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Northeast Asia Public Health Security Initiative

By Peter Hayes

SUMMARY

Seoul City could promote a Northeast Asian public health security initiative to respond to pandemics. This initiative could provide an opportunity to engage the DPRK on public health, and indirectly on the current pandemic, on a large scale, as a co-equal partner in a regional context. This may also fit into a Biden Administration's attempt to reset the US-China relationship to promote a bilateral, concerted and a multilateral and global COVID-19 response at a regional level.

With ROK leadership in the US-ROK alliance, it may be possible to get the Biden Administration to support substantial public health assistance and engagement of the DPRK on humanitarian grounds, in turn

rebuilding trust between KJU and Biden to the point that denuclearization talks might be resumed.

Seoul City might play a leading role along with other cooperating champion cities to lay the foundations for a regional public health security initiative given its first responder experience on the frontlines of COVID-19 management in the ROK.

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BACKGROUND

The ROK has earned a strong reputation for its coronavirus response and management strategy, characterized by high levels of enhanced contact tracing, spatial (usually called social) distancing, promotion of mask wearing, widespread testing and related financial incentives such as income support during isolation and quarantining of positive cases, strong public health measures, high levels of public communication by public health specialists, and community trust in leadership of the response at all levels.

This justly-earned national reputation rested on a locally tailored foundation of provincial and city-led first response, exemplified by the Seoul City response, described well here.¹ Seoul's use of big data was also central to these strategies, and far exceeded the surveillance achieved in most other high-income countries, as described by the Seoul Institute's Changwoo Shon:

In particular, in the process of epidemiological investigation, Seoul used big data to more effectively track contacts. When conducting an epidemiological investigation, the most important thing is the statement of the confirmed person. However, when memory is distorted or additional verification is required, the city of Seoul has used all available data to identify contacts. They used CCTV, credit card usage history, public transportation card usage history, smartphone GPS coordinates, and QR code

¹ Changwoo Shon, "THE ROLE OF CITIES AS FIRST RESPONDERS TO PANDEMICS: FOCUSING ON THE CASE OF THE SEOUL METROPOLITAN GOVERNMENT'S RESPONSE TO COVID-19", NAPSNet Special Reports, October 28, 2020, <https://nautilus.org/napsnet/napsnet-special-reports/the-role-of-cities-as-first-responders-to-pandemics-focusing-on-the-case-of-the-seoul-metropolitan-governments-response-to-covid-19/>

access list to identify the contact person. In Korea, when using facilities such as restaurants and cafes, people must identify individuals through QR codes. For using these data, the city of Seoul has cooperated organically with the police agency, credit card companies, public transportation companies, and telecommunications companies, and explained to citizens the justification of the government's intervention.²

Faced with the pandemic, cities in many countries have found that national governments and international agencies (such as the WHO) fell far short of the response commensurate with the pandemic threat, and as a result, paid a high health, social, and economic cost. Consequently, cities (and often provincial governments) have been forced to lead the first response and to manage the on-going resurgence of the pandemic in multiple waves of infection.

Seoul city took the lesson from this experience that cities should form their own trans-governmental network to support mutual learning, provide direct support where possible, and to exchange best practice as the pandemic evolved. As Shon recounts, Seoul participated in:

... 'The COVID-19 Video Conferencing in 45 cities around the world' and '2020 Cities Against COVID-19 (CAC) Global Submit'. 'The COVID-19 Video Conferencing in 45 cities around the world' was held on March 27, and the quarantine experiences of each country were shared with the mayors of 45 cities in 31 countries including Los Angeles, London, Milan, Rome, Madrid, and etc. This was held at the request of the Mayor of Los Angeles, the chair city of C40 (Cit-

² Shon, 2020, op cit.

ies-Climate Leadership Group), to share the experiences of Seoul, the vice-chairman city, with each country. They emphasized solidarity and cooperation among foreign cities, and the need for follow-up measures such as establishing an information-sharing platform for this (SMG, 2020a). Meanwhile, CAC Global Summit was held for 5 days from June 1st, with mayors from 42 cities participating in the World Mayors Summit.³

This led to the Seoul Declaration at the World Mayors Summit.

*[The] core content was the establishment of the Cities Alliance Against Pandemic (CAAP) to respond to global pandemics. The CAAP mainly aimed to share information on infectious diseases, response policies, and cooperation on goods and facilities. The details of the specific declaration are as follows. 1) We cooperate to recognize infectious diseases early and take preemptive responses. 2) We share information on infectious diseases with city governments and strive for joint practice. 3) In the event of a crisis caused by infectious diseases, we endeavor to promptly support necessary human and material resources between cities. 4) We cooperate in human exchanges between cities in order to foster experts in responding to infectious diseases. 5) In order to overcome the social and economic crisis caused by infectious diseases, we support free movement and economic activities between cities.*⁴

3 Shon, 2020, op cit.

4 Shon, 2020, op cit; see also S. Wray, "Seoul Mayor proposes new city coalition to fight infectious diseases," June 4, 2020, at: <https://cities-today.com/seoul-mayor-proposes-new-city-coalition-to-fight-infectious-diseases/#:~:text=The%20new%20organisation%2C%20tentatively%20named,city%20travel%20and%20economic%20activity>

This global strategy was matched by domestic networking among Korean cities.

