the newly democratic ruling party extended insurance schemes to rural and urban self-employed workers and their dependents, effectively universalizing coverage. As in Taiwan, this made good sense for the ruling party as a way to gain electoral support in the cities and the countryside, especially given the opposition's progressive policy agenda.

But the South Korean medical insurance system was decentralized and fragmented; workers in the formal sector were enrolled in separate company-based schemes. In 2000, the democratically elected government led by President Kim Dae-jung integrated these multiple schemes into a single-payer system administered by the publicly managed Korean Health Insurance Corporation (KHIC). Much like the Bureau of National Health Insurance in Taiwan, the KHIC consolidated health data for all citizens. This would be instrumental in South Korea's efforts to introduce mass testing for COVID-19, contact tracing, and patient follow-up.

Over the past several years, the Taiwan and South Korean governments both invested heavily in technological infrastructure to support their big data initiatives. Citizens use e-cards to obtain health care. Providers, including pharmacists, have quick access to patients' health records.

Investments in storing and securing data in the cloud have enabled information sharing among governmental ministries and departments. This was critical to their success in implementing data-reliant programs to combat COVID-19, such as the digital fence in Taiwan's quarantine efforts and the digital contact tracing employed by South Korea.

CLEAR COMMUNICATION

Effective communication by government authorities was another critical element in stemming the spread of COVID-19. In many countries, ineffective communication exacerbated the pandemic's effects. There were plenty of tragic examples of government leaders providing contradictory, unclear, inconsistent, or even false information to their citizens.

This was not the case in Taiwan and South Korea. Both governments, using every media platform available to them, delivered early, clear, consistent, and constant streams of information to their citizens about COVID-19, the science of viral transmission, the importance of social distancing and wearing face masks, and other measures to combat the pandemic.

South Korea's deputy minister of health and welfare delivered daily reports broadcast on a variety of traditional and social media channels. Likewise, Taiwan's health minister and leaders from the CECC provided daily reports on the local spread of COVID-19, information on border controls, and updates on workplace and school regulations. The health ministry launched a dedicated website and phone hotline. Taiwan's CDC, using the popular social media platform LINE, started a daily Q&A program. Even the president and vice president reached out on all social media platforms to share information, make public service announcements, and connect with citizens.

Official information about COVID-19 was not only disseminated early, consistently, and clearly by both governments; it was perceived to be legitimate and authoritative. This was especially important in Taiwan, given its political circumstances—notably its exclusion from the WHO and efforts by hackers and foreign netizens to spread disinformation through social media channels. The government relied on and partnered with civil society organizations, such as the Taiwan Fact

*Both Taiwan and South Korea
were prepared for COVID-19 by
recent experience.*

Check Center, to verify information. Scientists and public health experts, rather than politicians, were routinely deployed to report information to the public. In both Taiwan and South Korea, such measures mitigated panic and the spread of misleading or false information.

Audrey Tang, a Taiwanese cabinet minister with experience in e-governance and software engineering, was especially effective in bridging the government and civil society and facilitating their collective efforts to combat internet-based disinformation. Vice President Chen Chien-jen was also an authoritative and trusted voice in Taiwan's battle with COVID-19. He was featured in a May *New York Times* profile that described him as "Taiwan's Weapon Against Coronavirus," citing his experience as a health official during the SARS pandemic and his background as a research epidemiologist and virus expert.

COMPLIANCE, NOT COERCION

Mostly, what worked well in Taiwan and South Korea to address the pandemic were voluntary actions. People complied with government directives; they were not coerced.

Compliance was possible because ample quantities of necessary medical and public health supplies were available. Other countries had difficulty getting people to wear face masks because low supplies led to hoarding and made masks inaccessible for many people. Through direct communication with health technology firms, the Taiwanese and South Korean governments mitigated these problems and secured the equitable distribution of critical public health supplies such as masks and tests. Thanks to their postwar histories as developmental states, both are experienced in government-led industrial coordination. Over the past two decades, they established medical technology sectors that were able to rapidly ramp up production of the supplies needed to contain COVID-19.

What's more, people in Taiwan and South Korea were used to engaging with their health care systems. Citizens have enjoyed access to high-quality care available to everyone through the national health insurance programs implemented in the 1990s. In both Taiwan and South Korea, people visit their doctors more than 12 times a year on average. In Taiwan, out-of-pocket health costs (copayments or deductibles) are nominal. Fees for outpatient care in South Korea are similarly low. During the COVID-19 pandemic, these health systems remained accessible, and people had faith

that they would receive care. Established trust in the system went a long way toward convincing people to comply with public health measures.

This societal trust in publicly managed health care systems translated into trust in government. When reports of the digital fencing technology employed in Taiwan's quarantine efforts and South Korea's contact tracing measures first surfaced in February, some observers, especially in the West, viewed these interventions with cynicism and suspicion. Concerns about privacy and heavy-handed authorities prompted many to warn about government intrusion into society.

Yet Taiwanese and South Korean citizens trusted their governments and the actions they took. In fact, survey data indicate that the level of trust in government increased over the course of the pandemic in both democracies. In part, this trust was built by the public health authorities' consistent and clear communication of information to citizens. It was also due to the ways in which both governments actively reached out to and collaborated with civil society groups to address the crisis.

But something deeper was going on in Taiwan and South Korea during the pandemic to facilitate voluntary compliance without coercion. There was a deep sense of solidarity among citizens, and a feeling that their collective fate depended on their collective compliance. For instance, face masks were perceived as protecting not only those wearing them but everyone in their vicinity. Likewise, adhering to quarantine rules was viewed not so much as an infringement of personal liberties, but as a temporary sacrifice that ensured the well-being of society as a whole.

Some commentators conjectured that this had something to do with Asian values: a cultural proclivity among Asians to uphold the collective over the individual, and a tendency to submit to authoritarian rule or paternalism for the sake of the collective. But this is not convincing; there is ample evidence that many Asians embrace the values of individual liberty and freedom, and reject authoritarianism. Solidarity emerged from something other than essentialized notions of culture. For example, the recent SARS and MERS pandemics, events seared in the collective memories of both societies, made clear the imperative of complying with public health measures for the collective good.

Over a longer period, solidaristic norms were ingrained in Taiwan and South Korea by their developmental experiences. Throughout the postwar developmental state era, Taiwan and Korea

boasted not only rapid economic growth rates, but also an equitable distribution of income. Growth with equity, along with the values that underpin such a developmental path, persisted as an important norm in Taiwan and South Korea, enhanced by democratization.

In my 2004 book *Healthy Democracies*, I contend that their common experiences of equitable economic growth from the 1960s to the 1980s enabled Taiwan and South Korea to universalize health care. These legacies of equitable growth, combined with their transitions to democracy, allowed them to “mainstream” the idea of social welfare and the norm of redistributive solidarity. Public opinion and survey data collected during the 1990s supported that assertion. Democracy deepened the normative consensus among citizens about the importance of equity, solidarity, and the role of government in providing redistributive social welfare.

Over the past two decades, the normative commitment to social solidarity continued to take root, as reflected in social policy reforms in both countries. The Taiwanese and South Korean governments extended their welfare states into more social policy areas. They also deepened their commitments to solidarity in health care specifically. In 1999, for example, Taiwan implemented reforms to the NHI’s health delivery system in order to reach rural and aboriginal communities more effectively. Second-generation reforms to the NHI during the 2000s resulted in more equitable health-care financing provisions.

Similarly, the South Korean government continued to strengthen its social safety net at a time when other countries were retrenching their welfare states. The long-term process of mainstreaming norms of solidarity contributed to citizen compliance and other, more ambitious responses to the COVID-19 pandemic: the government and citizens pushed for reforms to extend health care benefits to noncitizens, migrants, and refugees.

REPLICABLE AND REPEATABLE

One could be tempted to conclude that the pandemic responses of Taiwan and South Korea are so unique that other countries would not be able to emulate them—and therefore that they have no real lessons to offer. But in fact, the conclusion we ought to draw is that the Taiwanese and Korean

experiences in combating COVID-19 are both *replicable* and *repeatable*.

These governments’ actions to contain the spread of COVID-19 were not complicated. With clear and consistent communication, both states encouraged citizens to comply with social distancing recommendations and to wear masks. Taiwan emphasized respect for quarantine rules; South Korea stressed testing. These were not especially sophisticated interventions. Other countries employed more intrusive measures, ranging from draconian efforts to enforce quarantines (China) to fully enforced lockdowns (Spain, Germany), to contact-tracing mobile apps intended to encompass entire populations (Britain, Israel).

What Taiwan and South Korea did in early 2020 to combat COVID-19 was neither heavy-handed nor difficult to implement. Both governments responded early and communicated information to their citizens quickly, accurately, and constantly. This rapid response and clear communication—and the preparedness that made both possible—were the most important factors in their success. These are certainly replicable lessons.

The Taiwanese and South Korean responses to the pandemic can also be repeated. This is critically important to recognize as the world, without a vaccine readily available yet, braces itself for second and third waves of in-

fections. As countries began to end lockdowns in May 2020, public health specialists warned that a hasty reopening would almost certainly contribute to new and perhaps even more widespread outbreaks, as evidenced by the disastrous example of the United States during the summer months. To be ready for such outbreaks, we need effective government responses that are repeatable. South Korea has already had to reimpose some of its measures in the wake of an outbreak in May.

What makes the experiences of Taiwan and South Korea repeatable is what they did not do. Two things stand out. First, neither employed the sort of harsh authoritarian measures that predictably foment distrust and opposition. The counterexample to democratic Taiwan and Korea is, of course, China. The Chinese Communist Party regime employed effective COVID-19 containment measures, to be sure—but the way it did so engendered suspicion and distrust, and the regime suppressed criticism of its response. It is unlikely that

Effective communication by government authorities was another critical element.

the authoritarian approach can be repeated without increased, and potentially unbearable, political, economic, and social costs for both the regime and the Chinese people.

The second major step the Taiwanese and Korean governments chose not to take was imposing a full lockdown on society. Unlike many other countries, they avoided shutting down or stalling their economies. Shops and restaurants remained open, though patrons followed social distancing guidelines. Factories were not closed. Their economies are poised to recover quickly, and neither has had to contend with huge numbers of infections and COVID-19 deaths.

In other countries where strict lockdowns had to be imposed because of community spread of the

virus, the pandemic imposed enormous social, economic, and ultimately political costs. For economies around the world that were shut down, recovery is still a distant goal. In many countries, unemployment is at a record high, businesses have shuttered, and rates of poverty and inequality have risen. It is unlikely that full lockdowns can be repeated when the next pandemic hits—they are just too costly. They certainly will not be the desired response.

By responding early, communicating clearly, and facilitating compliance rather than resorting to coercion, the approaches of Taiwan and South Korea to combating the COVID-19 pandemic succeeded. They provide replicable and repeatable models that can and should be emulated elsewhere. ■

“Japan’s pandemic story is that of a country that dodged a bullet without strong leadership from the prime minister, an efficient bureaucracy, or the use of advanced technology.”

How Japan Stumbled into a Pandemic Miracle

DANIEL P. ALDRICH AND TOSHIAKI YOSHIDA

Like all governments, Japan’s is far from perfect. Most political leaders want to avoid blame and claim credit. As the political scientist Arjen Boin has argued, Japanese officials acting on those motivations put lives at risk during past disasters.

A poor government response imposed major human and economic costs on the Japanese public in the wake of the triple disaster that struck the country on March 11, 2011. A failure of imagination among state officials and bureaucrats regarding the possibility of a nuclear emergency left many ill-prepared when an earthquake struck off the coast, triggering a tsunami that caused reactor meltdowns at the Fukushima Daiichi power plant. Local communities lacked critical resources such as potassium iodide pills and evacuation plans. Utilities had no playbook for properly handling station blackouts during the meltdowns.

In one particularly egregious example of malfeasance, officials not only suppressed data about the spread of radioactive particles, but even threatened citizen-scientists to stop them from publishing radiation exposure levels. This cover-up left thousands of evacuees in the path of radioactive plumes.

What stands out in the present novel coronavirus pandemic, by contrast, is that the government’s response has not resulted in measurably negative public health outcomes. Given how creaky and disjointed Japan’s handling of the COVID-19 crisis has been thus far, the public health outcomes seem almost miraculous. Just as the political scientist Chalmers Johnson once analyzed Japan’s economic “miracle” in the postwar period, we should be pondering what, precisely, Japan has done to achieve

this new miracle without a quick lockdown or widespread testing—measures that have proved crucial in other countries that successfully controlled the spread of the virus, including some in East Asia, the first region to face the pandemic after it originated in China.

In late January 2020, COVID-19 infections aboard the cruise ship *Diamond Princess*, anchored off the coastal city of Yokohama, captured the world’s attention. Eventually, 700 of the 3,700 passengers and crew onboard tested positive, and 14 died. It began to be understood that the coronavirus was not just a mysterious sickness confined to the central Chinese city of Wuhan, but a spreading global pandemic.

Since then, critics have disparaged Japan’s management of the pandemic, arguing that the response of Prime Minister Shinzo Abe and his government was too little, too late. Many alleged that a desire to go ahead with the planned 2020 Summer Olympics in Tokyo watered down potentially more effective health responses as officials tried to play down the severity of the situation.

Observers pointed to a low number of COVID-19 antibody tests, the inability of mayors and governors to lock down cities due to a lack of legal authority, limited teleworking provisions among tradition-bound businesses (less than 15 percent of the workforce have reported that they are working from home), and paralysis among decision-makers—including slow, ham-handed moves by Abe himself. Some went so far as to warn that COVID-19 would be another Fukushima. As with the triple disaster, pundits pointed to suppression of information, bureaucratic inflexibility, and a government eager to win the public-relations campaign but failing to take the kind of action needed to prevail in a battle against a pandemic. Yet somehow Japan has avoided another disaster, at least so far.

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RISK FACTORS

By mid-July, the total number of patients who had tested positive for the virus in Japan reached 26,303, with a total death toll of 989. Compared with other advanced industrial democracies like the United States and Italy, and especially with the United Kingdom, another island nation, Japan made it through the pandemic's first wave relatively well. Its death rate was 7.8 per 1 million people, 86 times lower than in the UK (669) and 55 times lower than in the United States (429).

