2022

“We Have Rung The Alarm Bell Loud And Clear”: Exploring The Effects Of The Securitization Of Global Public Health Crises By International Organizations On State Response

Lilia Eisenstein
The College of Wooster, leisenstein22@wooster.edu

“WE HAVE RUNG THE ALARM BELL LOUD AND CLEAR”: EXPLORING THE EFFECTS OF THE SECURITIZATION OF GLOBAL PUBLIC HEALTH CRISES BY INTERNATIONAL ORGANIZATIONS ON STATE RESPONSE

By Lilia L. Eisenstein

An Independent Study Thesis
submitted to the Department of Political Science
at The College of Wooster
March 2022
in partial fulfillment of the requirements of I.S. Thesis

Adviser: Dr. Matthew Krain

Second Reader: Dr. Kent Kille

Abstract

This study seeks to answer the following question: What are the effects of the securitization of global public health crises by international organizations on how states act to try to control such crises? I draw on literature from the constructivist school of thought and securitization theory, which posits that security threats are socially constructed through the process of securitization. My study examines framing at the international level by international organizations (IOs) and related actors in the global health regime. I hypothesize that securitizing language and the use of the security frame by international actors will increase the initial amount of attention to (H_{1A}) and involvement in (H_{1B}) the health crisis measured by rhetorical support from heads of government and the amount of aid and resources distributed from a state to the WHO and related global responses to combat the crisis. I also expect that the use of the security frame will decrease attention to (H_{2A}) and involvement in (H_{2B}) the crisis over time. I employ an observational, longitudinal case study of securitization by the global health regime during the COVID-19 pandemic from approximately December 2019 through December 2021 and its effect on government officials in Germany. I find some support for H_{1A} and H_{1B} and for H_{2A}, but I do not find support for H_{2B}. I conclude with a discussion of the implications of my findings for policy and future research.

Table of Contents

Chapter 1: Introduction

The ongoing coronavirus (COVID-19) pandemic has reached every corner of the world and has redefined virtually every aspect of life. As the global coronavirus-related death toll moves upwards of 6 million a few months into the third year of the pandemic, we cannot understate the severity of the crisis and the risk it continues to pose to individuals' and communities' health and well-being around the world (WHO 2020). It is especially important to consider the disparate impact of the pandemic on vulnerable populations.

How have international actors come to understand the COVID-19 pandemic? What has this conceptualization meant for responses to the crisis? This study explores the effects of the securitization of global public health crises by international organizations (IOs) on how states act to try to control such crises. By examining securitization by IOs, my research goes beyond previous scholarship, which focused largely on securitization at the state level.

In Chapter 2, I conduct a literature review. I synthesize scholarship from the constructivist school of thought and securitization theory, which posits that security threats are socially constructed through the process of securitization. I also introduce the concepts of securitizing language and framing, especially as it relates to framing health crises. Lastly, I outline my own argument and hypotheses. I expect that use of the security frame by international actors would increase initial attention to (H_{1A}) and involvement in (H_{1B}) the crisis from state leaders but that it would decrease initial attention to (H_{2A}) and involvement in (H_{2B}) the crisis over time. In Chapter 3, I detail my methodology. I take an observational, longitudinal case study approach to examine

securitization by the global health regime during the COVID-19 pandemic from approximately December 2019 through December 2021 and its effect on government officials in Germany. In Chapter 4, I present my results and analyze my findings. I find some evidence to support H_{1A} and H_{1B} and for H_{2A}, but I do not find support for H_{2B}. Finally, in Chapter 5, I draw conclusions from my findings and discuss the implications of my study for policy and future research.

Chapter 2: Literature Review, Theory, and Hypotheses

Constructivism

Constructivism represents a major school of thought in international relations. It is concerned with "the issue of identity- and interest-formation" (Wendt 1992, 393) and challenges rationalist assumptions about states' fixed interests. Mainstream international relations theories—like Realism and Neorealism—assume that responses are based on fixed interests and that actors will maximize their utility based on those interests. Realism has dominated the field of security studies because traditional conceptions of (in)security are based on the assumption of fixed interests related to the state. Constructivists have a different view. As the name suggests, the idea of the "social construction of subjectivity" (Wendt 1992, 393) is central to the constructivist framework. These scholars argue that interests are not set in stone but are instead shaped by the way that actors see themselves relative to others. For constructivists, the meaning of an object to the actor determines how the actor will think, feel, and act towards the object (Wendt 1992). As Wendt (1992, 397) explains, "[i]ntersubjective understandings and expectations" make up conceptions of the self and the other that help actors calculate responses.

The language of intersubjectivity is key: it is *collective* meanings that form the structures that dictate our actions (Wendt 1992). Indeed, identities are relational and based on the shared understandings actors have about themselves and others. One's identity shapes one's interests, which—constructivists argue—are always being defined and redefined in different social contexts and situations (Wendt 1992). In turn, an actor's identity shapes their logic of appropriateness (Finnemore and Sikkink 1998). This can be likened to parameters or goalposts for the actor's response. Based on the actor's identity,

there are certain responses that are consistent with the way they view themselves and their relation to the issue.

Similarly, norms contribute to actors' logic of appropriateness and guide their responses. Finnemore and Sikkink (1998, 891) describe norms "as a standard of appropriate behavior for actors with a given identity." Norms can shape the ways in which an actor might respond to a stimulus. There are both regulative norms, which "order and constrain behavior," and constitutive norms, which "create new actors, interests, or categories of action" (Finnemore and Sikkink 1998, 891). It is useful to think of regulative and constitutive norms as categories of effects rather than categories of norms because it is possible—and likely—that a norm could both constrain and create. The securitization of health (that is, defining health crises or outbreaks as a security threat) functions as a constitutive norm and establishes a particular logic of appropriateness. When health becomes a security issue, it implies the involvement of new actors, like the national security community, and new responses, like military support, given the actors' new redefined interests.