103 WHO Healthy Cities in Korea, including Seoul City and 25 autonomous districts, and these cities are joining the WHO Alliance for Healthy Cities and Korea Healthy Cities Partnership to share healthy city projects with each other. Since WHO Healthy Cities are usually operated at the municipality level, in the process of responding to COVID-19, healthy cities in Seoul tried to support and cooperate with healthy cities across the country as well as within Seoul. For instance, focusing on the chair city of the Korea Healthy Cities Partnership, Jongno-gu, in September, most cities shared their experiences of overcoming COVID-19.

THE US PIVOT POINT

This paper was written a few days before the US election which will be pivotal not only in how the United States reconstructs its pandemic management strategy, but in how it conducts its foreign policy and formerly hegemonic role in world affairs in the post-Cold War interregnum.⁵ Under a 2nd Trump administration, we can anticipate more "morbid symptoms" as the wheels fall off the American wagon, and as the pandemic ravages the American heartland with no end in sight.

Undoubtedly a Biden administration's foreign policy will attempt to restore American leadership, but will have limited capacity to

5 See Peter Hayes, "Trump and the Interregnum of American Nuclear Hegemony," Journal for Peace and Nuclear Disarmament, posted on-line November 8, 2018 and Leon V. Sigal, "THE U.S. ELECTION AND NUCLEAR ORDER IN THE POST-PANDEMIC WORLD", NAPSNet Special Reports, September 28, 2020, <https://nautilus.org/napsnet/napsnet-special-reports/the-u-s-election-and-nuclear-order-in-the-post-pandemic-world/>

do so in the next few years due to the overwhelming domestic priorities. The United States will be embroiled in and consumed by an ongoing COVID-19 catastrophe in 2021, and the turmoil of the post-Trump era in its domestic political economy, ethnicity and identity, and ferocious distributional battles in tax and fiscal policy.

Yet, it is obvious that to overcome the COVID-19 pandemic at a global level, the United States and China must achieve a concert to develop and distribute a vaccine, if one exists, and to then ensure its equitable and affordable distribution to the entire human population. All countries must commit to this task, but the heavy lifting must be done by these two states working together to combine their complementary strengths of medical science, technology, mass production, and global logistics and supply chains that will be needed to deploy an effective vaccine—should one exist.

Achieving such a concert will be the pivot point of a Biden foreign policy led by COVID-19 multilateralism. Accordingly, it affords a Biden Administration the opportunity to reconstruct the United States damaged relationship with China. And, given the other trade, human rights, and geopolitical conflicts such as the South China Sea, Hong Kong, Taiwan Straits, etc. that have emerged between these two great powers, how an overarching collaborative and joint COVID-19 strategy affects other dimensions and other issues that affect the bilateral relationship, that is, the cross-issue linkages between COVID-19 and other strategic goals, is a crucial issue.

There is no sign that the Biden campaign has connected these dots in a coherent

manner—or if they have done so, they have kept this thinking to themselves in tightly compartmentalized policy teams to avoid political risk related to COVID-19 and China during the electoral campaign.

Unfortunately, the Biden campaign has also signalled that many of their strategic policies will be based on an ABT or “Anything But Trump” posture. Moreover, in the case of one key issue of peace and war that obstructs a coherent regional response to the pandemic—the continuing division of the Korean peninsula and the on-going threat of nuclear proliferation and nuclear war in Korea—Biden has suggested that he would revert to a Obama-esque policy of strategic containment of the DPRK combined with strategic patience combined with continuing sanctions rather than attempting to engage the DPRK’s leadership. This would entail reverting to reasserting the policy primacy of a US-ROK alliance based on military force and nuclear threat, which spells trouble for the Peninsula and inter-Korean engagement and rapprochement.

Meanwhile, the DPRK has been hit badly by the economic impacts of a stringent lockdown to avoid mass-scale COVID-19 casualties. The stringency of this top-down lockdown driven by a centralized pandemic committee may have interrupted transmission pathways since early 2020. The DPRK has a fragile and largely non-existent public health infrastructure to manage runaway surges of infection in the DPRK. Thus, reopening the domestic economy will come at high risk to the already vulnerable population heading into winter in a poor harvest year, and especially to military forces living in concentrated housing on bases. The pandemic has become the most serious chal-

lenge to Kim Jong Un's leadership.

Unsurprisingly given the rude surprise to Kim at the Hanoi summit with Trump on the nuclear issue, he is not responding to US overtures to resume talks before the US elections. He also appears to be pushing away the Moon Jae-in administration until 2021 while keeping the door open to future inter-Korean cooperation, when he may hope to pick up some political or economic gains from the outgoing administration, an old playbook. The DPRK is also oiling up to China and Russia seeking some short-term gains and de facto sanctions relief.