Japan has not had to cope with overwhelmed hospitals or a rise in overall mortality rates. Scholars have used these rates to gauge the toll of COVID-19 infections where testing has been scarce. Tokyo had only had 33,106 deaths from all causes through March, which was actually 0.4 percent below the average for the same period in each of the past four years. Nor do available data for April and May indicate a massive spike in excess deaths.

Japan's pandemic outcomes are especially noteworthy given three factors: age, population density, and a lack of strong policy responses. First, most COVID-19 mortalities occur among the elderly, and Japan is among the oldest and most rapidly aging nations in the world. About one-third of Japan's population is over the age of 60. Data from the UK, China, and Italy indicate that those over 60 have suffered the highest mortality rates from the virus.

Second, Japan's capital city and nearby minor metropolises, which form one massive agglomeration, are home to some 38 million people and have comparatively high population density (more than 6,000 people per square kilometer on average in Tokyo, compared with 4,500 for London and 8,000 for Singapore). Given the graying of its society and the density of Tokyo and its other cities, Japan should have been an ideal breeding ground for the virus.

Yet Japanese authorities have done far less than governments in other countries to impose new physical distancing measures. Whereas Wuhan, northeastern Italy, and Germany forcibly limited movement with police coercion, and New Zealand and Australia were among the countries that closed their borders, Japan refrained from imposing such measures.

Despite stereotypes of Japan as a high-tech society, it did not employ surveillance technologies such as those that helped countries such as

Singapore and Israel track the infected and carry out contact tracing to monitor those with whom they interacted. Nor did Japan impose mass testing of its citizens, as its neighbor South Korea did. Nonetheless, World Health Organization Director-General Tedros Adhanom Ghebreyesus in late May declared Japan's management of COVID-19 a "success." There were also smug boasts from Japanese leaders: Finance Minister Taro Aso invoked an imperial-era term implying that Japan's superior culture was responsible for its mild pandemic experience.

SECRET FORMULA?

As a result of Japan's seeming victory over the virus, a cottage industry has sprung up to identify the "special sauce" of the country's response. Homebound, self-appointed public health experts have pointed out a variety of potential explanations for Japan's COVID-19 outcomes.

Among these suggested reasons (one list includes more than 40): face masks were already widely used year-round in Japan (as protection

against hay fever, to avoid spreading a cold, to keep warm, or simply to limit interactions with others); the custom of bowing during greetings eliminates the physical contact that comes with

handshaking, hugging, and kissing; and low levels of obesity and diabetes are found across the population (these conditions seem to be factors in more severe COVID-19 infection outcomes). Some pundits have argued that the Japanese language requires fewer sharp exhalations of breath (and therefore produces fewer potentially infectious droplets) than English, resulting in fewer infections.

Others have suggested that Japan's use of the Bacille Calmette-Guérin (BCG) vaccine to fight tuberculosis is behind these lower infection and death rates. But the BCG explanation has been disproven already, and many of the remaining hypotheses could apply to other Asian nations that have not done as well as Japan in the pandemic.

Alternatively, critics argue that the main reason for low official numbers of COVID-19 cases and deaths is political pressure, which they say has produced fraudulent statistics and limited testing. It is certainly true that the government's response has not been impressive. Japanese leaders followed their standard operating procedure in a state of uncertainty: they hoped to run out the clock and

*Some warned that COVID-19 would
be another Fukushima.*

do little. One model for this approach is the old “cow walking” maneuver used to stall measures in the Diet (parliament): party members are directed to delay casting their votes for as long as possible.

Japan’s schools were closed in March, but buses, subways, and trains continued to run normally. Though the government told people to work from home, surveys showed that few full-time employees—about one in seven—were doing so. Newspapers reported crowds of gawkers strolling through public parks to view the cherry blossoms and patrons filling bars and *izakayas*. Some passengers told of departing from the *Diamond Princess* in February without being tested, then strolling through international airports in Japan and abroad as they returned home.

Rather than make a quick judgment on declaring a lockdown, Abe set up a task force to advise him on whether to decree a state of emergency. It took him until April 7 to declare an emergency in seven prefectures, and until April 16 to expand it nationwide.

When pressed on what many saw as minimal levels of testing and lockdowns, the Ministry of Health, Labor, and Welfare argued that it was pursuing a “cluster-based approach” intended to prioritize identifying individuals and locations that were superspreaders of COVID-19. Then it would take actions to stop the spread from the clusters and isolate the infected, rather than undertaking wider testing or enforcing strict stay-at-home orders. Authorities claimed that this was a more efficient approach.

Whether it was indeed the result of a deliberate policy decision, Japan has tested far less than most other advanced industrial democracies. Japanese physicians and government officials justified the limited testing with claims that focusing only on those with severe symptoms saved time and resources. But many outside Japan’s health care system argued that this approach was risky, given the scientific consensus that COVID-19 can be contracted from presymptomatic and asymptomatic carriers.

DOUBTFUL NUMBERS

Aside from politicians’ avoidance of decisive action, other aspects of Japan’s response to the pandemic to some extent paralleled information-control attempts during the Fukushima nuclear meltdowns. In March and April 2011, the government refrained for weeks from using the word “meltdown” to describe the nuclear disaster, until it became clear from foreign reporting that this

was the most accurate description. Nor did the government release radiation information to the public, even though it provided data to allies and local authorities.

Similarly, during the pandemic, reporters from Safecast, a volunteer-driven environmental data-gathering organization, and others have asserted that their attempts to gain access to pneumonia and mortality data from the National Institute of Infectious Diseases have been stalled—perhaps deliberately, in order to suppress bad news. Although Japan regularly ranks highly in international assessments of transparency, data access, and anticorruption measures, the government has been accused in the past of falsifying statistics. One scandal in 2019 involved the Ministry of Health, Labor, and Welfare. The discovery of sampling errors in monthly labor statistics exposed a wider pattern of inappropriate data collection and analysis in 22 out of 56 core government statistics produced by seven ministries.

The government’s statistical division has been drained of financial and human resources since the 1990s. By 2018, the number of statisticians in all ministries stood at around 1,900, a 50-percent decrease over a decade. And most bureaucrats have generalist orientations, and transfer to a new division every two or three years, making statistical expertise unlikely. Experts have warned that relying on inaccurate, untrustworthy statistics can have serious consequences: the government and lawmakers may formulate ineffective bills, and foreign investors could shy away.

Notable figures, including Hosaka Nobuto, ward mayor of Setagaya District in Tokyo, have accused political leaders of worse than statistical fiddling in the pandemic response. They argued that the government was initially reluctant to pursue high levels of testing for COVID-19 infections because of the possibility that doing so might force it to cancel the 2020 Summer Olympics.

Reputational and commercial concerns may well have slowed a more effective response. Spending on preparations to host the Games in Tokyo had already risen over \$12 billion, so the government and corporate sponsors had a lot to lose. It was not until March 24 that the government and the International Olympic Committee agreed to put off the Tokyo Olympics until the summer of 2021.

Nevertheless, the mortality rates remain low. Why? A mundane but likely explanation is that residents throughout Japan voluntarily and drastically reduced their mobility, choosing to stay in

rather than go out. New research from Purdue University engineering professor Satish Ukkusuri and Japanese colleagues, using cell phone tracking data, indicates a 70-percent drop in the number of social interactions by mid-April.

Despite anecdotal reports that little seems to have changed in terms of daily behaviors and commuting, such data suggest most people have calmly followed the advice of health experts and government officials and stayed home. If anything has saved Japan from the pandemic, it has been the people themselves.

SOCIAL SOLUTIONS

While noting that Japan's overall levels of COVID-19 infections and deaths have been relatively low, it is also important to recognize that there has been variation across the country. This variation is likely not due just to mobility, health care system capacity, or local and national policies.

Working with our colleague Tim Fraser at Northeastern University, we have examined differences in COVID-19 infection rates across Japan's 47 prefectures. Some, such as Wakayama, have been praised for their responses and outcomes. Others, like Hokkaido, have not done as well in coping with the pandemic. Our investigation found that the types of ties people had with others in their social circles, outsiders, and authorities strongly correlated with different types of outcomes.

When our lab studies shocks and crises, including the 2004 Indian Ocean tsunami, Hurricane Harvey in 2012, rocket attacks on Israeli civilians, and Japan's 3/11 triple disaster, we try to better understand the social infrastructure in place in the communities affected by the event. In a post-crisis environment, we look at three types of connections, which social scientists call bonding, bridging, and linking social ties.

Bonding social ties connect people who are quite similar—such as kin, extended family, and other people who look and sound like you. Bridging ties, in contrast, are often referred to as weak or thin ties—they connect us to people who are different. These ties increase the diversity of information and resources available to us. They may come through an institution like a workplace, school, club, or place of worship.

Whereas bonding and bridging ties are horizontal in nature, linking social ties are vertical, connecting

us to people in power and authority. If we know the provost at our university, or the mayor of our town, that connection could improve our capacity to weather a shock. For example, Japanese communities with strong ties to the central government managed faster recoveries than similar towns lacking such advantages after the 3/11 triple disasters.

Looking across Japan's 47 prefectures over time, we found that different types of social ties correlate differently with COVID-19 infection rates. These data show that measures of social vulnerability—such as being elderly, immunocompromised, or poor—correlated with higher rates of COVID-19 at the prefectural levels. However, bridging and linking ties had a negative correlation with new cases. That is, for prefectures with weaker, thinner ties, prevalence of the disease was measurably less than in prefectures more tied to homogeneous groups.

We suggest that prefectures with more bonding ties are areas where residents typically receive information from a smaller number of sources and may not strictly adopt physical distancing measures. In areas with more diverse networks, a wider

spectrum of information is available, along with reinforcement of physical distancing advisories from multiple sources.

Our analysis goes beyond facile claims about Japanese culture by looking at the actual behavior of residents as they have responded to the pandemic. We also recognize that there is no national-level response: individuals and their communities behave differently from block to block, and from town to town. We are still in the initial phases of collecting and analyzing this data, but the pilot study shows that different communities have different social structures in which they operate, with implications for how they are weathering COVID-19.

SILVER LININGS

Japan's pandemic story is that of a country that dodged a bullet without strong leadership from the prime minister, an efficient bureaucracy, or the use of advanced technology. The relatively small number of recorded COVID-19 infections and deaths is likely due to widespread voluntary self-quarantine and a resulting massive reduction in social interactions.

Are there longer-term outcomes from the pandemic that might amount to some kind of silver

Japan should have been an ideal breeding ground for the virus.

lining? One obvious finding is that residents were willing to listen to the advice of experts and government officials and stay home. No coercion or threats were necessary. There were no anti-lockdown protests like those seen in the United States and other countries.

COVID-19's presence has also brought an unexpected benefit: suicides are down by some 20 percent compared with 2019. Perhaps this is because of less commuting, less time at work, and more time at home with family. Breaking Japan's post-World War II culture of overwork, heavy drinking with colleagues, and extended commutes has clearly produced some promising results.

From a top-down perspective, the aftermath of the 3/11 triple disaster had already shown that change is possible. Out of the wreckage of Fukushima, a few positive developments emerged. One is a new regulator with a backbone, the Nuclear Regulation Authority, that takes seismic risks and safety equipment seriously. Unlike its predecessor, it has denied licenses to private utilities unable to comply with tightened restrictions on nuclear power plants. The government also set up the Recovery Agency (*Fukkōchō*) to serve as a one-stop shop during the long post-3/11 reconstruction process.

During the pandemic, another administrative shortcoming has drawn attention: Japan has no equivalent to the US Centers for Disease Control and Prevention. Experts such as Nobel Prize-winning immunologist Tasuku Honjo have called for establishing such an agency. Abe has set up an ad hoc Novel Coronavirus Response Headquarters, but nothing more permanent for handling future pandemics. Moving to make disaster response institutions a more permanent structure at the cabinet level would be an important step forward for crisis governance.

International and domestic critics of Japan have justifiably underscored the Japanese government's tepid pandemic response. But it is undeniable that Japan's coronavirus case numbers and, more importantly, overall mortality rates remain low. Whether this is due to the choices of its citizens or some other, yet to be discovered cause, the nation's outcomes during this pandemic have been nothing short of miraculous, at least so far. Although Japan's political and public health responses to the pandemic have not been ideal, COVID-19 may change the country's social and political landscape in ways that would have been hard to predict just a few months ago. ■

“ASEAN is helping to define health security as an imperative for multilateral cooperation and global governance.”

ASEAN’s Multilateral Path Through the Pandemic

MELY CABALLERO-ANTHONY

The COVID-19 pandemic has been described as the most challenging public health crisis in a century—an existential threat that has caused untold suffering for millions of people and hundreds of thousands of deaths around the world. Many more lives were upended as the public health crisis rapidly gave rise to an economic crisis of global proportions.

The layered health and economic impacts of the pandemic underscore the growing complexity of the international security environment. The twin crises have exposed the fundamental flaws and weaknesses of institutions that promote peace and security. In an absence of global leadership, tensions between the United States and China have deepened amid growing trends of protectionism and rivalry. Just when greater international cooperation is needed, a turn toward nationalism and unilateralism in parts of the globe is putting multilateralism at risk.

These complex challenges raise urgent questions about Southeast Asia’s security and the future of regional order in the wider Indo-Pacific arena. Central to this order is the role of the Association of Southeast Asian Nations (ASEAN) as the main institutional framework for managing security and economic cooperation in the region.

The COVID-19 pandemic is not the first health crisis to hit the region in the twenty-first century. There were at least two previous public health emergencies that severely affected Southeast Asia and the wider East Asian region: Severe Acute Respiratory Syndrome (SARS), in 2003, and the H1N1 influenza, otherwise known as swine flu, in 2009.

The SARS outbreak was regarded as a major threat, given the novelty and the virulence of the virus. It rapidly became a global concern as it spread from the site of its first outbreak, in China’s Guangdong province, to other Asian countries, including Taiwan, Vietnam, and Singapore, eventually reaching parts of Europe and the Americas. The pandemic lasted about six months, infecting more than 8,000 people and causing 772 fatalities.