Securitization

Securitization theory is a branch of constructivist thought that explores "how security problems emerge, evolve and dissolve" (Balzacq 2010, 56). The traditional approach to security assumes that "security is a reality prior to language" (Wæver 1995, 46). By this, traditionalists mean that security exists "out there" as a quantifiable concept that can be "measured in terms of threat or fear" (Wæver 1995, 46). Traditionalists also suggest that security should be expanded to "encompass *more* than is currently the case," stretching into issue-areas like the environment and the movement of people (Wæver

1995, 46). Constructivists suggest, however, "that security threats are socially constructed" through the process of securitization (Rychnovská 2014, 11). Securitization theory posits "that language is not only concerned with what is 'out there,' as realists and neorealists assume, but it is also constitutive of that very social reality" (Balzacq 2010, 56). Wæver's (1995) conceptualization of security as a speech act deepens our understanding of securitization. He explains that by "naming a certain development a security problem, the 'state' can claim a special right...defined by the state and its elites" (Wæver 1995, 51). Here, securitization can be seen as an instrument that is used by those who want to be in control of the situation. Importantly, securitizing an issue has the effect of raising it to a principled, high politics level. Some scholars argue that "conceiving of security as a speech act is important, because it shows that the form/performance of security is its content" (Guzzini 2011, 331). Simply talking about an issue using "security speech," however, is not enough to securitize it and bring it to the level of high politics (Guzzini 2011, 331). According to Balzacq's (2010, 63) sociological model of securitization, the actors' speech acts form a "social field" on which they eventually securitize an issue following intersubjective speech acts of reasoning and persuasion.

Ultimately, the way an issue is talked about and securitized implies a specific type of response by the state. Wæver (1995) and his colleagues in the Copenhagen School contend that there is no such thing as individual or international security at the conceptual level (Rychnovská 2014). Rather, all security is thought of in terms of the state (i.e., national security), and, while it is influenced by individual and global level dynamics, "the concept of security [itself] refers to the state" (Wæver 1995, 48). Rychnovská

(2014, 11) explains that securitization at "middle-level 'limited collectivities'" is most effective, which is perhaps unsurprising given that our identities and interests are often closely linked to our state affiliation.

When actors understand a phenomenon to be a security concern, their responses—within their logic of appropriateness—are typically aligned with threat/defense logic and focus on state-centered action (Wæver 1995). Put another way, defining a phenomenon as a security issue means that actors will likely use security tools to address it. Security concerns require a more aggressive response. It is important to note that these security-oriented responses might not be the most appropriate even if they successfully move the issue up the agenda or prompt quick action. Wæver (1995, 58) warns of the "inappropriate social construction of the environment as a threat/defense problem," and a similar claim can be made about the securitization of the ongoing COVID-19 pandemic. There is a mismatch or disconnect when actors try to use traditional security-oriented responses on nontraditional security issues. Often, these nontraditional security issues simply do not fit the threat/defense logic that squarely identifies an external threat and a referent object. So, while securitization can help actors mobilize a response, security-oriented ones are not necessarily the best fit.

Securitizing Language and Framing

Our understanding of the process of securitization is deepened when we consider the language of securitization. For constructivists, things are what we say about them. According to Rychnovská (2014, 10) threat construction refers to "[t]he ways in which certain phenomena are interpreted as security threats in this social environment—and how they are linked to other issues [and] affect other actors and processes in international

politics." This is an important concept related to securitization. The interpretation or perception of a phenomenon as a security threat prompts its securitization. As discussed in the previous paragraph, securitizing an issue can help mobilize a response. Thus, Wæver (1995, 58) adds that "conceptual innovation"—that is, generating new fields of security by thinking about nontraditional security issues as security threats—increases "mobilization potential."

Securitization and framing are closely linked. Framing is significant in all areas of policy. At the intersection of global health and international relations, the frames used by international actors matter because they implicate varying levels of policy engagement. But what is framing? Who does it and why? The literature offers several helpful definitions. McInnes et al. (2012, 85) explain that framing happens when "an issue is presented in such a way as to tie it into a broader set of ideas about the world...and through this gain influence and policy purchase." Framing involves "attempts to influence attitudes and behavior" and has to do with organizing themes in the policy debate (Mintz and Redd 2003, 194). Frames can similarly be understood as lenses through which we view an issue or "as 'conceptual structures or sets of beliefs that organize political thought, policies, and discourse'" (Van Dijk 2001, 360). Broadly speaking, framing contributes to agenda setting and can determine the issues that actors discuss and act upon. It can also influence actors' opinions about an issue. Political actors use frames purposefully and strategically when they want to "call attention to an issue, influence other actors' perceptions of their own interests and convince them of the legitimacy/appropriateness of the advocate's preferred policy response" (McInnes et al. 2012, 85). Indeed, Rychnovská (2014, 16) suggests that securitization can even be

"reconceptualized as a process of *threat framing*." Thinking about securitization as a process of threat framing helps us make sense of "complex discursive struggles among social actors about the meaning of a threat [as] a set of micro-processes through which particular aspects of threat images are framed" (Rychnovská 2014, 16).