No-one knows what might flip Kim from a no-talks stance to seeking to talk with a planned outcome that might suit Biden or Trump in 2021. The DPRK is highly unlikely to respond positively to a US or ROK-led engagement breakthrough agenda based on COVID-19 cooperation because it would admit to a weakness, and they continue to outright deny any COVID-19 infection.⁶

This combination leaves few good alternatives for kick-starting the denuclearization talks directly, or indirectly. Can we imagine a new basis for engagement that might makes denuclearization talks feasible.

NORTHEAST ASIA REGIONAL PUBLIC HEALTH SECURITY INITIATIVE?

To overcome these obstacles, Seoul City

⁶ That the US support a multilateral, regional COVID-19 approach (as distinct from a multilateral, regional public health initiative proposed in this paper) is suggested by K.B. Park, K.H.S. Moon, "How Biden can use 'Covid diplomacy' to rein in North Korea's nuclear program, CNN Opinion, December 9, 2020 at: <https://www.cnn.com/2020/12/09/opinions/biden-north-korea-covid-diplomacy-park-moon/index.html>

could explore whether a regional (NEA) city-based, networked strategy to promote "public health security" might be an indirect way to address the pandemic with the North Koreans, and be an important regional initiative in its own right. WHO and the WPRO (western region WHO) already promote public health policies and measures, but COVID-19 has laid bare many systematic shortfalls in national public health systems. A NEA regional approach might:

- Seek harmonized public health standards and practices
- Supply training and rapid response teams
- Provide emergency assistance (medicine, PPE, ICU-ventilators, field hospitals, clinics, etc.)
- Build scientific monitoring capabilities (especially for avian-borne viruses) and early warning systems at a regional level
- Assist with design and physical reconstruction of spatially-distanced physical infrastructure (residential, workplace, recreational) that is "pandemic proofed" as a necessary condition for post-pandemic economic recovery, including financing and investment opportunities arising from such refurbishment
- Promote regional networks of cooperation, training, capacity sharing, innovation at many levels including public health personnel, enforcement, cities and urban governance, customs and border control agencies, universities, etc.
- Share best practices in urban public health governance (integrated with the WHO project on this topic).


CONCLUSION

This short paper suggests that building on its past momentum, Seoul City—or another ROK entity such as a provincial government—might convene a dialogue with regional cities to outline an agenda of regional cooperation to improve urban public health security. A comprehensive and inclusive approach to this agenda in Northeast Asia might have a reasonable chance of eliciting a favorable response to participation from the DPRK, from cities such as Pyongyang and Nampo, and possibly border and east coast cities if material aid delivery is part of the agenda.

Seoul City might commission a variety of policy papers that envision what a regional NEA public health security strategy would consist of, conceptually, strategically, and operationally, including what can be done using humanitarian exemption and self defense (existential threat) basis even if existing sanctions on DPRK remain or are increased under Biden, and what is being done in other regions - especially Europe - that might be transposed (particularly concerning the economic recovery regional agenda), as well as other institutional and political forms that might embody such cooperation.

Depending on the evolution of this pandem-

ic, institutional options to consider include convening a regional public health summit of heads of state, regular meetings of public health senior officials, and a decentralized regional, metro-city led rapid response network.⁷

More specific research that might support this peacemaking agenda based on covid-driven public health security cooperation would be to commission a best estimate of pandemic in DPRK, and its possible evolution; the extent to which the worst case pandemic in the DPRK presents an immediate threat to ROK and other regional states that are proximate to the DPRK; what regional public health (NEA regional) programs bearing on pandemic management that the ROK already participates in or funds; estimates of the scale, cost, and most effective large-scale public health assistance to the DPRK, assuming it would accept such assistance; appraisals of DPRK public health capacity and system; and feedback on whether the central ROKG (that is, Blue House, Ministry of Unification, Ministry of Public Affairs, public health ministries and agencies) would simply implement a regional NEA public health security strategy through WPRO or other existing UN framework; or would prefer to float the idea of a new regional initiative and institutional framework that might involve multi-level cooperation between states, specialist agencies, and city-level first responders. 

⁷ We would need to reframe in a public health paradigm many pandemic issues such as: pandemic-driven sanctions lifting, phased pandemic aid to DPRK, reconstructing DPRK public health sector, pandemic management in a NEA comprehensive security framework, mil-mil pandemic cooperation measures within a UNC trilateralist framework, scientific pandemic cooperation (setting up a monitoring lab in Tumen wetlands, for example, on bird virus transmission), best practice public health measures, border crossing joint management, harmonized quarantining practice measures, norms, standards; urban governance and pandemic management; pandemic proofing critical infrastructure such as comms, water supply, energy, sewage systems, and critical for the DPRK, a pandemic-shaped and resilient food security strategy; regional vaccine RD&D cooperation based on World Health Assembly resolution...plus estimates of practical large scale pandemic response in many dimensions such as PPE, medicines, test kits and materials, hospital hardware, etc.