

Research Article

Securitization of Public Policy and Pandemic: Taiwan's Case Against Covid-19

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Abstract

Taiwan's relatively better performance in the early stages of the on-going COVID-19 pandemic can largely be accredited to the rapid mobilization of public resources and the fast restructuring of government agencies to meet the pandemic-fighting coordination demand, but these measures are only possible when a community adopts a serious attitude followed by serious actions achieved via securitization of the COVID-19 pandemic. This paper attempts to compare and contrast the securitization of pandemic response and management of Taiwan, the United States, and Japan to highlight the importance of how even developed states with equal or better health infrastructure than Taiwan, by contextualizing the pandemic into different security scenarios has resulted in the performance gap against COVID-19.

Keywords: Securitization, Taiwan, Japan, United States, COVID-19

I. Introduction

As of December 31, 2020, the confirmed case per million for the Coronavirus Disease (COVID-19) in Taiwan is 33.55, Japan 1,864.47, and the United States (U.S.) standing at 60,722.67. In terms of death per million, the figure for Taiwan is 0.29, Japan 26.03, and the U.S. with 1,063.81 (OurWorldData, 2021)².

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² The data on confirmed cases and confirmed deaths shown in these visualizations is updated daily and is published by Johns Hopkins University, the best available global dataset on the pandemic. The composition of the OurWorldData team consist

Taiwan's successful fight against the spread of COVID-19 deserves not only international attention, but also should be an interesting case study in the field of securitization, particularly on the aspect of public health issues and related policy-makings and their implementations.

The first part of this paper concerns with the theoretical introduction of securitization and a brief summary of the legal instruments available to and attitudes towards infectious diseases by Taiwan, the U.S., and Japan. The second part deals with identifying the contributing factors resulted in the performance gaps by the three states and will conclude with the argument that the international community though already possess sufficient securitizing legal instruments but fall short on ensuring the political cohesion both from the governmental to social level to effectively implement the existing legal instruments and policy options to prevent the worsening of the pandemic.

II. National Security and Securitization

One of the most cited definitions of securitization is by Barry Buzan, Ole Wæver and Jaap de Wilde, the three scholars argue that in a scenario when a securitizing actor uses a rhetoric of existential threat and thereby takes an issue out of what under those conditions is "normal politics," a case of securitization emerges (Buzan, et al., 2003 pp. 24-25). Securitization in practice is thus often associated with the important yet broad political questions of what counts as security?

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And in what ways are such security concern being sufficiently justifiable to deserve special devotion of resources?

In most instances, given the vast majority of social actors, from individuals to various communities, our actions are usually framed within the context of a nation state, as the entity of state, and the organization of government remain the dominant actors in our political discourses. Thus, the existential threats, once being defined by the governments as such, are frequently contextualized as matters of national security. In the case of infectious diseases and viruses, they can be problematized as either a public health and social hygiene issue, a development issue, a human rights issue, a risk management issue or as a security threat (Rollet, 2014). The way countries frame these diseases thus determined the effectiveness of government's responses and resources applied to deal with the issues. In the on-going COVID-19 pandemic for instance, governments of Taiwan, the U.S., Japan and many others are quick to contextualize the measures to COVID into rhetoric such as 'war against COVID', and in Taiwan the 'fight against COVID' are expressed as 'Kang-Yi (抗疫)', a portmanteau of 'fight or struggle (抗)' and 'pandemic or disease (疫)', that demands solidarity of the citizens and abnormal measures to deal with.

a. Taiwan's Securitization of Pandemic Response

Taiwan began its securitization of infectious disease in the wake of Entrovirus 71 (EV71) in 1998. The inability of Taiwanese authority to fight against EV71 led to the creation of Taiwan Center for Disease Control (Taiwan CDC) on July 1, 1999, centralizing the disease control command chain, replacing the Bureau of Communicable Disease Control (BCDC), the National Quarantine Service (NQS), and National Institute of Preventive

Medicine (NIPM), all agencies that received criticism for the lack of coordination during the EV71 crisis (Rollet, 2014 p. 149). The Severe Acute Respiratory Syndrome (SARS) pandemic from March 2003 to July 2003 that followed led to another reform focused on legislative changes and institutional reconfiguration. Taiwan passed numerous amendments to the 'Communicable Disease Control Act' to systematize quarantine and monitoring mechanisms after SARS. These amendments authorized government to designate general hospitals to specialized treatment facilities when necessary. Another Institutional reform came when the 'Organization of the Center for Disease Control, Ministry of Health and Welfare Act' was amended, increasing the makeup of Taiwan CDC leadership with more epidemiologists and public health experts.