It is key to consider not only how an issue is framed but also who frames it. International Organizations (IOs) often play the important role of the securitizing actor because of the direct communication and contact they have with state leaders (Rychnovská 2014). The way that IOs frame a given issue has significant implications for the action that their member states may or may not take to address it. While communication between IOs and state leaders is an important piece of the securitization puzzle, Barnett and Finnemore (1999) point to even larger institutional factors related to IOs' role as a securitizing actor. The authors write, "IOs can become autonomous sites of authority…because of power flowing from at least two sources: (1) the legitimacy of the rational-legal authority they embody, and (2) control over technical expertise and information" (Barnett and Finnemore 1999, 707). IOs exercise this power by classifying information, fixing meanings, and establishing norms (Barnett and Finnemore 1999). These three functions are important in the context of securitization. IOs can "classify objects [and] shift their very definition and identity," which affects the way that actors conceptualize an object or issue (Barnett and Finnemore 1999, 710). Put another way, the categorization of objects and issues "are not only political and legal but also discursive" (Barnett and Finnemore 1999, 711). Relatedly, when IOs fix meanings by "naming or labeling the social context," they establish "the parameters, the very

boundaries, of acceptable action" (Barnett and Finnemore 1999, 711).[1] For perceived security threats, this has important implications for the kinds of actors that will be involved in decision-making and response-planning. In addition, IOs "spread, inculcate, and enforce" international norms and values (Barnett and Finnemore 1999, 713). Notably, the process of norm diffusion is an expansionary one, meaning that IOs often target developing countries as locations in which to push given values even if the country is independent (Barnett and Finnemore 1999). It is important to recognize this dynamic since norm diffusion can make it commonplace to perceive certain issues as security threats even though that might prompt incongruent responses.

Securitization in Other Issue Areas

There are several contemporary examples of the securitization of unconventional threats. One major point of distinction between many of these issues is whether the threat is willed or unwilled. Wæver (1995, 58) explains that "the field of security is constituted around relationships between wills…the efforts of one will to (allegedly) override the sovereignty of another, forcing or tempting the latter not to assert *its* will in defense." Wæver (1995) is sure to note that unintentionality does not lessen the gravity of the threat, but the question of intention or volition is important to consider given that securitization has such direct implications for response.

The securitization of development is an example of the securitization of a willed threat: foreign aid and involvement in state-building. This is to say that there is intentionality in one state's investment or involvement in another state; indeed,

[1] Indeed, the idea of frame resonance—"[a] creative process of linking newly articulated threat frames to the established system of meaning in a given social environment"—is useful when analyzing the process of securitization (Rychnovská 2014, 17).

development does not happen on its own and must have at least two sets of actors involved—the ones doing the developing and the ones being developed. Fisher and Anderson (2015, 133) explain that the debate about the securitization of development centers on the fact that development work has been—in recent decades—concentrated "in regions and locations where conflict, or the threat of it, predominate." This has meant that foreign aid is directed towards traditional security-oriented uses and that these parts of the world face increased militarization. Moreover, this comes at the expense of investment in social policies for vulnerable populations in the region and is driven by western states (Fisher and Anderson 2015).

The securitization of the environment is an example of the securitization of an unwilled threat: environmental/climate change. That is to say that there is not clear cut, unilateral aggression towards one state by another; rather, a phenomenon simply occurs, and actors conceptualize of it as a security issue. In line with the thinking of other securitization theory scholars (Rychnovská 2014; Wæver 1995), Brzoska (2009, 143) finds that the shift towards conceptualizing environmental change as a security threat has had "strong influence on public discussion and political opinion…[and] the mobilization of measures for the reduction of greenhouse gases." He warns, though, of the fine line between encouraging vigilance and "provoking a traditional security response to the risks of climate change" (Brzoska 2009, 144). Such a response would be incongruent to the unconventional threat. Bernstein (2002) contributes to our understanding of environmental security in the context of Canada's policy response following the establishment of the Kyoto Protocol, which represented a shift in international norms. Indeed, after Kyoto drew attention to the "risks of climate change" the Canadian

government "committed $150 million in the 1998 budget over the three following years to develop a national action plan…[and devoted] $20 million for energy efficiency initiatives" (Bernstein 2002, 225). Here, a constitutive norm (Finnemore and Sikkink 1998) and securitization interacted to prompt a policy response that is largely congruent to the threat. It is also worth noting that the government allocated financial resources to environmental policies after the shift towards conceptualizing climate change as a security issue.

The Securitization of Health

Over the course of the past 40 years, there has been a marked increase in the prominence of health in the international arena. Ronald Labonté and Michelle Gagnon highlight the 2007 Oslo Declaration which was created by "the foreign ministers of seven countries… [and identified] global health as 'a pressing foreign policy issue of our time'" (Labonté and Gagnon 2010, 1). The increase in attention paid to global health has led to the emergence of new forms of policy engagement: Global Health Diplomacy (GHD) and Global Health Governance (GHD) (Labonté and Gagnon 2010; McInnes et al. 2012). The global health agenda was born in large part from the rise in globalization and the increase in international interconnectedness. No longer can states examine health in a "microcosm, when in fact there [is] a macrocosm of factors" at play (Davies 2010, 1168). The way that international actors conceptualize and discuss global health crises is closely related to the amount of attention and support that aid efforts will garner. It is well worth identifying the variations and vicissitudes when it comes to the distribution of aid because of the effects it can have on vulnerable populations. Drawing on previous research concerning the framing of global health crises by international actors, my

research will seek to better understand the securitization of health and the security frame's implications for policy responses to a perceived security threat.

Framing Health Crises

Frames can go beyond presentation and work to actually shape how the health issue is known and understood (McInnes et al. 2012). When frames define a phenomenon, they also set the policy agenda and even dictate the ways in which actors should address it. McInnes et al. (2012) emphasize that *how* actors frame global health means a lot for the kinds of policy responses that are deemed appropriate and acceptable. One relevant example of this kind of framing involves the World Health Organization (WHO). WHO frames "infectious disease as an existential security threat that requires new rules and behaviours for its effective containment" (Davies 2008, 295). The containment mechanisms are run by WHO—an organization that "primarily prioritizes the protection of western states" (Davies 2008, 295). This codependency reinforces both western-centric policies and WHO's role as the authority on GHG. WHO's framing has shaped how the phenomenon of health crises is understood and has dictated the appropriate response.