Despite those relatively low numbers, the economic impact of SARS was severe. Travel advisories issued for countries like Singapore and Vietnam damaged their vital tourism industries. Most studies estimated the economic cost of SARS at roughly \$40 billion, shaving about 1–2 percentage points from affected countries’ gross domestic products. But the impact of this rapid deterioration was limited: most of Asia experienced a sharp rebound after SARS disappeared.

A similar economic slowdown occurred during the H1N1 pandemic. But the impact was harder to quantify, given that much of the region was also reeling from the devastating effects of the 2008 global financial crisis.

COVID-19 is even more infectious than SARS and H1N1 and spreads at an alarming speed, thanks in part to today’s global hyper-connectivity in trade and people. Most countries opted to lock down their borders and impose tight restrictions on people’s movements in desperate attempts to contain the spread of the virus. The impacts of the pandemic have severely disrupted all facets of human life, from the socioeconomic to the political and security realms, likely with long-lasting consequences.

Aside from the high number of lives lost, the most serious impact of the pandemic has been on the global economy. The forced lockdowns froze business activities and rattled supply chains,

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causing millions of job losses. Reports from the World Bank and the Asian Development Bank project a global growth contraction of up to 8 or 10 percent, resulting in the worst downturn since the Great Depression of the 1930s. In Asia, the pandemic has triggered large-scale unemployment, with an estimated 339 million more people driven into poverty, joining the 700 million already under the poverty line.

The sudden economic downturn has exacerbated growing inequality within societies and across regions, and has threatened food security and other basic needs for millions more people across the world. Many who were dependent on the gig economy have been left jobless. The consequences of the pandemic are most acute for developing countries that are largely dependent on remittances from millions of migrant workers who have been displaced. The Philippines, for instance, took in an estimated \$30 billion in remittances from its overseas foreign workers in 2019. Now hundreds of thousands of its overseas workers have lost their jobs and been forced to return home, with no guarantees of employment in a battered economy.

Most forecasters suggest that a global economic recovery is contingent on the discovery of a vaccine. But even before the pandemic, the world economy was slowing down. One of the main reasons was the rising trade tensions between China and the United States. This major power rivalry has unsettled the geostrategic environment in East and Southeast Asia, raising concerns that the rules-based international order is being undermined.

THE CHINA CHALLENGE

The COVID-19 pandemic has become yet another issue fueling tensions between Washington and Beijing. Their relationship is crucial to ASEAN and regional security. Prior to the outbreak, their relations were already fraught with problems—not least, economic and trade tensions. The United States has also accused China of undermining the international order with its unilateral claims to disputed territories in the South and East China seas.

Chinese military assertiveness in the contested waters has grown even more audacious during the pandemic. Within the month of April 2020 alone, China dispatched fishing and coast guard vessels

into the exclusive economic zones of Indonesia and Vietnam; expanded its presence on Thitu Island, the largest island claimed by the Philippines in the South China Sea; sent a survey vessel, with maritime militia in tow, into Malaysia's exclusive economic zone, where the state oil company Petronas conducts drilling; and brazenly established two new administrative districts for contested islands in the South China Sea's Paracel and Spratly chains.

These unilateral moves by China came amid ongoing negotiations between Beijing and ASEAN members on a code of conduct for the South China Sea. At every ASEAN summit, the chair issues a report on where the negotiations stand. In most instances, it emphasizes hope and progress in an effort to manage bilateral tensions.

The lack of a collective response from ASEAN to denounce Chinese adventurism in the South China Sea—only Vietnam and Indonesia have openly protested—reflects the current dynamics of major power competition in the region. There is clearly a marked difference in China's power, and in how it is now perceived by ASEAN countries, compared with the situation when SARS emerged in 2003.

In terms of economic power, China accounted for only 4 percent of global GDP in 2003. But 17 years after SARS, China's share has risen to nearly 20 percent. China is also the second-largest trading partner of the ASEAN countries as a whole, and the leading partner for some member states, such as Cambodia and Laos. ASEAN and China are both integral to global supply chains, particularly in the manufacturing sector; China produces 20 percent of intermediate manufacturing goods, like automotive and telecommunication equipment. Any disruptions caused by rare but high-impact "black swan" events such as pandemics have grave repercussions for the region's economy.

The pandemic has only underscored China's growing economic influence, and how the resulting asymmetry in power relations has given Beijing more latitude to act with increasing assertiveness, both militarily and diplomatically. Despite US attempts to blame it for the global spread of COVID-19, China appears to have turned the pandemic to its advantage. Beijing not only dismissed the Trump administration's claims that the virus originated in a government laboratory in Wuhan; it

*ASEAN provided a critical platform
for East Asia to work together.*

has also moved to fill the void in global leadership left by Washington.

Unlike parts of Europe, the United States, and Latin America, China was able to effectively contain COVID-19 within three months of when the coronavirus first emerged. At the height of the pandemic's first wave, when many countries faced critical shortages of medical supplies like masks, other personal protective equipment (PPE), test kits, and ventilators, China promptly dispatched aid. Global news reports showed Chinese planes full of medical goods arriving in European countries, including Spain, Italy, and Britain. Southeast Asian countries, such as the Philippines, Indonesia, and Malaysia, also received Chinese aid. Chinese doctors visited cities in Italy and the Philippines to share lessons on effective pandemic containment.

At a special ASEAN summit held virtually on April 14, 2020, China offered to contribute to the bloc's pandemic recovery fund under the ASEAN Plus Three (APT) framework, which brings the 10 member states together with China, Japan, and South Korea. The recovery fund is aimed at improving capacity for regional health emergencies, addressing shortages of medical supplies, and funding research into vaccines and therapeutic drugs.

China has announced that it plans to treat any COVID-19 vaccine it develops as a global public good, promising to make it accessible and affordable for developing countries, which are often at a disadvantage when vaccines are commercially produced. With its near-monopoly in the production of medical goods, and its readiness to lend a helping hand to countries in need during these extreme circumstances, China has displayed a friendlier side that has been dubbed "mask diplomacy," offsetting the belligerent "wolf warrior" style recently adopted by many Chinese diplomats.

It is premature to claim that the United States is in retreat from its long-held role as a resident power in the Indo-Pacific. But its current preoccupation with domestic politics, as well as the Trump administration's inaction and prevarication in dealing with the pandemic, have raised doubts about America's role in Asia and its commitment to upholding the regional order.

SETTING STANDARDS

To its credit, ASEAN has fared reasonably well in coping with the impact of COVID-19. Indeed, the success of member countries like Vietnam, Singapore, Malaysia, and Thailand in containing

the pandemic offers important lessons on health security governance.

Learning from their experiences with SARS and H1N1, ASEAN countries have set standards and norms for effective pandemic preparedness and response. Their progress is evident in the way the bloc has responded to the coronavirus. When news of the viral outbreak in China emerged, ASEAN immediately activated its regional mechanisms for handling a pandemic.

One of these is the Emergency Operations Centre (EOC) and its Network for Public Health Emergencies, which coordinates ASEAN member states in preventing, detecting, and responding to health threats. It also provides a communications channel for ASEAN and the Plus Three countries.

The EOC serves as a surveillance mechanism to monitor the spread of infectious diseases, following standardized protocols for information sharing. These require member states to report all cases that fall under the category of a "public health emergency of international concern."

According to accounts from the ASEAN Secretariat, Chinese health officials had already reported the outbreak of the then-unknown virus in early January 2020 to its Health Division, which in turn relayed the information to the health officials of ASEAN member states, as well as to Japan and South Korea. Even before the World Health Organization (WHO) declared COVID-19 a pandemic, the ASEAN-led regional health network was already at work to contain the spread.

Regional actions were supported by national-level responses. Most ASEAN countries had national pandemic preparedness plans in place as a result of their experiences with SARS and H1N1. These plans were constantly reviewed in accordance with the WHO's call for countries to be prepared to implement the International Health Regulations for emerging infectious diseases. As part of ASEAN cooperation on health security, a number of table-top exercises had been held since 2010 to allow officials from both health and non-health sectors (immigration, civil defense, and so forth) to review and strengthen their pandemic preparedness plans.

Thanks to this work on national preparedness, ASEAN countries were able to take the necessary measures to prevent the spread of COVID-19. The lengths to which governments have gone to control the virus, and the speed and decisiveness of their actions—travel restrictions, border closures, social distancing directives, massive testing—

resulted in their success in “flattening the curve” of infections, compared with the struggles of many countries in regions like Europe, North America, and Latin America.

STRENGTHENING COOPERATION

In the early months of the pandemic, many countries around the world turned inward and retreated from multilateral cooperation as they grappled with containing the crisis. ASEAN, however, opted to turn the crisis into an opportunity to strengthen regional bodies for multilateral cooperation. Travel restrictions notwithstanding, ASEAN leaders on April 14 convened via video conferencing for their special summit on COVID-19, as well as an ASEAN Plus Three summit with the leaders of China, Japan, and South Korea. The two summits charted pathways for deeper regional cooperation on health security.

The first priority they set was building the capacity of existing regional mechanisms to deal with future public health emergencies. These include the ASEAN EOC, the region's nerve center for timely and accurate information on disease outbreaks, providing daily situational updates on prevention, detection, and response. The ASEAN BioDiaspora Virtual Centre has supported the EOC by producing and circulating risk assessments, using big data analytics to track the spread of COVID-19.

The Regional Public Health Laboratories Network facilitates information exchange and assists labs in ASEAN countries that require technical or material support. The ASEAN Risk Assessment and Risk Communication Centre disseminates information on preventive and control measures to member states, including advice on combating misinformation. The ASEAN Plus Three Field Epidemiological Training Network promotes disease surveillance and reporting.

The second priority was to provide financial support to supplement member states' limited resources. To this end, with the support of China, Japan, and South Korea, the bloc established the ASEAN Response Fund, which can be used to help member states procure medical supplies and equipment, as well as to finance research and development of vaccines and therapeutic drugs.

One proposal currently being considered is to build a regional stockpile of critical medical equipment for distribution to countries in dire need of

items like masks, gloves, other PPE, and ventilators. The proposal builds on existing ASEAN resources such as the Disaster Emergency Logistics Systems, which store relief supplies contributed by donors including Japan, China, and the European Union. When disasters strike, these supplies can be deployed through the ASEAN Coordinating Centre for Humanitarian Assistance.

The April summits also helped to foster trust and confidence in a region mired in power rivalries. ASEAN's ability to reach out to China, Japan, and South Korea provided a critical platform for East Asia to work together despite bilateral tensions among those three countries, and to focus on harnessing countries' respective strengths to collectively respond to unprecedented twin crises of global proportions.

This was not the first time that the APT countries had worked together to cope with a regional crisis. In 1997, the Asian financial crisis swept the region. What began as a banking crisis that first hit countries like Thailand and Indonesia rapidly turned into a regional economic contagion, as currencies went into free fall and

debt-laden companies were forced to shut down. This resulted in massive economic displacement for millions of workers across Asia.

Since most countries needed emergency liquidity support to keep their economies and companies afloat, many turned to the lender of last resort—the International Monetary Fund—to provide life support. As part of the conditions it set for aid, the IMF imposed stringent structural adjustments, such as ending government subsidies and closing insolvent banks. These requirements were onerous for countries already facing extreme economic difficulties and political challenges.

Some ASEAN leaders felt it was time for countries in East Asia to band together and come up with their own financial and economic arrangements that would be more responsive to the particular needs of the region—something akin to a regional self-help mechanism. The Asian financial crisis prompted the establishment of the APT in 1999. This new regional institution was initially geared toward promoting financial and monetary cooperation among the ten ASEAN countries and their three Northeast Asian partners. Areas of cooperation were later extended to the political and security realms, as well as social welfare and development.

ASEAN immediately activated its regional mechanisms for handling a pandemic.

A key APT project was the Chiang Mai Initiative (CMI). Launched in 2010, it started out as a regional currency swap arrangement to address short-term liquidity problems faced by APT countries in the wake of the Asian financial crisis, supplementing the assistance provided by the IMF. In 2011, an ASEAN Plus Three macroeconomic research office was created to manage the CMI mechanism and to monitor the health of the region's banking sector. The CMI's \$120 billion fund was doubled in 2014. Yet the liquidity mechanism remains untested to date, awaiting another Asian financial crisis. The economic fallout caused by the pandemic is a much deeper problem and requires different instruments to provide economic aid through loans and other forms of assistance.

The decision to work collectively to address the multifaceted impacts of the pandemic reflected this history of cooperation led by ASEAN. It led to commitments by the APT to keep markets open for trade and investment and to ensure the resilience of supply chains for essential goods like food, medicines, and medical supplies. Countries have suffered due to lack of access to vital medical goods during health emergencies. Such situations call for lifting export bans and eliminating tariffs and other trade barriers on these goods. It is necessary to counter the protectionist tendencies of some countries toward imposing export restrictions on these essential goods in the middle of public health crises.

HEALTH SECURITY LEADERSHIP

ASEAN's response to the COVID-19 pandemic is still very much a work in progress. While there have been some successes, keeping the virus in check while navigating the strong waves of geopolitical tensions in the wider region remains a difficult challenge. But three important aspects of ASEAN's contribution to global health security and the rules-based international order deserve to be highlighted.

First is the emphasis placed by ASEAN on comprehensive and nontraditional security—in this instance, health security. Since its inception as a regional body, ASEAN has always stressed the need to address the nonmilitary aspects of security, including its political, economic, and sociocultural dimensions. Some scholars refer to this range of concerns as human security. It encompasses

freedom from want—including protection from disease—and freedom from fear.

ASEAN's experiences of dealing with the severe consequences of SARS and H1N1 demonstrated the critical importance of health security to national and regional security. That led the bloc to develop regional mechanisms to promote cooperation in this area, which would prove extremely useful for managing the coronavirus pandemic.

For the international community, the pandemic has been a grim reminder of the increasing threat that emerging infectious diseases pose to global security. Pandemics like COVID-19 are regarded as black swan events—low probability, high impact. But in a hyper-connected world, outbreaks of such highly infectious diseases are becoming more frequent.