The new laws and agency were put into immediate action when on January 31, 2020, Taiwan's Central Epidemic Command Center (CECC), a temporary and specialized task force assembled when Taiwan CDC deems a serious public health threat is immanent, enacted Article 54 of the Communicable Disease Control Act. The law states during the period of the existence of CECC, government agencies at various levels, in accordance with instruction of the CECC commanding officer, may expropriate or requisite private instruments of productions (land, products, buildings, devices, facilities, etc) for disease control practices, with adequate compensations shall be made to appropriate parties. In addition, the government had also classified medical grade face masks as necessary resources under Article 251.1.(3) of the Republic of China (Taiwan) Criminal Code, which made the hoarding of necessary resources without justification with the intention to raise the transaction price will be subjected to criminal liability.

In terms of the military, as far back as 2002, the Republic of China (Taiwan) Ministry

of National Defence (MND) Report devoted one special section to explain its role in epidemic situations. The military is tasked with the primary attention to self-protection and environment sanitation of barracks, while also assisting local government in managing epidemic outbreaks (Ministry of National Defenes Republic of China, 2002) upon requests.

b. United States' Securitization of Pandemic Response

The U.S. also possesses abundance of legal instruments at disposal whenever emergency situations demand special actions from the government in both federal and state level. The U.S. began to explicitly recognize infectious disease as a growing threat to national and international security when George W. Bush administration introduced the National Strategy for Pandemic Influenza in 2005. The Obama and Trump administrations subsequently introduced National Strategy for Countering Biological Threats (2009), Executive Order on the Global Health Security Agenda (2016), the National Biodefense Strategy (2018) and Global Health Security Strategy (2019) to reaffirm the idea that pandemic can and should be securitized (Burwell, et al., 2020).

Under the U.S. legal framework, under the provision of the Administrative Provision Act (APA) the federal agencies typically have two types of rulemaking methods; the formal and informal means. Formal rulemaking requires congressional directions to create new regulations, informal rulemaking refers to the modification, changes, or creation of new rules that have previously promulgated (The Library of Congress, 2020). However, one exception is the emergency rule which federal agencies may introduced provided they must demonstrate that following the typical

rulemaking process would be contrary to the public interest, and many agencies have used COVID as the compelling justification.

As for resource control and distribution, besides from congressional appropriation of funds for economic recoveries. The executive branch also has the Robert T. Stafford disaster relief and emergency assistance act of 1988 (the Stafford Act), which gives the President significant power in time of emergency, one such power is the ability to utilize federal funds in support of individual state National Guard units. Furthermore, the Defense Production Act of 1950 (DPA) also invests the President power to order U.S. companies to produce specific products such as surgical masks and ventilators in the case of COVID.

c. Japan's Securitization of Pandemic Response

Japan's Infectious Diseases Prevention Act of 1998 designated the Ministry of Health, Labor, and Welfare (MHLW) as the primary central government agency to respond to major health crisis in the country. Under the Act, central and local governments, and the institutions under them are given the duty to monitor and report on the outbreak of infectious diseases and coordinate to curb more infections (Umeda, 2015). However, Japan's constitution does not grant the same level of authority as Taiwan and the U.S., to the central and local governments even with emergency laws are enacted. In order to further clarify the respective responsibilities between central and local government, the New Influenza Special Measures Act of 2012 (NISMA) was passed. Though NISMA enables local governments to request residents not to leave their home and designated facility managers to restrict usage of facilities such as school, social welfare facility, entertainment facility and others, or stop events hold in previously mentioned locations. Nevertheless,

the NISMA does not foresee any penalty in case of non-compliance (Ejima, 2020). Furthermore, the previously mentioned Infectious Diseases Prevention Act of 1998 emphasized on a mutual coordination between the central and local officials, leading to criticism of Japan adopting a *de facto* “federal” system to respond to a pandemic crisis with most of the duties and actual implementation of pandemic prevention measures falling under the responsibility of local governments (Harukata, 2021). In terms of resource management, the Act on Emergency Measures for Stabilizing Living Conditions of the Public of 1973 gives the government power to restrict the reselling of vital resources such as surgical masks thus ensure the simplification of supply chain from retailers to consumers. However, Japan lacks the legal tool to forcefully make private companies to comply with specific production demands but can only encourage desirable productions via subsidies (Ministry of Economy, Trade, and Industry (METI), 2020).

As of the general population, a research based on a detailed surveying effort indicated a high level of compliance with government instructions and trust to official sources. The scholars recruited 11,000 participants to answer series of questions related to their preventive measures, COVID information sources, and the degree of trustworthiness of the sources. The final findings show that about 85 percent reported practicing the social distancing measures recommended by the government including more females than males and older than younger participants. The information from the central and local governments were received by 60 percent of the participants and was deemed trustworthy by 50 percent (Muto K, 2020). In contrast to the American case, the findings suggested an initial success in the audience accepting the government’s contextualization of COVID-19 as a threat and

thus willing to comply to securitizing policies such as adhere to government guidance.