There are a number of ways that international actors frame health crises today. Each frame has its strengths and weaknesses, and each evokes different types of policy engagement (Labonté and Gagnon 2010). They differ in terms of the values or outcomes they privilege/prioritize (i.e., human rights, economic considerations, or ethical obligations). Labonté and Gagnon (2010) gathered "English-language health and foreign policy statements issued from the early 2000s until 2009" with varying levels of political importance. They looked for descriptions in the documents that cited "health as a foreign

policy goal." They categorized the language found in the documents in six frames: security, development, global public goods, trade, human rights, and ethical/moral reasoning. Labonté and Gagnon (2010) found that the security frame is employed most frequently. The security frame inherently "pushes responses away from an ethos of altruism to one of self-interest," and this emphasis on the states' own interests means that long-term commitment to "international health cooperation" is limited or nonexistent (Labonté and Gagnon 2010, 5). McInnes and Lee (2006) add that the international agenda has a narrow focus on health crises as they relate to state security. Additionally, the security frame focuses heavily on infectious disease (Labonté and Gagnon 2010; McInnes and Lee 2006). This serves to prioritize the interests of wealthy countries—whose goal is to *contain* a given infectious disease—over the well-being of poorer countries—who need cooperation to *prevent* outbreaks (Labonté and Gagnon 2010). This dynamic reinforces the divide between these countries. McInnes and Lee (2006, 12) underscore this inequity: "the health risks to populations in the industrialized world pale in comparison to those elsewhere."

One aspect of the security frame that is interpreted slightly differently by scholars is the role that a state's proximity to the health crisis (read: threat) plays in their policy engagement. McInnes and Lee (2006) are quite critical of the way that the security frame produces concern about health threats among states *only* when there is a legitimate and impending threat to their national security. When there is no immediate threat posed to a state's security, simply put, they pay little to no attention to it. Of course, this is troubling because some states are reliant on foreign aid and external support to protect and help their people. However, Amaya, Rollet, and Kingah's (2015) study of regional

framing of health leaves room for another way to think about it. The authors analyzed key documents such as regional charters, health protocols, resolutions, and position papers "in four regional organisations representing four different continents: the Association of Southeast Asian Nations (ASEAN), the European Union (EU), the Southern African Development Community (SADC) and the Union of South American Nations (UNASUR)" (Amaya, Rollet, and Kingah's 2015, 231). They organized their findings into the same six frames that Labonté and Gagnon (2010) put forth. Amaya, Rollet, and Kingah (2015) find that the frames used by regional actors address the most pressing health phenomena within the region and that the regional dialogues about health crises most commonly employ the security frame. Crises that are perceived as a state security threat gain traction in the region, and in a small region (compared to the whole world) there is greater proximity and, thus, a more imminent threat posed by health crises. It is interesting to consider what the use of the security frame regionally could mean for global health in the international arena and whether it could foster long-term aid commitments to crises that are a security threat to states in a given region.

While the security frame is dominant, there are other frames that exist. These additional frames are often applied to specific health-related situations. McInnes et al. (2012) highlights the evidence-based medicine frame which emerged in the mid-1990s and is now prominent among members of the health policy community. This frame uses rationality and reasoning and is closely tied to biomedical and clinical contexts. The human rights frame has been circulating in the past 20 years and is strengthened by the legal and ethical notions of human rights. The United Nations Declaration on Universal Human Rights is a touchstone for this frame. There is also an economics frame which is

invoked in discussions of "efficiency, choice and competitiveness" (McInnes et al. 2012, 90). We can see that although the security frame is the most readily employed, there are other frames that international actors may use to characterize health crises. These additional frames have their own implications for the extent to which states will commit to policy engagements and for the distribution of resources among states.

Following the development of vaccines and advancements in medical knowledge, there was a considerable amount of confidence among medical professionals that the "risk of infectious disease had decreased" by the late 1970s (Davies 2008, 298). Unfortunately, by the mid-1980s the HIV/AIDS epidemic posed a serious infectious disease risk, and the confidence of the previous decade was shot. In the beginning of the HIV/AIDS epidemic, "the disease was conceptualized primarily as a public health and development issue" (Elbe 2006, 121) and not a matter of security. The HIV/AIDS epidemic did not come to be understood as a security issue until the turn of the century when the president of the World Bank addressed the United Nations Security Council: "'[m]any of us used to think of AIDS as a health issue. We were wrong… Nothing we have seen is a greater challenge to the peace and stability of African societies than the epidemic of AIDS. … We face a major development crisis, and more than that, a security crisis'" (Wolfensohn 2000). The address prompted the "designation of HIV/AIDS as a threat to the national security of the United States" by President Clinton (Elbe 2006, 121). From that point on, the HIV/AIDS[2] epidemic was conceptualized as a security threat. Here, we can see the emergence of the security frame. It appears to have been born out of sincere concern for the wider global community and without the intention of creating a

[2] Other infectious diseases that rank as a security threat include SARS, West Nile Virus, and Ebola (McInnes and Lee 2006). At the time of this writing, COVID-19 must be the most recent addition.

frame that would dominate policy conversations, emphasize national security concerns, and perpetuate the inequities between states of the Global North and Global South.

Given that the literature suggests the dominance of the security frame, it is key to examine how states respond to health threats. Gow (2002) details a three-stage response that states deploy when facing a communicable or infectious disease. First, there is denial of the presence of the disease. Second, there is the recognition of the disease and the determination of its spread (i.e., how many people have been in contact with it and could be contaminated). Lastly, there is the mobilization stage during which the state implements governmental/societal protections. This is "not a hard-and-fast rule by which to judge" (Gow 2002, 60) a state's efforts, but it is helpful in contextualizing the United States' pattern of behavior surrounding health crises and the securitization of health. Gow's (2002) piece asks—much like my own research—*when* the U.S. begins to pay attention to health crises. He finds that, in short, the U.S. makes policy engagements related to the crisis when it poses a threat to our national security. And so, we see the security frame at work. This selective engagement speaks to the U.S.'s prioritization of homeland security and its preoccupation with—and privileging of—its own interests.