Entrenched views of what constitutes a threat to national security are often skewed toward military threats, such as nuclear missiles and other weapons of mass destruction. But a pandemic, like climate change, is an existential threat. It is folly to pour funds into building up sophisticated military surveillance capabilities while ignoring the need for

global and national disease surveillance systems that can prevent, detect, trace, and respond to a rapidly spreading virus.

A second ASEAN approach worth noting is its emphasis on the transborder implica-

tions of nontraditional security threats like infectious diseases and climate change. The bloc has set the goal of establishing an ASEAN Political and Security Community to raise the level of cooperation, particularly in dealing with transnational security threats. This approach is intended to encourage regional solutions to regional problems, based on the understanding that achieving national security requires working beyond borders.

The Political and Security Community is envisioned as both a normative and a functional framework of security cooperation with four constituent elements: a rules-based community bound by shared values and norms; enhanced capacity to respond quickly and effectively to challenges; deeper coordination with external parties; and improved regional institutions, like the ASEAN Secretariat. These elements can already be seen in the way ASEAN has dealt with COVID-19. The international community should take heed of them if it

ASEAN has always emphasized the need to address the nonmilitary aspects of security.

wants to take a truly global approach to a generational threat to peace and security.

INDEPENDENT AGENT

During this crisis, ASEAN has shown its ability to work with other countries, cognizant of the fact that regional health security can only be as strong as its weakest link. Since the pandemic will have long-lasting consequences, ASEAN must build regional capacity by helping members and nonmembers alike strengthen their public health systems.

Aside from sharing information and best practices, key priorities in the immediate and mid-to-long term include more cooperation in ramping up scientific and medical expertise, laboratories, and diagnostics, as well as training a more qualified health care workforce in the region. Achieving these aims requires creating more opportunities for medical training and educational exchanges, allowing health care professionals from less-developed member countries to study in the region's established universities.

Before and especially during the pandemic, ASEAN has also demonstrated its support for multilateral institutions like the WHO. ASEAN invited WHO Director-General Tedros Adhanom Ghebreyesus to participate in its special APT summit. At a time of rising nationalism, when some countries like the United States have turned away from international institutions, ASEAN is helping to define health security as an imperative for multilateral cooperation and global governance.

Last but not least, ASEAN has shown its independent agency in maintaining a rules-based regional order. Despite being caught between the United States and China, ASEAN has stuck to its approach of remaining neutral regarding their geopolitical rivalry. By choosing not to take a side, and instead focusing on coordinating and leading multilateral

efforts to respond to the pandemic, ASEAN reaffirms its central role in the region.

ASEAN's centrality, however, cannot be taken for granted. The bloc's credibility is being tested on many fronts. Domestically, some member states are struggling to preserve democratic gains and avoid sliding into authoritarianism. Most face the challenges of maintaining social cohesion in multi-racial societies, resolving internal conflicts exacerbated by religious extremism and radicalism, and addressing growing inequality that jeopardizes economic development and prosperity. Externally, ASEAN must maintain regional cohesion against China's attempts to drive a wedge among its members on issues like the South China Sea, while making credible efforts to advance regionalism and multilateralism in East Asia and beyond.

ASEAN has not allowed its members' relatively small size and lack of material power to hinder efforts to promote cooperative security and foster trust and confidence in East Asia and the wider Indo-Pacific region. ASEAN's inclusive approach—bringing countries together, both like-minded and otherwise, while encouraging the observance of rules and norms of interstate conduct—has given it the ability to be a first mover in building regional institutions. Its own open and inclusive institutions are critical building blocks for pushing ahead with multilateral and multisectoral initiatives to address common security challenges.

The COVID-19 pandemic has exposed fissures in the international system. It has also intensified the US–China rivalry. These divisions will not be resolved soon. But ASEAN, through its institutions and practices, can continue to develop the capacity to act and claim a central role in maintaining a rules-based regional order that provides comprehensive security. Clearly, public health is more important than ever to this broader approach to security. ■

“The pandemic has made it easier for the region’s autocratic-minded leaders . . . to boost their personal powers and undermine political institutions.”

The Pandemic and Southeast Asia’s Democratic Struggles

JOSHUA KURLANTZICK

Since the early 2000s, democracy has deteriorated across most of Southeast Asia. Perhaps most dramatically, Myanmar has slid backward after a burst of optimism following its transition to civilian rule in the early 2010s and the 2015 election of a government led by the National League for Democracy, which had long campaigned to end military rule. Political and civil liberties have regressed under former opposition leader Aung San Suu Kyi’s administration, even when compared with the previous transitional civilian government, installed by the military.

In the Philippines, President Rodrigo Duterte’s government has harshly repressed political opponents and the media, attacked the judiciary, launched a deadly drug war, and generally undermined state institutions. In Thailand, a 2014 military coup resulted in one of the most repressive governments the kingdom has seen in decades. Even after the 2019 elections ended the military’s formal rule, the generals and their allies in the bureaucracy and the judiciary have neutered most of the political opposition.

In other Southeast Asian countries, like Cambodia, rulers have decimated civil society and worked to destroy the opposition. And in the region’s most autocratic states, such as Laos and Vietnam, glimmerings of a political opening in the early 2010s have mostly been snuffed out.

Even in Indonesia, which had been the region’s democratic success story for two decades, President Joko Widodo (Jokowi), who took office in 2014 with a reputation as a pragmatic reformer, has largely abandoned any pretense of strengthening democratic norms and institutions. Jokowi has

been complicit in the evisceration of the country’s once-powerful Corruption Eradication Commission. Since winning a second term in May 2019, he has packed his cabinet with former army officers, reviving the military’s power in domestic politics. Some of these figures have been linked to past human rights abuses, including Defense Minister Prabowo Subianto.

Running as a presidential candidate against Jokowi, Prabowo repeatedly suggested that if he were in charge, he would degrade democracy and return to a kind of strongman rule. During the latter days of the Suharto regime in the 1990s, Prabowo allegedly was involved in the disappearances of activists; he was denied a visa by the United States because of concerns about his record. As defense minister, Prabowo may be setting the stage for yet another run at the presidency in 2024. Jokowi put him in the cabinet in an attempt to foster political stability by bringing in a major opposition leader—and to nullify his ability to criticize the government from the outside. This may have costs for Indonesian democracy.

While there are many factors behind Southeast Asia’s democratic decline and the growing regional ascendance of illiberal populists, it is likely that the COVID-19 pandemic will hasten this regression and help authoritarian regimes hold onto power—a trend seen globally, as well. The pandemic has made it easier for the region’s autocratic-minded leaders, and even more democratic ones like Jokowi, to boost their personal powers and undermine political institutions. By citing the need for strong measures to protect public health, they can justify at least temporary bans on public gatherings, crackdowns on the press, tracking of citizens, draconian laws that allow for detention without charge, and other controls. Some of these emergency powers seem to have little to do with public health.

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As they crack down, leaders of Southeast Asia's autocracies, hybrid regimes, and democracies have compiled a mixed record in managing the pandemic. Some have wallowed in denialism and conspiracy theories. Others have recognized the scope of the crisis and responded effectively.

Democracy was struggling worldwide before the coronavirus emerged in China and spread around the globe. In parts of Asia, democratic regression has had a kind of negative diffusion effect: regional leaders have tolerated authoritarians, making it easier for others to reverse democratic gains. Globally, the deterioration of democracy in leading powers, including the United States, has had the broader effect of empowering autocrats in other countries. Beijing is willing to support Southeast Asian governments regardless of their leaders' rights abuses. It has stood firmly behind strongman Prime Minister Hun Sen in Cambodia, and backed the Thai military after its 2014 coup, even as other countries criticized the putsch. China has only become more influential since then. In the 2020 State of Southeast Asia Survey, conducted by Singapore's ISEAS–Yusof Ishak Institute, nearly 80 percent of respondents named China as the most influential economic power in the region.

MIDDLE-CLASS RAGE

As political scientist Lee Morgenbesser shows in his new book, *The Rise of Sophisticated Authoritarianism in Southeast Asia*, many governments in the region were becoming more skilled in co-opting opposition and forestalling political change well before the emergence of COVID-19. They were adopting democratic forms while maintaining authoritarian tactics—creating a façade of democracy to prevent nationwide protest movements from emerging and to undermine political opposition before it could gain momentum.

Middle classes have played major roles in this regional backsliding. Political scientists long believed that growing middle classes were bulwarks of support for democratic change. Yet in the Philippines, Duterte draws some of his strongest support from middle-class and lower-middle-class citizens. They often felt ignored by previous elite-led governments, even though Duterte's predecessor, President Benigno Aquino III, implemented more middle class–friendly policies than Duterte has.

Across the region, middle classes and lower middle classes often face stubborn inequality and sense that they are falling behind their wealthier compatriots, even though many Southeast Asian countries have posted relatively strong growth rates over the past decade. The Philippine economy expanded under Aquino's presidency, from 2010 to 2016, but many benefits of this growth accrued to the wealthiest. As the political scientist Richard Heydarian has noted, the lower and middle classes grew frustrated with the failure of Aquino and previous presidents to deliver effective state services, reduce inequality, and control crime.

Many older political parties in Southeast Asia—like their counterparts in Europe, such as the French Socialists—have lost favor with these middle and lower middle classes. Traditional parties in the Philippines and Thailand have struggled to appeal to these voters or to defend themselves against the simplistic solutions and strongman appeal of populists.

Thailand's Democrat Party, the country's oldest party, hemorrhaged support throughout the 2000s and early 2010s to parties led by billionaire Thaksin Shinawatra and his allies. When upper-middle-class and middle-class Thais tired of some of Thaksin's populist economic policies and his evisceration of the rule of law, they further undermined democracy by backing coups that overthrew governments led by his movement in 2006 and 2014.

In the Philippines, traditional left-leaning social democratic parties have withered. Duterte has appropriated some of their calls for strengthening social welfare programs, while scorning them for recycling dynastic politicians. To be sure, Duterte himself hails from a political dynasty. His father was governor of Davao Province, and Duterte himself was mayor of Davao City. He now appears to be positioning his daughter to succeed him as president after his single six-year term ends in 2022. Yet Philippine voters seem to overlook this, perhaps because Duterte does not come from a Manila-based dynasty. His outsider persona inoculates him from charges of nepotism.

Some middle-class Filipinos have turned against the president, disgusted with his administration's often-inept governance. Still, his popularity remains high by regional and global standards. Similarly, some middle-class Thais, many of whom

*Some leaders have wallowed
in denialism and conspiracy
theories.*

disdained previous populist governments and were willing to accommodate military rule, have turned against Prayuth's regime, organizing street protests and backing the progressive Future Forward Party (which was dissolved by the Constitutional Court in February 2020 over an alleged campaign finance violation). But both the pandemic and the emergency laws enacted in its wake have made opposition difficult, if not impossible.

Illiberal leaders throughout Southeast Asia also have fostered sectarianism to win over lower-middle-class and middle-class voters. Casting one's supporters as real citizens while demonizing minorities as "the other" has become a feature of illiberal populism the world over. The demonized "other" may vary, but the tactics remain relatively consistent. In Europe, populist leaders like Marine Le Pen, head of the French far-right National Rally party, and Hungarian Prime Minister Viktor Orbán demonize Muslims and migrants. In Brazil, President Jair Bolsonaro demonizes poorer, darker-skinned citizens, sexual minorities, and members of indigenous groups, among others.

In Southeast Asia, the elites vilified by illiberal populist leaders often come from ethnic and religious minorities, such as Chinese Christians in Indonesia or the Chinese and Indian communities in Malaysia. By demonizing these minorities as "others," populist leaders seek to rally aggrieved lower-middle-class and middle-class majorities, and to use their popularity with these groups to justify attacks on civil rights, judges, the media, the civil service, and other institutions.

Military leaders in the region use the supposed threat of the "other," whether Rohingya Muslims in Myanmar or Muslims in Thailand's southern provinces, to justify high military budgets, brutal actions by the security forces, and reduced civilian control of militaries. In the Philippines, Duterte has branded drug users not just as "others," but as public enemies to be exterminated.

MIXED VIRUS RESPONSES

When the Chinese government first acknowledged the coronavirus outbreak in January 2020, Southeast Asia seemed to be at obvious risk for rapid transmission. Most countries in the region have extensive trade links with China, which is also their biggest source for inbound tourism. Before the pandemic, hundreds of flights from Chinese cities arrived in the region's capitals each week. Some of the first known COVID-19 cases outside of China

emerged in Thailand, the Philippines, and other countries in the region.

Many Southeast Asian states, with the notable exceptions of Singapore and Vietnam, reacted slowly and haphazardly at first. By the middle of March, the World Health Organization was openly chastising regional leaders for not moving quickly enough, prodding them to take more aggressive steps. For weeks, leaders did little to limit travel to and from China, even after the worldwide threat posed by the virus had become clear. Even middle-income states like Thailand, the Philippines, Malaysia, and Indonesia offered little coherent advice to their citizens.

For weeks after the virus's spread beyond China was well established, Myanmar's government continued to insist that the country had no COVID-19 cases. This was a fanciful claim, given Myanmar's long, porous border and trade links with China, and its extensive camps crowded with internally displaced people, the result of Myanmar's many long-running internal conflicts and the brutality of its armed forces. (Myanmar officials have also claimed, like leaders in some other countries, that their citizens have unique attributes that afford protection from the virus.) The government kept up the denial into March, even as international rights organizations and public health specialists in Myanmar warned that the country likely had many unreported cases—and that it faced a COVID-19 time bomb because of its vulnerable internally displaced populations.

In Cambodia, Hun Sen allowed an international cruise ship, the *MS Westerdam*, to dock at Sihanoukville after it had been turned away from a number of other countries due to fears that passengers were infected. The humanitarian gesture won international praise, but some of that goodwill was dissipated by a welcoming ceremony in which Hun Sen personally greeted disembarking passengers without wearing a mask or other protective gear. The government allowed hundreds of the passengers to disembark and travel on to their home countries without being tested. It later emerged that some had COVID-19.