III. The Performance Gap

In an investigation performed by Curley and Herington on the reception and the possible translation of infectious diseases as security issues from one context to another, the two scholars conducted case studies on Vietnam and Indonesia on their performance in dealing with the avian flu. Their research focuses particularly on the extent to which the domestic context influences the process of constructing an issue as a threat. The study concluded that the avian flu was successfully securitized in Vietnam, primarily due to the centralized state organization, enabling the message of the central authorities to influence domestic opinion with little resistance. In contrast, in Indonesia, administrative decentralization consistently frustrated the securitizing moves undertaken by Jakarta’s elites. This case study highlighted the audience, aka citizens, are conditioned in specific reference of the situation, in this case, Vietnam regarding the fight of the flu as a matter of the defense of national reputation and economic wellbeing, where Indonesia’s audience is contextualized in the rhetorical framework of postcolonial injustice, resulted in a performance gap compare to Vietnam (Curley, et al., 2011 pp. 144-166). Thus, defining the crisis in the right type of threat, or rhetoric of threat, and the receptiveness of the public to the threats are critical in determining the effectiveness of securitization policy. This chapter will be divided into the following two major aspects; the concentration of power and the contextualization of the threat and its reception, each indicating the features shared or different from Taiwan, the U.S. and Japan.

a. Centralization of Executive Power

Though Taiwan and Japan both share the trait of being unitary states, meaning the presence of strong central government, the gap in legal instruments and authorities resulted in Japan's executive power falling short of Taiwan and the U.S., a federal state instead of a unitary one with local governments hold relatively more autonomy.

To combine and compare the findings in the first part of this paper, the executive branches in Taiwan and U.S. theoretically have more legal power to allocate resources and forcefully enforce quarantine rules. The Japanese government on the other hand lack proper measures to enforce strict pandemic prevention rules. As previously mentioned, Taiwan and U.S. both have legal tools to directly or indirectly control pandemic prevention-related resources, for examples; Taiwan's Article 54 of the Communicable Disease Control Act, and U.S. Defense Production Act of 1950. Taiwan and the U.S. also have more authority to penalize violation of lockdown measures or people under quarantine. Japan however, though the central and local governments can declare a state of emergency, but in the case of Tokyo, the declaration of the state of emergency does not carry any penalties or legal liability (Tokyo Novel Coronavirus Response Headquarters 2020).

In short, the emergency powers within the Taiwan and U.S. constitutional frameworks enable the concentration of powers in special situations, but in the case of Japan even during emergency status, the executive powers are still shared between the central and local level, which can jeopardise the effectiveness of pandemic prevention efforts.

b. The Contextualization of the Threat and Its Reception

Having a security policy is one thing but having an effective implementation of the securitized policy is another, the way countries contextualize a threat can affect the effectiveness of the policy goals and implementations.

In the U.S. during the first months of the COVID-19 pandemic, a COVID task force by the Council on Foreign Relations (CFR) criticized U.S. communication campaigns were scattered, inconsistent, and too often politicized rather than grounded in science and public health. The CFR further indicated that American society more generally consist of intense ideological divisions that often complicated a common understanding among its citizens on the risks of COVID and the most effective strategies to combat it. Individuals and groups retreated to their partisan corners, and the pandemic became a political football, with many people even questioned the reality of COVID. (Burwell, et al., 2020) Consequently, the threats constructed by the American domestic context were not only just threat to public health, but also particular social values, values in which some fear will be undermined by overtly emphasizing public health. This conflicting phenomenon resulted in the lack of coordination between federal agencies to states, states to states, and even federal agencies against one another.

Taiwan and Japan on the other hand, have population more willing to accept government narratives due to high degree of trust or having high threat perception to the potential harms a pandemic may cause. Thus, most of Taiwanese and Japanese view the securitizing measures against this pandemic as compliance with government instructions that are based on scientific findings instead of politically motivated ones.

VI. Conclusion

The success of Taiwan's pandemic prevention in the pre-vaccine period should be accredited to a relatively more thorough translation of pandemic securitization policy compare with Japan and the U.S. Essentially Taiwan happens to have the right combination of strong centralized professional authority and more receptive citizens. Though the three countries have similar level of development, but their differences on the strength of legal instruments and domestic contextualization of COVID as a threat created this performance gap.

While Taiwan and the U.S. have stronger and more enforceable legal instruments, the overtly politicized pandemic policy made the U.S. unable to have effective coordination at the early stages of the pandemic. Japan on the other hand, though did not suffer for politicization, its relatively fragmented legal instrument made its response slow and uncoordinated compare to Taiwan.

As the COVID pandemic continues, more research and debates are expected to be performed in the most rigorous manner as the international community begins to reflect on how such modern health crisis can be avoided in the future. It is in the author's sincerely hope that in the face of infectious diseases, Taiwan's case can serve as a strong example where the right legal instruments must be accompanied by the proper domestic contextualized threat perception that enables the securitization policy to achieve its maximum efficiency and effect.

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