In particular, the three-stage response put forth by Gow (2002) is evident in the U.S. response to the HIV/AIDS epidemic. In its early years, the epidemic in Africa drew relatively little attention from the U.S. apart from "health-based organizations such as the National Institutes of Health (NIH) and development organizations such as the U.S. Agency for International Development (USAID)" (Gow 2002, 66). As the effects of the epidemic on society at large became more apparent and the threat more impending, the U.S. intelligence and security communities began to take the crisis more seriously: "In

2000 the National Intelligence Council and the Congressional Research Service both produced public reports that examined in detail the threats of the growing HIV epidemic and the implications for the United States" (Gow 2002, 66). With the understanding of the link between the "evolution of naturally occurring infectious diseases" (Davies 2008, 299) and the rise of global trade and travel came the realization that "epidemics in foreign countries could threaten US national interests" (Davies 2008, 300). This is the shift in the conceptualization of health crises as security threats. Interestingly, Gow (2002) reports—in opposition to other scholars (see Labonté and Gagnon 2010; McInnes and Lee 2006)—that the shift encouraged actors to think more broadly and internationally rather than putting an emphasis on states' national security. There is, perhaps, some validity in both findings. The redefinition of disease outbreaks as security threats suggests the importance of cohesive internationally focused responses. After all, the interconnectedness of the modern world means that diseases can and will travel. However, the security frame makes a cohesive effort unlikely since it "pushes responses away from an ethos of altruism to one of self-interest" (Labonté and Gagnon 2010, 5). Such self-interested responses are not surprising considering the process of securitization. As previously discussed, the securitization of a phenomenon shapes actors' logics of appropriateness around threat/defense logic and state-centered action (Wæver 1995). These types of responses tend to focus on securing a more immediate territory and/or population at the "middle-level 'limited collectivities'" (Rychnovská 2014, 11). Naturally, a threat to the security of a collectivity that is close to the actor(s) will likely mean their response puts the collectivity's self-interests first.

Our understanding of the security frame used by international actors is deepened when we consider two of its most significantly negative implications: financial and ethical. The security frame does loosen the purse strings of states who perceive a threat from the health crisis. Securitization theory similarly predicts this outcome. In the years from 1986 through 2001, USAID "spent $1.6 billion on programs to address the HIV/AIDS epidemic in the developing world" (Gow 2002, 67). President Clinton showed dedication to relief efforts over the course of his time in office, and later Vice-President Al Gore followed suit. From 1991-2001, Congress authorized significant spending related to the HIV/AIDS epidemic, and "direct U.S. government spending in 2001 and 2002 on HIV/AIDS initiatives in Africa [increased from] $168 million [to] $234 million" which would "be channeled through USAID, the Centers for Disease Control and Prevention (CDC), the NIH, and the Departments of Defense and Labor" (Gow 2002, 68). Securitization motivated "Congress to allocate $10 million to begin setting up a program to address the spread of HIV/AIDS in selected African militaries. In 2001, this culminated in the Department of Defense HIV/AIDS Prevention Program, which has secured funding in excess of $35 million through fiscal year 2004" (Elbe 2006, 135). While it is clear that there was a willingness among U.S. leadership to contribute to aid efforts for a period of time, evidence of any long-term financial commitment remains limited.

In addition to the financial implications, there are questions surrounding the ethics of framing health crises as security threats. Most notably, the securitization of health crises can shift responses toward military interventions and intelligence organizations and away from "civil society [and] human rights and civil liberties" (Elbe 2006, 119).

Securitization requires actors to identify a "referent object and an external threat source" (Davies 2008, 296). The emphasis that the security frame puts on threat/defense logic hinders international cooperation because it lends itself to a narrow focus on a states' national security interests (Elbe 2006). This narrow focus is even more troubling when we consider Davies' (2008) argument that the security frame privileges the concerns and interests of western states. This hierarchical organization undercuts "moral authority and the potential for cooperation" with countries in the Global South even further (Davies 2008, 296). Furthermore, much literature indicates that the security frame is better for wealthy states than poor states. As noted in the previous paragraph, the security frame may have the unintended consequence of limiting long-term political commitment to the health crisis. States in the Global North may lose their sense of moral responsibility for crises harming populations in the Global South, after the crisis no longer poses an immediate threat to or does not directly affect them (Peterson 2002). This can be detrimental to states who cannot feasibly contain and prevent outbreaks.

There is considerable strength to the arguments against the use of the security frame; however, Elbe (2006) offers a possible redeeming aspect of the frame. He argues that securitization can work towards reducing apathy. He discusses "[t]he securitization of HIV/AIDS through the United Nations Security Council" and the way in which "its high public profile and unique status in international law...tries to increase the political pressure on governments to begin addressing the issue" (Elbe 2006, 132). He goes on to say that "[s]ecuritization, in this instance, is not intended to remove the issue of HIV/AIDS from the political sphere and to shift it into the security sphere, but instead to shift it out of its non-politicized status in many countries and to begin a proper

politicization of the issue" (Elbe 2006, 132). Bringing health crises to the level of so-called high politics is one possible benefit of the security frame that is worth pursuing. Where there used to be apathy, motivation for greater involvement and commitment could emerge. Christian Enemark (2007, 20) sees the "value of securitization [because] it promises to attract greater political attention and resources for protecting human health and human lives in the face of specific infectious disease threats."

In sum, there is a good deal of scholarship that speaks to the shift in framing strategies in recent decades. This has been marked by the securitization of health which has (through the use of the security frame) come to emphasize national security interests—sometimes at the expense of cooperative efforts at the international level. The logic of the schools of thought presented here is sound. It is challenging to weigh these arguments for and against the framing of health crises as security threats. The conceptualization of a disease outbreak as a security threat does serve to catch wealthy states' attention because of its emphasis on state security. However, the limited evidence of the security frame's ability to foster long-term commitment to addressing the crisis remains concerning. When states remove themselves from aid efforts after they no longer perceive a threat, it leaves states who need support through IO initiatives on their own. This has significant implications for the well-being of vulnerable populations in those states.