National leaders in the region may have feared that shutting down travel to and from China could anger Beijing. Hun Sen has become increasingly dependent on Chinese aid and investment as his regime has grown more authoritarian. Duterte, who has long displayed an intense anti-American streak, has pushed Manila into a closer strategic and economic embrace with Beijing—

over the objections of Philippine military officers, and despite the warm feelings that many Filipinos have for the United States.

AVERSE TO EXPERTISE

Some Southeast Asian leaders, like populists in other regions, openly disdain experts and see themselves as the only credible authority on all issues. Faced with a pandemic that required heeding the advice of public health experts to develop a response, these leaders instead dismissed the scale of the danger.

As the virus spread regionally in February, the Philippines was doing little testing and developing no real plan for tracing cases. Duterte underplayed the threat for far too long: in a national address in March, he insisted that it was foolish to be scared of COVID-19. He also defied social distancing protocol in his public appearances. Duterte ultimately shifted course, issuing lockdown orders in mid-March, but the restrictions were unclear and the country still lacked a mass testing plan.

Even Jokowi, leading one of the region's (flawed) democracies, does not take counsel easily and tends to present himself as the ultimate authority on many issues. He ignored advice from public health experts as COVID-19 spread, and put off implementing social distancing measures until long after most of Asia, Europe, and other parts of the world had done so. Jokowi's administration was slow to ramp up testing and allowed extensive travel within the country for the Ramadan holiday. By June, Indonesia had the worst outbreak in the region, and officials had no real idea how many people were infected. Many public health experts believed that the government's reported numbers of cases and deaths were wildly understated.

Months into the pandemic, by contrast, Thailand, Cambodia, and Malaysia had taken more effective measures and began to turn the corner. Thailand had been experiencing one of the largest coronavirus outbreaks in Southeast Asia. By June, it had reported no domestic transmission of the virus for several weeks. Some public health experts speculated that the region's heat and humidity, which becomes almost unbearable between May and September, may also have slowed transmission, though this theory remains unproved.

ISLANDS OF COMPETENCE

Singapore, the region's richest state, has a highly competent (if nannyish) government, a high degree of intrasocietal trust, and one of the best health care systems in the world. It took a different approach to responding to the pandemic from the beginning. The city-state initiated a massive public-health education campaign, highlighting the dangers of the coronavirus and issuing clear and explicit instructions to help stop its spread.

Singapore quickly implemented restrictions on travel, perhaps the most important measure a country could take to stop COVID-19's initial spread. It banned flights to and from Wuhan, the epicenter in China, and directed incoming travelers into mandatory quarantines. The city-state also moved fast to roll out social distancing measures and established an extensive test, trace, and quarantine program backed by tough penalties for violations.

Still, even Singapore could not prevent the spread of the disease. Major outbreaks occurred at dormitories for migrant workers, who provide low-cost labor that powers many of the city-state's

business sectors. The government's expansive and well-funded initial response overlooked these dormitories, which pack in as many as 20 migrants to a room, facilitating the rapid spread of

disease. It was a massive oversight, reflecting the second-class status to which these laborers are relegated in Singaporean society. Even after the government recognized the scope of the problem in the dormitories, it struggled to quarantine infected workers and halt further transmission.

Vietnam, a lower-middle-income country with far fewer resources than Singapore, also launched a comprehensive public health campaign, promoting aggressive social distancing and deploying a massive army of contact tracers. It went months into the outbreak with no reported deaths at all. The government rallied the population by portraying the fight against COVID-19 as a national battle akin to its twentieth-century wars. Vietnam's leaders drew on the country's experiences with the 2003–4 SARS virus and the H1N1 virus in 2009, followed the advice of public health experts, developed a clear plan early on, and implemented it with precision and harsh punishments for people who violated quarantines.

Vietnam has a hard-line authoritarian regime, which made it easier to track citizens and enforce

Even Singapore could not prevent the spread of the disease.

the rules, even ordering people into quarantine camps—some who were returning to Vietnam from overseas, others who had tested positive for COVID-19 or had been in contact with infected people. There was no concern that such measures might trigger protests. But the state is not led by a single charismatic populist, relying instead on a degree of collective leadership.

Mindful of the lessons they had learned from dealing with SARS, when Vietnam's aggressive containment strategies and rapid action helped it become the first country to contain that virus, officials were not initially dismissive of the new threat. Throughout the COVID-19 crisis, Hanoi also proved willing to cooperate closely with other countries and international agencies. Vietnam's approach has achieved far better results than those taken by many wealthier countries, including Britain, Italy, and the United States.

COSTS OF DELAY

Although a number of governments in the region had developed effective responses by the start of the Northern Hemisphere summer, the costs of initial inaction by Southeast Asian leaders were substantial—for their citizens' health and for their economies and societies. Informal workers and the poor—two groups that significantly overlap—suffered the most. The overlooked spread of the virus among Singapore's migrant workers, many of whom hail from South Asia, was only the most notable example. As economies shut down, migrant workers in other wealthier nations, like Thailand, returned to their home provinces in Cambodia and other countries, unemployed and usually unable to access economic assistance or health care.

In the first quarter of 2020, Singapore's economy shrank more than it had in a decade. Most developing Asian economies faced the prospect of recession and financial shocks. Enmeshed in global supply chains, linked to China and to other Southeast Asian states after years of regional economic integration, and dependent on manufactured exports, tourism, and remittances, they were bound to suffer in such a crisis. They could not avoid sharing the pain as developed economies closed their borders and fell into recession, China's growth ground to a halt, and global shipping, tourism, and aviation cratered.

Most Southeast Asian states lack the ability to launch large stimulus packages like those deployed by major economies, such as the United

States and Germany. Wealthy countries could roll out stimulus measures amounting to 10–15 percent of gross domestic product, confident that international investors and their own powerful central banks would rush to buy their bonds. Developing nations had to be content with smaller stimulus packages, fearing that investors would shun the bonds of “emerging markets” running large budget deficits.

Like all developing regions, Southeast Asia suffered massive capital outflows as the COVID-19 crisis grew. In March 2020 alone, the month when the global scope of the pandemic first became clear, investors pulled over \$80 billion from emerging markets. If the virus continues to spread, some countries could face financial panics. But many Southeast Asian nations have built substantial currency reserves in the past two decades, following the Asian financial crisis of the late 1990s, which may leave them better prepared than they were at that time.

POWER SUPPLEMENTS

Southeast Asian leaders have excelled in their response to COVID-19 in one dubious respect: using the pandemic to grab more power and constrain civil society and the political opposition. Duterte, Prayuth, and others managed to tighten their grips even as their ineffective initial handling of the pandemic risked undermining their popular support. They may have moved quickly to expand their authority precisely because they recognized that discontent could rise as people lost relatives, jobs, and homes.

In previous eras, economic shocks triggered significant political changes in Southeast Asia. The Asian financial crisis precipitated the fall of the Suharto dictatorship in Indonesia. It also led to massive street protests against the autocratic Malaysian government at the time, though that regime hung on.

This time around, in Thailand, Prayuth and his military-linked party cited the pandemic as a reason for claiming emergency powers in late March. Thailand eventually developed an effective COVID-19 strategy, but the new laws gave the government arrest and search-and-seizure powers that seemed unrelated to battling the virus. It also outlawed public assembly—a necessary health measure at the time, but one that the government is likely to keep in place for the longer term. Between 2014 and 2019, Prayuth led a junta that harshly repressed public assembly and other freedoms.

The new powers claimed in the pandemic also allowed the Thai government to stamp media reports as false and potentially jail the responsible journalists. In neighboring Myanmar, the government used the COVID-19 threat to crack down even harder on free speech and on news outlets, blocking scores of websites accused of publishing “fake news.”

As the pandemic spread in Cambodia, the government arrested several former members of the Cambodia National Rescue Party—which had been the main opposition party until it was dissolved in 2017—on charges of conspiracy and spreading false information. The parliament, dominated by Hun Sen's party, in April approved a law that would allow the prime minister to declare a state of emergency, giving him sweeping powers to control media outlets and monitor communications, all in the name of responding to the pandemic. Anyone accused of obstructing the government would be subject to detention for up to ten years. The law placed no limit on how long the state could maintain its extraordinary powers.

In March, the Philippine legislature, dominated by Duterte allies, granted the president emergency powers ostensibly designed for responding to the pandemic. Rights groups immediately warned that this would enable

the government to target opposition figures and activists under the guise of containing the virus. Extending the tactics used in his drug war, Duterte in early April ordered the police and the military to shoot anyone who violated the lockdowns imposed across the country.

In May, Duterte oversaw the removal of ABS-CBN, the country's biggest broadcast network, from the free television and radio airwaves. The station had done investigative and critical reporting on Duterte for years, and he had made clear his loathing for the network and its leadership. His move harkened back to an earlier authoritarian era: in 1972, Ferdinand Marcos shut down ABS-CBN when he declared martial law, entrenching his dictatorship.

In June, Maria Ressa, the head of investigative reporting website Rappler, was found guilty of cyberlibel. She could face six years in prison, in

a country that used to have one of the freest media environments in Southeast Asia.

The legislature, controlled by the president's allies, that month passed a new antiterror law so sweeping that it could allow the authorities to detain people without a warrant and hold them for extended periods without any hearing. The law would empower Duterte allies in his cabinet to decide how to enforce it, potentially giving the administration the ability to detain whomever it wants.

In Indonesia and Malaysia, too, the pandemic allowed for shifts in an antidemocratic direction. The Jokowi administration stepped up arrests of critics and authorized the army to enforce lockdowns. In Malaysia, the pandemic ushered in a transition of power in March after a squabbling coalition government collapsed. The new unelected government is led by the same party that had ruled Malaysia since independence until it lost the 2018 election amid a corruption scandal. It promptly dropped two prominent graft cases upon its return to power, and used the pandemic threat to repeatedly delay a sitting of parliament and avoid a no-confidence vote.

Southeast Asia's autocratic-minded leaders are not unique. From Hungary to Turkey, and from Bolivia to Azerbaijan, authoritarian leaders have exploited the pandemic to gain more control over their political systems and societies.

Well before the pandemic, the rise of illiberal politicians, supported by lower middle classes and middle classes, had been inflicting damage on political systems in Southeast Asia. The pandemic could worsen that destruction. Evidence from other countries that have experienced illiberal populist rule, like Italy and Argentina, suggests that even if illiberal populists eventually lose an election or are otherwise forced out of power, they usually have so corroded political norms and institutions that the damage is irreparable. Illiberal rule sets the stage more illiberal politicians to win elections and take power. And their impact will only be magnified by the COVID-19 pandemic and its painful health and economic consequences. ■

The pandemic and the emergency laws have made opposition difficult, if not impossible.

“Both the tightening of control over Hong Kong, despite its supposedly autonomous status, and the pressure put on Taiwan to reunify with the mainland have resulted in strong resistance to Beijing.”

Hong Kong and Taiwan Confront Rising Chinese Pressure

FRANK CHING

On July 1, 2017, Chinese President Xi Jinping delivered a major address in Hong Kong to mark the twentieth anniversary of the territory’s return to Chinese rule after 156 years as a British colony. “In the early 1840s, Britain sent an expeditionary force of a mere 10,000 troops to invade China and got its way in forcing the Qing government, which had an 800,000-strong army, to pay reparations and cede the island of Hong Kong,” Xi said, referring to the First Opium War. “That page of Chinese history was one of humiliation and sorrow.” Xi’s emphasis on China’s past shame at the hands of Western powers was not tempered by the reality that Hong Kong had been transformed from little more than a fishing village into a glittering global financial center under Britain’s stewardship.

Xi had shown his true colors within days of becoming the Chinese Communist Party (CCP) leader in November 2012, when he visited an exhibition called “The Road toward Renewal,” which highlighted the Opium Wars, at the National Museum in Beijing’s Tiananmen Square. There, he unveiled his “China Dream” of national rejuvenation. Xi aims to return the country to its imperial greatness.

A key ambition of the China Dream is restoring control over all areas that were part of the Chinese empire. These include Hong Kong and Macao, both former European colonies that are now special administrative regions of China. They also include Taiwan, which is still outside Beijing’s sway. Both the tightening of control over Hong Kong, despite its supposedly autonomous status,

and the pressure put on Taiwan to reunify with the mainland have resulted in strong resistance to Beijing.

In his Hong Kong speech, Xi hailed the “one country, two systems” policy initiated in the early 1980s by then-paramount leader Deng Xiaoping as a “great vision” that had led to the successful resolution of the Hong Kong question. “This ended past humiliation and marked a major step forward toward the complete reunification of China,” Xi said. He vowed that the central government “will unswervingly implement the policy of ‘one country, two systems’ and make sure that it is fully applied in Hong Kong without being bent or distorted.” However, this policy has undergone dramatic change under Xi. Whereas in earlier years the emphasis was on “two systems,” in the Xi era it has switched to “one country.”

While in Hong Kong, Xi also officiated at the inauguration of the territory’s chief executive, Carrie Lam. Although the 1,200-member Election Committee tasked with choosing Hong Kong’s leader was packed with pro-Beijing members, Chinese officials still had insisted that the central government would only appoint someone it trusted, even if another candidate won more votes. Lam was duly elected.

On that day in July 2017, no one could have predicted that Hong Kong would be plunged into an existential crisis less than three years later.

A LAW UNTO THEMSELVES

When street protests and violence that began in June 2019 restarted in the spring of 2020, after the largely successful containment of the COVID-19 pandemic in Hong Kong, Beijing’s efforts to tighten its control over the territory increased dramatically. The opening session of the National People’s

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Congress on May 22, 2020, approved a decision to unilaterally draft national security legislation that would be imposed on Hong Kong.

This came as a shock because under its Basic Law, Hong Kong is meant to draft its own legislation, specifically including national security measures. The details of the law were not unveiled until late on June 30, when it took effect. It defined four new crimes: secession, subversion of state power, terrorism, and collusion with foreign forces. It also created a Committee for Safeguarding National Security—headed by the chief executive, with a national security adviser appointed by the central government—that held its first meeting July 6. Luo Huining, director of the central government’s Liaison Office, was appointed the national security adviser. The committee is to operate in secret; its actions are exempt from judicial review.