Theory and Hypotheses

The theory framework I will use as a point of departure for my own research centers on the implications that the use of the security frame has for the global community's attention to and involvement in the health crisis. The literature suggests

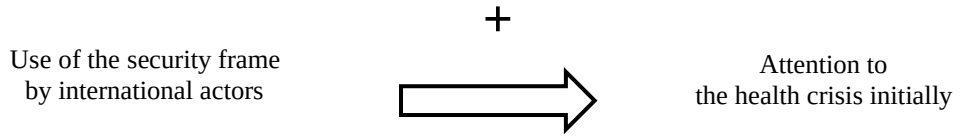
that the security frame is dominant in the discourse around health crises, particularly among actors in the global health regime. The security frame inherently "pushes responses away from an ethos of altruism to one of self-interest" (Labonté and Gagnon 2010, 5) thus the frame motivates engagement at the onset of the crisis—when there is a perceived threat to national security—but does not foster long-term commitments to cooperative efforts.

Much of the securitization literature focuses on the securitization process and its implications at the state level. Rychnovská (2014, 11) contends that securitization at "middle-level 'limited collectivities'" is often most effective. Indeed, if a state leader securitizes an issue, then they can dictate and carry out a national response accordingly. Moreover, proximity to a perceived threat might make the issue more salient. My study will go in a new direction by examining securitization at the international level and its effect on state response to perceived national security threats (as emphasized by the security frame) through internationally coordinated efforts by the IO. I argue that the securitization of health by actors in the global health regime motivates particular patterns and types of responses from state leaders.

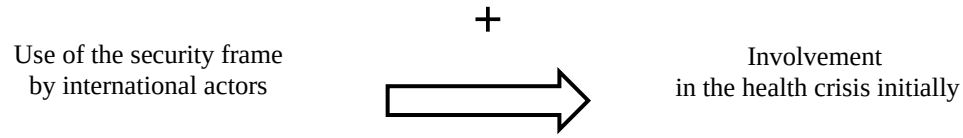
I expect that securitizing language and the use of the security frame will increase the initial amount of attention to (H_{1A}) and involvement in (H_{1B}) the health crisis measured by rhetorical support from heads of government amount of aid and the amount of aid and resources distributed from a state to the WHO and related global responses to combat the crisis, respectively. However, I also expect that the use of the security frame will decrease long-term commitments to responses to these crises (H_{2A} and H_{2B}). Normatively speaking, the fact that the security frame may not be able to sustain the

global community's attention to and involvement in the crisis means that efforts to counter the health crisis could be stymied and/or forced to progress with little help. Consequently, vulnerable populations whose well-being can only be aided and protected by longer-term commitment will be left on their own.

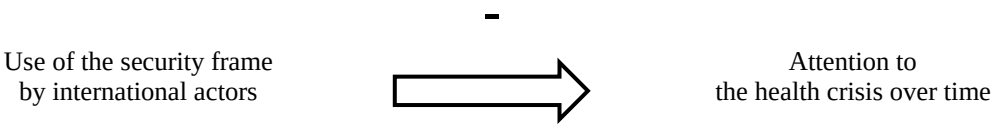
Hypothesis 1A (H_{1A})



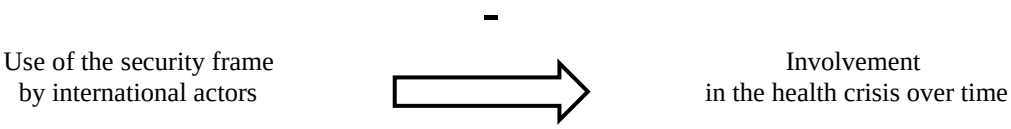
Hypothesis 1B (H_{1B})



Hypothesis 2A (H_{2A})



Hypothesis 2B (H_{2B})



The null hypothesis is that the use of the security frame has no effect or the opposite effect on the global community's short-term or long-term attention to and involvement in these crises. The goals of my study are to establish how prevalent the security frame is in the global discourse surrounding health crises and to examine the implications the frame has for efforts to control the crisis under the guidance of international organizations.

Chapter 3: Methodology

The independent variable of interest in my study is the use of the security frame by international actors. In the context of a global issue framed by an international organization (IO), I define the use of the security frame as the use of language that describes a health crisis as a national security threat that requires an internationally coordinated response, talks about the spread of the disease as a national security threat that requires an internationally coordinated response, and encourages states to secure their borders and/or limit travel. Although the language of the security frame discusses threats to state security, this study is concerned with states' responses to perceived national-level threats at the global level. Indeed, the language of the security frame focuses narrowly on health crises as they relate to state security and prioritize the state's own "self-interest" (McInnes and Lee 2006). The security frame is also evident in language that is primarily concerned with infectious disease and emphasizes containment strategies over preventative measures (Labonté and Gagnon 2010; McInnes and Lee 2006).

To measure my independent variable, I will conduct a content analysis of documents available through the WHO Dashboard of COVID-19 related Recommendations, a database established by the WHO Secretariat. The database organizes documents by source. I code World Health Assembly[3] resolutions, Officially Commissioned reports, and Other reports. I omit documents that were not written by

[3] The World Health Assembly (WHA) is the affiliated, decision-making body of WHO. Each WHO Member State—of which there are 192—sends delegations to the Health Assembly, which meets annually in Geneva, Switzerland. The WHA is responsible for determining WHO policies, appointing the Director-General, overseeing financial policies, and reviewing and approving the program budget.

WHO or affiliated organizations within the global health regime. These parameters give me eight documents to code. In addition, I use the United Nations Documentation Research Guide through the Dag Hammarskjöld Library to gather UN General Assembly resolutions from the 74th Session (2019-2020) and 75th Session (2020-2021) that contain the key words "Health" and/or "COVID-19" in the document title. I omit resolutions that contain one or both key words but in a different and irrelevant context (like "healthy aging," for example). These parameters give me nine documents to code. I organize all aforementioned documents by date (least recent to most recent). Working with documents from throughout the duration of the health crisis helps give a more complete picture of the level of securitization at play and how the dominant framing strategies have changed over time.

This measurement will occur at the ordinal level which allows variables to be compared to each other based on the amount of a certain attribute present (Johnson, Reynolds, Mycoff 2020). In this study, the use of the security frame can be ordered from less use to more use, but there is not an exact difference between the categories. I created a code that places official statements and press releases from WHO on a scale—with high, medium, and low rankings—based on their use of the language of the security frame or their invocation of the themes of the security frame. During content analysis, I award points to documents that use such language according to the rubric below.

Security Frame	Scale (from left to right: high, medium, low)				
	4	3	2	1	0
Examples of language that indicates use of security frame	Explicitly describes a health crisis as a security threat or threat to national security; emphasizes containment measures	Strong invocation of security and clear security-oriented language *OR* Calls for restricting borders and limiting travel	Some clear invocation of security and some clear language related to security or the security frame; focus on infectious disease	No security-oriented language	Language that goes against the security frame; could denounce security-oriented framing and/or response

This scale orders the language of the security frame from high-level to low-level. I focus on the major themes from the security frame. Documents that *explicitly* describe a health crisis as a security threat or threat to national security and/or discuss containment strategies score four points during content analysis. Documents that have *strong* invocation of security and clear security-oriented language or that call for restricting borders and limiting travel score three points. Documents with some *clear* invocation of security and some *clear* language related to the security frame score two points. Documents with no security-oriented language score only one point. A document containing language that goes against the security frame or that denounces security-oriented framing and/or response scores a zero.

The dependent variables of interest in my study are (1) attention to and (2) involvement in the health crisis at the international level. First, attention is measured using rhetorical support from heads of government as an indicator. I measure rhetorical support through a content analysis of newspaper coverage of heads of government's statements and/or speeches. I focus on political leaders in Germany, specifically former Chancellor Angela Merkel. I query the database Nexis Uni (formerly LexisNexis) using the search terms "Angela Merkel AND coronavirus AND World Health Organization." I

narrow the search by content type, selecting "News," and by timeline, looking only at results from December 31, 2019 and December 31, 2022. I put additional parameters on my search: limiting the location of publication to "International," the publication type to "Newspapers," the language to "English," and the people to "Angela Merkel." I select documents for content analysis from the search results through non-probability purposive sampling. For each month of the timetable (December 31, 2019 to December 31, 2022), I select one document from the beginning (approximately the first week), middle (approximately the middle two weeks), and end (approximately the last week) of the month. This yields three documents per month. In the case of duplicate documents, a limited number of documents in a given month, or irrelevant documents, the number of documents sampled may be adjusted. This sampling style allows representation of many points in time and captures any change over time. I examine language that indicates support for efforts related to health crises, signals commitment to improving the global health circumstances, or expresses admiration for the work that WHO is doing. This indicator is measured at the ordinal level. The ordinal level of measurement "indicates that the values assigned to a variable…can be compared in terms of having more or less of a particular attribute" (Johnson, Reynolds, Mycoff 2020, 93). The use of this language can be identified and organized on a scale of lesser to greater use, but there is not an exact difference between usage of such phrases or the expression of such sentiments. I created a code that places language used by heads of government on a scale based on how strongly their language signals support for WHO responses and relief initiatives and other containment or prevention procedures. I use a rubric to assess the amount of favorable

language present. During content analysis, I award points to documents that use such language according to the rubric shown below.

Attention to Health Crisis	Scale (from left to right: high, medium, low)				
	4	3	2	1	0
Examples of language that indicates support for efforts related to health crises	Explicit mention of WHO efforts *OR* recognition of WHO's role as a global health partner *OR* expression of support for the work that WHO is doing	Some clear indication of support for WHO efforts *OR* recognition of WHO as relevant entity *OR* expression of support for medical professionals	Implied support for WHO efforts evident in state-level protective measures *OR* weak mention of WHO *OR* weak expression of support medical professionals	No expression of support *OR* No mention of WHO but includes language related to the pandemic	Language that rejects WHO efforts *OR* denounces WHO's role as a global health partner *OR* discredits protective measures

This scale orders the language that indicates support for efforts related to the health crisis from high-level to low-level. Documents that *explicitly* mention WHO efforts, recognize the IO as a global health partner, or express support for the WHO's work score four points during content analysis, while documents that make *some* clear indication of support for WHO efforts, recognition of the IO as a relevant entity, or expression of support for medical professionals score three points. Documents that discuss state-level protective measures imply support for WHO efforts. These documents as well as documents that make *weak* mention of WHO or weak expression of support for medical professionals score two points. Documents with no expression of support or with no mention of the WHO but language otherwise related to the pandemic only one point. A document containing language that rejects WHO efforts, denounces WHO's role as a global health partner, or discredits protective measures scores a zero. It is important to note that the rhetorical support indicator measures the attention a state pays

to the health crisis in terms of the language used by the heads of state and that talking about an issue does not necessarily translate to acting on the issue.

Second, involvement is measured using the amount of aid and resources distributed from a state to the WHO and related global responses to combat a given health crisis as an indicator. The aid can come in the form of monetary donations and the sharing of medical resources. I define monetary donations to WHO as simply the amount of money a member state allocates to the organization. I am interested in the amount of money funneled back into the IO, since my research is concerned with securitization and the perception of a health crisis as a global issue. I define the sharing of medical resources as the commitment or donation of personal protective equipment or vaccines. I collect this data from news reporting where such information is made public. This variable will be measured at the ratio level which considers the value and order of and the intervals between categories, and it has a meaningful zero that allows for precise differentiation between the amounts of the variable present (Johnson, Reynolds, Mycoff 2020).