The new law also created an Office for Safeguarding National Security. It has the authority to decide which cases it will handle, and to send suspects to the mainland for trial, without the protections of Hong Kong’s judicial procedures. According to the law, staff of this office “shall not be subject to inspection, search, or detention by law enforcement officers of the region.” They will be a law unto themselves. On July 3, Zheng Yanxiong, secretary-general of the Guangdong Communist Party Committee, was appointed head of the new office. He had earned a reputation as a hard-liner by cracking down on anticorruption protesters in Guangdong’s Wukan village in 2011.

The impact of the national security law was immediate. As soon as the law was enacted by the National People’s Congress Standing Committee, even before its promulgation, localist groups in Hong Kong started to disband. The prominent young activists Joshua Wong, Nathan Law, and Agnes Chow, co-founders of Demosisto, announced their withdrawal from the organization, which was followed by its disbandment. Other groups followed suit.

Activists who had posted pro-independence sentiments on social media deleted their postings and shut down their accounts. Not only the young stepped back. The previous week, Anson Chan, who had been Hong Kong’s chief secretary both before and after the 1997 handover, had announced her retirement from public life, citing the recent

death of her daughter and the fact that she had turned 80 in January.

Still, many activists were undeterred and continued protesting. On July 1, the first full day that the law was in effect, the police arrested 370 people—mostly for unlawful assembly, though 10 were arrested under the new law.

The Hong Kong business sector by and large supported the national security law, hoping that it would restore normality after years of unrest. Big British corporations, such as HSBC, Standard Chartered, Swire, and Jardine Matheson publicly expressed their support, though pressure was clearly applied in some cases.

XI’S DREAM

Xi’s hard line on both Hong Kong and Taiwan has been part of his ongoing consolidation of power. On October 18, 2017, he presided over the 19th National Congress of the Communist Party of China. The congress affirmed Xi Jinping Thought on Socialism with Chinese Characteristics for a New Era as the party’s guiding ideology and

incorporated it into the party constitution. This gave Xi virtually the same status as Mao Zedong, founder of the People’s Republic of China (PRC). Gone was the collective leadership designed by Deng and practiced for the

next two decades by his successors Jiang Zemin and Hu Jintao. In 2018, Xi arranged for the National People’s Congress to amend the PRC constitution, ending the two-term limit for presidents.

In his keynote speech at the 19th party congress, Xi called on “the sons and daughters of the Chinese nation” to strive to realize the China Dream in an era that would see the country “moving closer to center stage.” It was the first time a modern Chinese leader had spoken of the country playing a central role in world affairs—a clear sign of Xi’s ambitions, and a bold departure from Deng’s injunction to keep a low international profile.

Xi also stated that “achieving China’s full reunification” was “essential to realizing national rejuvenation.” In other words, Taiwan had to be reunified with mainland China first. Xi’s impatience to bring about the political unification of Taiwan with mainland China was another departure from precedent. Whereas Mao told Henry Kissinger more than once in the 1970s that China could wait a hundred years for unification with Taiwan, Xi has

*People in Taiwan were watching
as China tightened its grip on
Hong Kong.*

said repeatedly that “the Taiwan question cannot be passed from generation to generation.”

As for Hong Kong, Xi indicated at the party congress that there was a need to “foster greater patriotism and a stronger sense of national identity.” That was an allusion to Hong Kong’s localism movement, which opposes encroachment by the central government on the city’s domestic affairs. This movement reflects the strengthening of a Hong Kong identity, just as a strong Taiwan identity has emerged in the last quarter-century.

In 2014, the same year as major protests against Chinese influence in both Hong Kong and Taiwan—the Umbrella Movement and the Sun-flower Movement, respectively—China’s State Council, or cabinet, issued a white paper on “one country, two systems.” It declared that “China’s central government has comprehensive jurisdiction over all local administrative regions,” including Hong Kong. Many wondered how “comprehensive jurisdiction” could be compatible with the “high degree of autonomy” promised to Hong Kong in the Sino-British Joint Declaration of 1984, under which Britain pledged to hand over Hong Kong in 1997 and China committed to set up the Hong Kong Special Administrative Region. Beijing was to be responsible only for defense and foreign affairs, while Hong Kong was “vested with executive, legislative, and independent judicial power.” The local government would handle “the maintenance of public order.”

Under Xi, Beijing’s tightening grip on Hong Kong was accompanied by a wave of repression both on the mainland and in Hong Kong. On the mainland, hundreds of lawyers and human rights activists were detained, disbarred, or otherwise punished in a crackdown launched in July 2015. The last batch of lawyers was not released until the spring of 2020.

In Hong Kong, the Lam administration silenced discussion of independence and self-determination. In August 2018, for example, the Foreign Correspondents Club invited Andy Chan, convenor of the Hong Kong National Party (HKNP), to give a lunch talk. China’s Foreign Ministry asked the club to cancel the program but was rebuffed. The talk was hosted by Victor Mallet of the *Financial Times*, the club’s vice president at the time. The HKNP was banned the next month. In October, Mallet’s request to renew his work visa was denied; no reason was given.

ISOLATING TAIWAN

While the Kuomintang (KMT), or Nationalist Party, was in power in Taiwan, Beijing had put

pressure on President Ma Ying-jeou to discuss political issues, particularly reunification. But this was not supported by the Taiwanese public, so Ma stuck to negotiating economic agreements. In Taiwan’s 2016 presidential election, Tsai Ing-wen of the pro-independence Democratic Progressive Party defeated the KMT’s Eric Chu. As a result, Taiwan’s relationship with China deteriorated markedly. The new president made it clear that while she wanted to maintain the good cross-strait relations of the Ma years, she would not accept the “one China” concept adhered to by the KMT.

This was an understanding reached by the mainland and Taiwan in 1992, when the KMT was in power. Under the so-called 1992 consensus, both sides agreed that there was only one China, but also recognized that each could have its own interpretation of what “China” meant.

Ma’s presidency had brought a diplomatic truce, under which China agreed not to poach any of Taiwan’s diplomatic allies. Between 2008 and 2016, Beijing actually turned away countries that sought diplomatic relations and offered to renounce their recognition of Taiwan. But after Tsai came to power in 2016, Beijing cut off all official channels with Taiwan. The truce was over.

The mainland’s rebuff gave Tsai little choice but to strengthen Taiwan’s other links, including the all-important though unofficial relationship with the United States. This led to the unexpected December 2016 telephone call that she placed to Donald Trump, the US president-elect. To everyone’s surprise, Trump took the call. It was the first between a US president or president-elect and the leader of Taiwan since their diplomatic relations were severed in 1979, when Washington officially recognized the government of the PRC as the “sole legal government of China.” Simultaneously, the United States had severed diplomatic relations with Taiwan, as Beijing requires of all countries with which it establishes relations. But Washington said it would maintain people-to-people ties with Taiwan. The Trump-Tsai call was the first step to a much closer, albeit still unofficial, relationship between the United States and Taiwan, including arms sales.

Meanwhile, China started peeling off Taiwan’s diplomatic partners one by one, beginning with Panama in 2017. In August 2018, when Taiwan lost a fifth partner, El Salvador, Washington began trying to discourage others from following suit. But the Solomon Islands and Kiribati severed

relations with Taiwan in 2019, leaving only fifteen states, including the Vatican, that still recognized Taiwan. In November, however, Tuvalu, another Pacific island nation, rejected Beijing's overtures and decided to stick with Taiwan. In March 2020, Trump signed the Taiwan Allies International Protection and Enhancement Initiative Act, intended to support "Taiwan's diplomatic alliances around the world" through increasing engagement with countries that strengthen their relations with Taipei.

Aside from working to diplomatically isolate Taiwan, Beijing has pressured nongovernmental entities to accept that Taiwan is part of China. It has demanded that international corporations doing business in China ensure that their websites do not identify Taiwan, Hong Kong, or Tibet as independent entities. In April 2018, China's civil aviation authority wrote to dozens of airlines to ask that they correct their websites. The White House called the demand "Orwellian nonsense." Yet by August, all 44 of those airlines, including American ones, had obediently followed Beijing's orders. Business, after all, was business.

HONG KONG'S LAST STAND?

Ironically, Taiwan provided the impetus for Lam to propose new legislation that would for the first time allow extraditions from Hong Kong to mainland China. Lam cited the murder of a young Hong Kong woman by her boyfriend while the two were vacationing in Taiwan in 2018. The killer had returned to Hong Kong, where he confessed, but he could not be prosecuted because there was no extradition treaty. Lam's proposal would, in effect, allow people to be extradited from Hong Kong to any jurisdiction in the world, including both Taiwan and mainland China, as Beijing had long sought.

One of the first people to respond to this alarming prospect was Lam Wing-kee, one of five Hong Kong booksellers who had disappeared in 2015 and later surfaced in police custody on the mainland. They were all connected with Causeway Bay Books, where popular (some would say trashy) books on China's leaders were sold. Mainland visitors to Hong Kong were avid buyers of such books, and the store also distributed them on the mainland. In June 2016, Lam held an explosive press conference: the 61-year-old bookseller disclosed

that, after months of detention in China, he had been allowed to return to Hong Kong to retrieve a hard disk with information on customers who had bought banned books. Once back in Hong Kong, he refused to return to the mainland and instead publicized what had happened to him during his months of detention in a tiny cell. Before fleeing to Taiwan, he announced that he would reopen the bookstore there.

Despite widespread opposition to the proposed extradition law—culminating in a massive march on June 9, 2019, in which 900,000 people participated, making it the biggest protest in Hong Kong since the handover—Carrie Lam continued to insist on the bill's passage. The public consultation period was drastically shortened; in the legislature, no committee was set up to scrutinize the bill. Hours after the June 9 march ended, Lam announced that she would proceed with the discussion leading to a vote.

Taiwan's leader reacted very differently. On June 10, Tsai expressed solidarity with the Hong Kong protesters. She declared that Taiwan's democracy was hard-earned and had to be safeguarded and renewed. She pledged that as long as she remained president, she would never accept "one country, two systems." It was surprising for a Taiwan leader to speak so

directly on Hong Kong and democracy.

On June 12, protesters surrounded the Hong Kong legislature, making it impossible for anyone to enter. In the ensuing confrontation, police fired tear gas and rubber bullets; dozens of people were hospitalized. The police characterized the protest as a riot, meaning that the 32 people who were arrested could face ten-year prison sentences. But the protesters continued their siege. Finally, on June 15, Lam announced that she would suspend, though not withdraw, the extradition bill. This did not have the intended pacifying effect: an even larger protest was held the next day, drawing 1.2 million people, or about a sixth of Hong Kong's total population of 7.4 million. (The figures for the two mass protests were estimated by medical researchers at the University of Hong Kong.)

On July 1, a public holiday, protesters stormed the Legislative Council building, encountering no police opposition as they spent hours in broad daylight pushing a makeshift battering ram against the glass door of the building until it shattered.

Xi's hard line on both Hong Kong and Taiwan has been part of his ongoing consolidation of power.

When the protesters entered the building that night, the police inside fled. Radical protesters escalated their actions on July 21, pelting eggs and paint at the Chinese national emblem on the wall of the Liaison Office, which represents the central government in Hong Kong. This defacing of a national symbol was seen as a challenge to Chinese sovereignty, provoking Beijing as never before.

As the Hong Kong protests escalated, Beijing abandoned its practice of giving orders to the Hong Kong administration behind the scenes; now it began openly directing events. On July 29, 2019, the Hong Kong and Macao Affairs Office in Beijing held its first press briefing since its creation in 1978. Spokesman Yang Guang reaffirmed the central government's support for Lam and praised the Hong Kong police. He insisted that a return to law and order was the top priority, and that nothing else would be discussed until that happened.

BEYOND 'TWO SYSTEMS'

Across the strait, people in Taiwan were watching as China tightened its grip on Hong Kong. Underlining their calls for stronger police action, the Chinese authorities conducted paramilitary exercises in Shenzhen, a mainland city adjacent to Hong Kong. The People's Armed Police staged anti-riot drills as an officer yelled in Cantonese, the dialect spoken in Hong Kong, that protesters should "stop the violence and repent."

This muscle-flexing was carefully noted in Taiwan, where it is well understood that Beijing views the two territories as inextricably intertwined. The "one country, two systems" policy had been conceived by Deng in the late 1970s as an instrument to gradually achieve unification between Taiwan and mainland China. Beijing was now using similar tactics in handling Hong Kong and Taiwan. Its attempt to intimidate Hong Kong was a mirror image of its activities in the Taiwan Strait, where the Chinese navy and air force have stepped up their exercises to "check Taiwan independence."

Yet Tsai's firm rejection of China's "one country, two systems" offer and her expressions of sympathy for Hong Kong protesters strengthened her political standing. Polls showed that up to the spring of 2019, she trailed potential challengers in the 2020 presidential election. But the public support that she gave to the Hong Kong protests helped boost her ratings in the months leading up to the January election.

Tsai used the slogan "Today's Hong Kong, tomorrow's Taiwan" to warn that if Taiwan were to accept "one country, two systems," it would end up like Hong Kong. The slogan was modified by Joshua Wong to "Today's Taiwan, tomorrow's Hong Kong," signifying the inspiration that pro-democracy Hong Kongers drew from Taiwan. In fact, many Hong Kong people have been emigrating to Taiwan: 5,858 did so in 2019, a 40 percent increase over the previous year.

In January 2020, Tsai was reelected in a landslide, taking 57 percent of the vote in a three-way race. The KMT candidate, Han Kuo-yu, garnered only 39 percent. This had a major impact on the hitherto pro-China KMT. Wu Den-yih resigned as chairman, and the party elected legislator Chiang Chi-chen, known as Johnny Chiang, as its new leader. He told the *Financial Times* before the vote that he was prepared to abandon the 1992 consensus, which he said had been so distorted by Beijing that his party could no longer win elections.

After winning the chairmanship, Chiang did not receive the traditional congratulatory telegram from Xi, in his capacity as CCP general secretary. Instead, a statement was issued by the mainland's Taiwan Affairs Office urging Chiang to adhere to the 1992 consensus.

In Hong Kong, there was a pause in street protests as the November 2019 District Council elections approached. Voters overwhelmingly supported the protesters. Before, all 18 district councils had been controlled by pro-establishment forces; 17 of them changed hands in the election, putting pro-democracy politicians in control.

SEASON OF THREATS

The new year brought the coronavirus that was first discovered in Wuhan, China. The ensuing social distancing and stay-at-home policies prohibited mass protests in Hong Kong. Meanwhile, the Hong Kong legislature was in disarray. The key House Committee had been paralyzed since the new legislative year began in October. Pro-democracy legislators filibustered for six months to prevent a new chairman from being elected.

In April, central government offices in both Beijing and Hong Kong intervened, accusing opposition legislators of misconduct and violating their oath of office. When Dennis Kwok, an opposition legislator, accused the offices of interfering in Hong Kong's domestic affairs, they stated that as organs of the central government, they had the right to supervise affairs in Hong Kong. The Hong

Kong government had historically maintained that these offices were covered by Article 22 of the Basic Law, which states that no central government “department” may intervene in Hong Kong. But once the offices declared that they were not bound by that provision, Hong Kong had no choice but to accept the new situation.

The promulgation of the national security law marked an even more decisive turning point for Hong Kong. Zhang Xiaoming, deputy director of the Hong Kong and Macao Affairs Office, said at a July 1 press conference in Beijing that the law corrected “deviations” in the “one country, two systems” framework. “To put it more succinctly,” he said, “it is to move closer to ‘one country.’”

China’s tightening of control over Hong Kong resulted in a marked deterioration of relations with the United States and other Western countries. On May 29, the day after the National People’s Congress authorized its Standing Committee to draft the legislation, Trump announced that the United States would “begin the process” of ending Washington’s special relationship with Hong Kong, a process that would “affect the full range of agreements,” from “our extradition treaty to our export controls and technologies.” By July 2, both houses of the US Congress had unanimously passed the Hong Kong Autonomy Act, which provides for mandatory sanctions against those responsible for undermining the territory’s autonomy.

After the first arrests for national security offenses under the new Hong Kong law, British Prime Minister Boris Johnson said July 1 that Britain would provide a pathway to citizenship for British National (Overseas) passport holders in Hong Kong, estimated to number 2.9 million. In Parliament, he accused China of a “clear and serious breach” of the 1984 Sino-British Joint Declaration.

Canada abrogated its extradition treaty with Hong Kong, while indicating that it was prepared to receive more Hong Kong migrants. Australia, too, said it would consider offering safe haven for Hong Kongers.

China made clear that it would take retaliatory action. It announced legislation to sanction US personnel through visa restrictions. It also warned Britain, Australia, and others that they would face countermeasures if they interfered with Hong Kong.

Although Western countries were by and large critical of China, many in the developing world supported Beijing. At a meeting of the United Nations Human Rights Council on June 30, Cuba, backed by 52 other countries, read a statement supporting China; Britain, with the support of 26 nations, made a critical statement. By the numbers, it was a Chinese victory.

But Taiwan also stepped forward to offer help to Hong Kongers fearful of the future. “China’s disregard for the will of Hong Kong’s people proves that ‘one country, two systems’ is not viable,” Tsai tweeted June 30. The next day, Taiwan established the Taiwan–Hong Kong Services and Exchange Office to process residency applications from Hong Kongers planning to emigrate. Chen Ming-tong, head of the Mainland Affairs Council, said that Taiwan saw an opportunity to attract talent from Hong Kong and would welcome multinational companies interested in moving their headquarters.

In Taiwan, there was a sense of self-confidence in mid-2020, in large part because its achievements in battling the pandemic have won global goodwill. Between Tsai’s reelection in January and her inauguration in May, the novel coronavirus had brought devastation to much of the world, but Taiwan was an island of tranquility thanks to prompt action by the government even before the first case on the island was confirmed on January 21. As soon as the World Health Organization was notified that pneumonia of unknown cause was circulating in Wuhan, Taiwan officials started inspecting passengers arriving on direct flights from that city for symptoms.

As of early July 2020, Taiwan had confirmed 449 cases of COVID-19, with just 7 deaths. Most of the infected had recovered. This spectacular health achievement was accompanied by a concerted effort to provide masks and other personal protective equipment to other countries, including the United States. Photos have shown senior members of the Trump administration wearing masks bearing “Made in Taiwan” labels.

Both Taiwan and Hong Kong have been affected by the deterioration in US–China relations. When China decided in March to expel correspondents of the *New York Times*, the *Washington Post*, and the *Wall Street Journal*, it specified that these reporters would not be allowed to work in Hong

*Beijing is now using similar tactics
in handling Hong Kong and
Taiwan.*

Kong either. This seemed to be another downgrading of Hong Kong's autonomy, since the territory is meant to be responsible for its own immigration policies. The *Times* asked permission to open a bureau in Taipei, which no American newspaper had ever done. Taiwan then invited the *Post* and the *Journal* to open bureaus as well. Their presence would raise Taiwan's profile and enhance its international status.

COMMON DESTINY

As Hong Kong continues to lose its luster, Taiwan is likely to benefit. But Taiwan clearly would prefer Hong Kong to be free and democratic, like itself. As soon as China unveiled its plans to draft national security legislation for Hong Kong, Tsai said on social media: "To all those in Hong Kong currently fighting for the values you hold most dear, I want to say that Taiwan has always given our utmost concern & support." On May 29, Tsai visited the new Causeway Bay Bookstore in Taipei and chatted with its owner, Lam Wing-kee, thanking him for his work in supporting human rights and freedom in Hong Kong.

Taiwan's parliament, the Legislative Yuan, that day issued a statement condemning China's move and declaring its support for Hong Kongers' pursuit of universal human rights. This was a rare joint statement by parties including both the governing Democratic Progressive Party and the opposition KMT, which previously was known for being pro-China and a longtime supporter of reunification.

On June 1, the Hong Kong police for the first time in 30 years banned the annual June 4 vigil

to commemorate the crushing of the Chinese pro-democracy movement in Tiananmen Square in 1989. Every year since then, the Hong Kong vigil had been held to mourn the dead and to call for democracy in China. The police cited the social distancing requirements occasioned by the COVID-19 pandemic. But there were fears that this was only an excuse, and that from now on such demonstrations would no longer be tolerated.

Despite the ban, thousands of Hong Kong people gathered in Victoria Park, and the police did not intervene. There were peaceful candlelight vigils across the city, though scuffles broke out in Mong Kok in Kowloon.

In the end, Hong Kong's future lies with China. There is no good reason for China to let the world see the city, which prospered under British rule, dying on the vine under Chinese sovereignty. On the issue of Taiwan, too, China has little to gain by being intransigent.

On May 20, in her inaugural address, Tsai Ing-wen said, "Both sides have a duty to find a way to coexist over the long term." Two days later, Chinese Premier Li Keqiang, addressing the National People's Congress, pointedly dropped the word "peaceful" when talking about reunification. If China still cares about soft power, it should consider the damage its policies on Hong Kong and Taiwan are doing to its global image. Threatening to resort to the use of force against people it considers its own flesh and blood does not play well on the international stage. The rest of the world may conclude that China will treat it the same way. ■

From Sick Man of Asia to Sick Uncle Sam

MARTA HANSON

Like a lot of other people, I've had to adjust to working from home during the COVID-19 pandemic. My medical-historian colleagues and I, however, have been kept busy by high demand for putting this crisis in historical perspective. As soon as the American Association of the History of Medicine agreed to cancel its May 2020 annual conference, members began to organize a virtual meeting to respond to the coronavirus crisis. The resulting two-day webinar on the theme "Creating a Usable Past: Epidemic History, COVID-19, and the Future of Health" sought to mine history for critical insights about our pandemic present.

During the closing discussion on "Pandemic Legacies and the Future of Health," Ruth Rogaski, a historian of China, provided a valuable perspective. The current pandemic could not be understood without integrating the historical legacies of East Asia's past epidemics into the analysis, she argued. Not only did epidemics accompany foreign invasions of China starting with the Opium Wars (1839–60), but experiences with epidemics also fundamentally shaped all modern Asian nation-states.

Over the transition from the late nineteenth to the early twentieth century, the Qing dynasty (1644–1911) proved incapable of defending itself from either foreign incursions or epidemic diseases. European observers and Chinese reformers alike began to cast China as the "Sick Man of Asia" or the "Sick Man of the Far East." They borrowed the image from the earlier trope of the "Sick Man of Europe," allegedly inspired by Tsar Nicholas I when he referred to the Ottoman Empire, just before the Crimean War (1853–56), as "a sick man on our hands, a man gravely ill."

Of course, the "Sick Man" label was not only slapped on Turkey and China; even a rising new power, the United States, was not immune. In

1860, the *New York Times* published "Sick Man of America," an editorial focused on the US government's failure to solve the "great Mexican question" at the end of Mexico's War of Reform (1857–60). For the most part, though, the term was used in an Orientalist way to denigrate Eastern empires (see Figure 1). But the provocative suggestion that the United States was itself a "sick man" would turn out to be prescient 160 years later.

EAST–WEST ROLE REVERSAL

Among all these variations on the theme, the racist "Sick Man of Asia" trope may have been the one that had the greatest long-term impact on the



Figure 1. "Another Sick Man," by Sir John Tenniel, published in the British magazine *Punch*, 1898. Here the "Sick Man of Europe" (Turkey) consoles the "Sick Man of Asia" (China).

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nation that it mocked. For most of the twentieth century, the label haunted Chinese rulers and people alike. Now, however, as the public health consequences of America's structural racism and lack of universal health coverage have been revealed by COVID-19, on top of working-class "deaths of despair," the roles have been completely reversed. How did this happen?

The recent experiences of China, Taiwan, Singapore, and Vietnam in dealing with the SARS epidemic (caused by the coronavirus now called SARS-CoV-1) in 2002–3 and South Korea's experience with MERS in 2015 certainly provided lessons that helped them respond more effectively to the present SARS-CoV-2 (the virus that causes COVID-19) pandemic. But a longer-term perspective shows that East Asian nations much earlier were forced to strengthen their state, medical, and public health infrastructures in order to survive the invasions, wars, epidemics, and national humiliations of the twentieth century. Paying attention to such historical legacies clarifies the geopolitical context of these countries' collective success in controlling COVID-19, despite distinctly different languages, cultures, national histories, and health care systems.

That context was well explored by Andrew Salmon in a two-part May 15–16 report for the *Asia Times* titled, "Why East Beat West on COVID-19." Salmon sought to explain how "East Asia has handled and contained the pandemic far better than the West on nearly all metrics." Here, East meant China, Japan, South Korea, Taiwan, and Vietnam; West meant the European Union and the United States.

The first part of the report examined differences in culture and communalism, attitudes toward authority, rights to privacy, and divergences in recent historical and epidemic experience that may have contributed to the more effective COVID-19 response by East Asian nation-states, whether authoritarian (China, Singapore, Vietnam) or democratic (Japan, South Korea, Taiwan). The second part compared leadership, policy responses, vaccination policies, travel and geographic integration, manufacturing capacity, viral variations, genetic vulnerabilities related to race, and differences in weather and climate. Finally, it cited a pervasive Western sense of cultural superiority that contributes to arrogance toward Eastern models and ignorance of both East

Asian history and the region's modern health care systems.

The author neglected, however, to take account of national policies across East Asia that to varying degrees integrate traditional medical therapies with modern biomedicine. In Europe and the United States, these approaches are generally separated into incommensurable spheres. Western press coverage of the Chinese government's top-down support for integrating Chinese medicine with biomedicine to treat COVID-19 patients has largely been disparaging. Salmon's report altogether ignored such integrated medical decision-making in hospitals across China as well as in clinics of Korean medicine and Japanese *Kampo* across East Asia.

Just over a month later, most reasonable US analysts agreed with Salmon's assessments as COVID-19 case numbers began sharply rising again across the country. On June 23, the director of the federal Centers for Disease Control and Prevention (CDC), Dr. Robert Redfield, testified before a congressional committee: "We have all done the best that we

can do to tackle this virus and the reality is that it's brought this nation to its knees." By June 30, the European Union blocked travel from the United States as well as Brazil and Russia, while allowing the resumption of

flights from countries that had more effectively responded to COVID-19.

As I finish writing this essay, the Republican-run states that ended shutdowns earlier than the CDC guidelines recommended are now leading the nationwide US surge in COVID-19 infections. No state has been able to build the four-step public-health infrastructure necessary to render the epidemic sufficiently visible to implement effective control measures: 1) widely test, 2) isolate the infected, 3) trace all their contacts, and 4) selectively quarantine all contacts for 14 days.

While most East Asian states have fully integrated these four steps into their health care infrastructures, US states remain blind, unable to see their mutual enemy. Even more alarming, the cynical Trump regime considers everything that makes the pandemic visible to experts and the public alike—from testing and masking to shelter-in-place orders—contrary to its political interests.

Exacerbated by myriad failures of federal-level leadership, the United States now leads the world

Using illness as a metaphor allows one to make a diagnosis that can then be acted upon.



Figure 2. “Uncle Sam with La Grippe,” by Edward Williams Clay, printed and published by Henry R. Robinson of New York City, 1837.

with more than 3.9 million positive cases. Epidemiologists advise that we should multiply this figure by ten to arrive at a rough estimate of total infections, given the limited reach of testing and the related inability to follow through on the next three essential steps of isolating, tracing, and selective quarantining. This means that about 39 million have likely been exposed to COVID-19—just over 10 percent of the country’s total population of roughly 330 million.

The current accounting of more than 136,000 COVID-19 deaths in the United States is about to surpass the twentieth-century US fatalities of World War I (53,402), the Vietnam War (58,220), and the Korean War (36,574) combined. Still worse, we could be heading toward the estimated 600,000 American lives lost after World War I, when the 1918 influenza pandemic spread across the country.

Historically reconstructed global estimates of influenza deaths from 1918 to 1920 range much higher. The already hard-to-fathom conservative estimate of 50 million, some scholars argue, may be more accurately doubled to 100 million. State

and medical infrastructures were pushed beyond their capacity to care for the sick, much less to fully account for the dead. Postwar fatigue, as well as historians largely focused on Anglo-American and European rather than global consequences of the influenza pandemic, together contributed to historical amnesia regarding its massive toll, until Laura Spinney’s long overdue reckoning in her 2017 book *Pale Rider: The Spanish Flu of 1918 and How It Changed the World*.

POWERFUL DISCOURSES OF WEAKNESS

While the West has struggled, China and the other East Asian nations overall have controlled the COVID-19 pandemic within their borders. Although the multiple and divergent reasons for East Asia’s overall success and European and American failures will take at least the next decade to work out, anyone paying attention can clearly see that the tables have turned. China’s old reputation as the “Sick Man of Asia” has indisputably shifted to the United States. “Sick Uncle Sam” is now the new focus of the world’s concern over a clearly declining superpower.

That's not necessarily a bad thing. The power of the "sick man" label is that using illness as a metaphor allows one to make a diagnosis that can then be acted upon. And the staying power of the "Uncle Sam" moniker relies on metonymy, using the name of one thing to represent something related—such as "the press" for journalists. It often lends human scale, through personification, to an otherwise unwieldy institution.

Uncle Sam, as a metonym for the US government, also draws power from history and myth. In September 1861, the US Congress formally recognized Sam Wilson, a meat-packer from Troy, New York, as the model for America's national symbol. The story was that Wilson, during the War of 1812, had supplied "US"-stamped, beef-filled barrels that Army soldiers called "Uncle Sam's grub." This proved apocryphal, but Uncle Sam nonetheless has been a fixture ever since in the national imagination.

Twenty-five years after Uncle Sam's supposed war exploits, artist Edward Williams Clay engraved a lithograph of "Uncle Sam Sick with La Grippe" (see Figure 2). In this political satire, Clay used the "grippe" (influenza) as a metaphor for the severe recession of 1837. Sick Uncle Sam sits splayed in a chair, holding a sheet of paper listing the millions of dollars lost by US banks. Standing from left to right, President Andrew Jackson blames overeating (economic overexpansion), Jackson's ally Senator Thomas Hart Benton prescribes "mint drops" (coinage), and Jackson's vice president and successor Martin Van Buren (feminized as elderly "Aunt Matty") diagnoses "over-issues" of paper money.

The Sick Uncle Sam trope is as effective today as it was back then for diagnosing what ails the US government. It has recently resurfaced in the title of an article about Washington gridlock, "Uncle Sam Is Very Sick: Here's What Can Be Done," which appeared in June 2019 in an online magazine, *The Bulwark*, and in *The Economist's* assessment from mid-March, "Uncle Sam v the Coronavirus." Anticipating these examples by several years was foreign policy analyst John Feffer's commentary, "The Sick Man of North America."

The "sick man" trope, whether applied to Europe, Asia, North America, or even Africa, also does geographic work by drawing national distinctions within the handful of metageographical concepts that divide up the world's major landmasses into regions. It wields its power by clarifying a diagnosis of illness within that regional body politic.

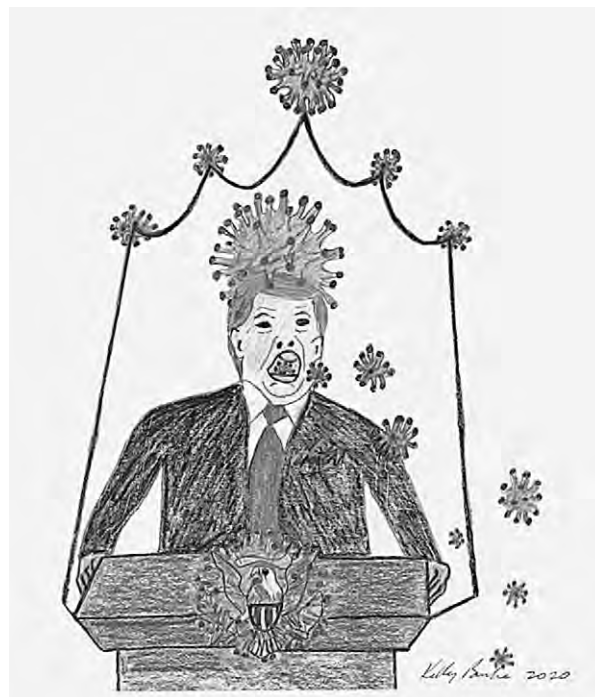


Figure 3. "The Novel Corona King," by Kelly Burke, March 2020.

Thus, the "Sick Man of Asia" trope pejoratively positioned China as inferior to its East Asian neighbors as well as its European counterparts. Yet among Chinese reformers, it also constituted a broader "discourse of weakness," one that Iwo Amelung, a historian of modern Chinese science, has argued included the concepts of "national salvation" and "saving the country by science." Closely linked to social Darwinist interpretations of the rise and fall of nations, these discourses of weakness motivated the Chinese government to pursue the long-term aim of not only regaining national strength, but also rising above all others on the global stage.

Now that Uncle Sam has been rendered an invalid by the misrule of Trump, the virus-spreading Novel Corona King (see Figure 3), the humiliating labels "Sick Uncle Sam" and "Sick Man of North America" could not be more apt. They are also as potentially transformative for the United States as the "Sick Man of Asia" slur was for China. A regime change would be needed, however, for Uncle Sam to acknowledge being sick, diagnose his illnesses and comorbidities, and effectively mobilize the wider range of treatments available from East Asian experiences, models, and even medicines, all of which he currently scorns. ■

A Defiant Voice of a Living Chinese Tradition

GEREMIE R. BARMÉ

The evolution of modern China toward constitutional democracy—envisaged over a century ago by participants in the Xinhai Revolution of 1911, which brought an end to over two millennia of dynastic rule—has been a fitful process. Although the Republic of China on Taiwan has realized those revolutionary aspirations, the age-old despotism that the Xinhai revolutionaries feared might all too easily reassert itself has flourished in the People's Republic on the Chinese mainland, first for the three decades of the Mao era (1949–78), then during the autocratic turn of Deng Xiaoping in the late 1980s, and again now during the Xi Jinping era that began with Xi's elevation in late 2012 to become what I have dubbed “Chairman of Everything.”

As part of the effort to slough off the political and cultural habits of the past, China's twentieth-century modernizers championed a modern, politically relevant, standard vernacular written and spoken language to replace the classical or literary written language that had been the narrow preserve of the educated ruling elite. Even though that elite was a fluid cadre of educated people of varied social status and from all parts of the old empire, the vernacular, now known as “Standard Chinese” or *putonghua*, gave large swathes of the population access to education and social engagement in unprecedented ways.

Although the literary language—a term that covers numerous literary forms and registers dating back to the first millennium BCE—was sidelined, that language, and the vast corpus of writing that used it, remained the wellspring of modern Chinese expression. Through translation, political change, and social transformation, the written language was constantly enriched to become a supple vehicle. To understand the linguistic multiverse in which people writing, or for

that matter speaking and singing, in Chinese today can function, imagine if someone fluent in contemporary English could have easy access to everything written in Koine Greek, Latin (from before the Roman Republic, through the Vulgate, and up to present usage in the Vatican), Old, Middle, and Modern English, and the Romance languages.

Of course, Chinese writers and cultural creators are not equally fluent in all of the registers of such an overwhelming literary inheritance, but many can and do draw on aspects of the living tradition. The telegraphic and allusion-rich written language has found new popularity in the burgeoning of online culture over the past two decades. Expressions, quotations, or references to the various styles of poetry, prose works, historical novels, philosophical tracts, and dramas going back centuries, and in some cases millennia, are all accessible and can readily be employed by the most learned scholars as well as the most social media-obsessed Bright Young Things. We might call it the “total library of Chinese” (*pace* Jorge Luis Borges).

One of the contemporary masters of the full linguistic range of this language is Xu Zhangrun, a noted professor of law and writer in Beijing. In a powerful series of essays published from early 2016 to June 2020, Xu employs an elegantly terse style combining the classical and the modern with a fluency that evokes some of the beguiling traditions of Chinese literary expression, historical disputation, and philosophical thought. In Chinese, this is a form of writing encapsulated in the expression 文史哲 *wén shǐ zhé*, “the literary, the historical, and the philosophical.”

In Xu's prose, classicisms and ancient metaphors are mixed with colloquial turns of phrase and references to contemporary online humor, along with lambasting sideswipes at the “wooden language” of Communist Party officialdom. The resulting work appeals to both the heart and the mind of the Chinese world. Merely to mine this kind of writing for transient and ill-conceived

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political purposes, or to fail to appreciate the broader cultural, social, and political ambience that it reflects—one far beyond the limited purviews of the Communists and their immediate critics—is to overlook an essential part of Chinese cultural, and indeed political, expression.

In his essays, Xu interrogates at length, and in cauterizing detail, the political, economic, and cultural trajectory of the People's Republic of China under Xi Jinping, the leader of the nation's party-state-army. In February this year, for example, Xu published "When Fury Overcomes Fear," a fiery criticism of China's mishandling of the coronavirus outbreak in Wuhan. He followed it in late May with "China, a Lone Ship of State on the Vast Ocean of Global Civilization," in which he warned about the country's bloated self-regard. Published online in Hong Kong, these essays were circulated widely in various formats that readers frequently use to confound the censorship algorithms of the authorities and their Great Firewall.

Both works appeared long after Xu Zhangrun had been put on notice by Tsinghua University, "China's MIT." In March 2019, he was banned from teaching, his pay was drastically cut, and he was forbidden from pursuing any new writing projects or research work. The school also launched a formal investigation into the professor, his social connections, and his overseas contacts.

As former students and international academics put together petitions to protest Tsinghua University's behavior, Xu's friends, colleagues, and supporters went online to publish essays, reflections, poems, and even a song in his support that reflected that same 文史哲 *wén shǐ zhé* "literary-historical-intellectual" tradition that features in his work. This outpouring of protest included a moving lamentation by Zi Zhongyun, a prominent retired authority on Sino-US relations in the Chinese Academy of Social Sciences, about the suborning of education in China by party politics. Zhang Weiying, a professor of law at Peking University, composed and sang a satirical folk song about protest. Zhang Qianfan, a specialist in constitutional law also at Peking University, criticized the illegality of Tsinghua's behavior, while the noted sociologist Guo Yuhua demanded that Tsinghua explain its actions.

Geng Xiaonan, a film critic and publisher, knew exactly why Xu was being punished, and she

summed up her understanding in the style of classical Chinese that her friend employed with such devastating effect. She said that his works were nothing less than "Blows directed at their Achilles' heel; like a sword pointed at their Sacred Heart," 直擊七寸，劍指廟堂。

LOYAL OPPOSITION

On the morning of July 6, 2020, Xu was detained by police at his home in the western suburbs of Beijing. Friends speculated that the publication of his antigovernment philippics in book form a few weeks earlier, in direct contravention of repeated warnings from the authorities, had finally triggered his detention.

China's Ongoing Crisis—Six Chapters from the Wuxu Year of the Dog 《戊戌六章》, which was released in late June by Bouden House [博登書屋], a New York-based Chinese-language publishing house, was originally slated to appear in Hong Kong in May, but the publisher, City University of Hong Kong Press, was pressured by the local authorities to renege on the agreement. Xu's previous book, *Making a Case for Humanity over Banditry* 《人間不是匪幫》, a selection of commentaries, essays, reviews, and memoirs written between September 2012 and February 2019, had been published by Oxford University Press in Hong Kong in June 2019.

Professor Xu invited me to write the introduction to *China's Ongoing Crisis*, and I did my best to compose an essay in emulation of the nuanced literary Chinese that he employs with such effect. In fact, it was the elegance of his prose style, as well as the powerful message that it conveyed, that had first led me to translate Xu's work. In July 2018, I turned my hand to "Imminent Fears, Immediate Hopes" [我們當下的恐懼與期待], a lengthy jeremiad in which he analyzed the dangerous despotic turn that China had taken in recent years and offered a series of practical policy suggestions to address public concerns and save China from the international isolation into which it is in danger of being led by the revanchism of Xi Jinping.

In my efforts to introduce readers to the complex and vital tradition of 文史哲 *wén shǐ zhé*, and to the study of China that I call "New Sinology," with Professor Xu's permission I have continued to translate his essays over the past two years. In a number of cases, the parallel texts that I have

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produced for readers of my journal *China Heritage* feature lengthy annotations and exegeses compiled so that interested readers can delve into the layers of political, cultural, and historical references that make Xu Zhangrun's voice one of the most vital in the Chinese world today.

During the early seventeenth century, scholars at the Donglin Academy, a center of learning at Guishan in Wuxi, east of modern-day Shanghai, openly expressed their opposition to the corrupt rule of the dynastic court in Beijing. They reserved particular ire for Wei Zhongxian, a notorious "eunuch dictator" who held sway during the Tianqi reign (1621–27). Deng Tuo, a prominent twentieth-century establishment writer, published a poem praising the scholars of the Donglin Academy, the site of which he had once visited, in 1960, at the height of Mao's murderous Great Leap Forward. His verse invoked the tradition of loyal opposition:

Donglin's teachings inherit those of Guishan
Forever concerned with human affairs.

Think not that men of letters are vacuous
The blood stains mark where their heads fall.

[東林講學繼龜山，
事事關心天地間。
莫謂書生空議論，
頭顱擲處血斑斑。]

Xu Zhangrun's loyalty is to a tradition of principled opposition and to a modern, democratic China for which he, like so many others, has laid his life on the line.

On July 12, Xu was suddenly released from detention. The Communist Party committee that oversees the administration of Tsinghua University had taken the opportunity of his disappearance to strip him of his remaining salary, health benefits, and pension. It also formally expelled him from the university, where he had been a prominent academic leader for years. He mused that his detention had been a trial run, one disrupted by the furor that it had provoked both in China and internationally. He was, as the title of one of his books puts it, "abiding until daybreak," 坐待天明. ■