My research will be conducted through an observational study. I will employ a Method of Difference approach using a longitudinal case study in which the comparison is before and after securitization. This means that my research explores the same health crisis and actors involved at different points in time. By looking at a single case over time, I can control for a variety of factors that could affect the extent to and the ways in which securitization by the IO affects state responses at the international level. My unit of analysis is a health crisis. I use WHO to observe my independent variable. This is a reasonable entity to study because of its focus on global health. Germany is a good state

to measure because it is not strongly liberal or conservative, is a Great Power, and does not have an overly politicized relationship with WHO. By holding the donor country (Germany) constant, I also avoid the influence that political strategy might have on the amount of aid that a state allocates to the IO.

I selected the COVID-19 pandemic for my case study. This is a good test because preliminary research shows that the independent variable—securitization—does in fact vary. By using the same health crisis but examining securitization at different points in time during the crisis, I control for many factors that may also impact the efficacy of the WHO's securitization on state response at the international level. Additionally, there is an ample amount of information available about the COVID-19 pandemic including a robust sampling frame of WHO documents. During initial case selection work, I identified pairs of comparable health crises and planned to conduct a comparative case study across two cases. I found two possible pairs of health crises that were appropriate for the MOD approach: the HIV/AIDS epidemic (1990s) and the COVID-19 pandemic (2020) or the Zika virus outbreak (2015-2016) and the Ebola epidemic (2013-2016). The HIV/AIDS epidemic and the COVID-19 pandemic are comparable because they both had a large magnitude (meaning they affected many people and many—if not all—parts of the world). While the duration of these crises is different, their fatality rates indicate similarity. The World Health Organization reports that globally 690,000 people died of HIV/AIDS in 2019 and that about 1.2 million people have died from COVID-19. One unique aspect of these two health crises is the disproportionate detrimental effect they had and have on marginalized populations. At the beginning of the HIV/AIDS epidemic, gay men were most closely associated with the disease. The fact that the crises appeared

to affect a minority group meant that world leaders could ignore its effects. A similar pattern has emerged during the ongoing COVID-19 pandemic in the sense that Indigenous communities and communities of color have been among the hardest hit by the novel coronavirus. This confounding factor is next to impossible to eliminate, but, speaking more normatively, it is necessary to consider the way in which world leaders may alter their health crisis response plans depending on the populations that are affected by it. Another possible approach would have been to eliminate the large-scale health crises and focus on a pair of smaller and less wide-spread crises, such as the Zika virus outbreak and the Ebola virus disease (EVD) epidemic. Between the years 2015 and 2016, approximately 92,000 Zika cases were confirmed in the Americas (PAHO), and between 2013 and 2016, approximately 28,600 cases were confirmed in the West African region (CDC). These two crises did not reach the same magnitude as the other pair of cases. This relatively limited scope could allow for a more in-depth analysis of the use of the security frame and the amount of support funneled back to WHO since their durations are shorter. It is also worth noting that these crises both disproportionately affected marginalized parts of the world.

Following a subsequent round of case selection work, available evidence suggests that the Zika virus outbreak and Ebola virus disease epidemic are not good tests. The lack of WHO documentation during the two health crises would have made it difficult to determine the level of securitization through content analysis. Similarly, the 2002-2004 SARS-CoV outbreak and the 2012 MERS-CoV outbreak are not viable case studies because neither of the disease outbreaks were declared a Public Health Emergency of

International Concern by the International Health Regulations (IHR) Emergency Committee.

In the following section, I detail the evolution of WHO securitization and framing regarding the COVID-19 pandemic in order to test my hypotheses that use of the security frame by the IO will increase initial attention to (H_{1A}) and involvement in (H_{1B}) the health crisis. However, I also expect that with use of the frame there will be a decrease in attention to (H_{2A}) and involvement (H_{2B}) in the response over time.

Chapter 4: Results and Analysis

Independent Variable: Use of the Security Frame by an International Organization

United Nations General Assembly resolution 74/2 was adopted on October 10, 2019—during the 74th session of the General Assembly—several months before the onset of the COVID-19 pandemic. Titled "Universal health coverage: moving together to build a healthier world" the resolution scores a 1 based on my coding scheme. The document makes some mention of infectious disease, which is characteristic of the security frame, in the call to "strengthen efforts to address communicable diseases" (UN Res. 74/2 2019, 6). There are a couple of instances of language related to "disease prevention" (UN Res. 74/2 2019, 5) and "emergency health preparedness" (UN Res. 74/2 2019, 11) although it occurs in the context of "health communication and health literacy" (UN Res. 74/2 2019, 5) and "the impacts of climate change and natural disasters" (UN Res. 74/2 2019, 11), respectively. The document's emphasis is on health coverage, access, and equity and does not capture security-oriented themes.

Similarly, United Nations General Assembly resolution 74/20—adopted on December 11, 2019, during the 74th session—called "Global health and foreign policy: an inclusive approach to strengthening health systems" scores a 1. There is mention of infectious and communicable disease, but it is not in the context of health as a security issue. Claims that reaffirm "the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health" (UN Res. 74/20 2019, 2) and that promise "to ensure that no one is left behind, with an endeavour to reach the furthest behind first, founded on the dignity of the human person and reflecting the principles of equality and non-discrimination" (UN Res. 74/20 2019, 7)

make clear that the document's focus is on making changes to existing health systems with an eye towards ethical considerations. There is also language that encourages international cooperation, that frames health as a human right, and that suggest policies which reflect these as priorities.

Interestingly, the Global Preparedness Monitoring Board's 2019 Annual Report on Global Preparedness for Health Emergencies, published at year's end, scores a 4 based on my coding scheme. The report calls for government leaders to "prioritize…spending for preparedness as an integral part of national and global security" (GPMB 2019, 2). This explicit connection between preparing for a health crisis and national security interests earns the document points for securitization. Additionally, the report names stakeholders in the "security and foreign affairs sectors" (GPMB 2019, 2) as relevant actors in preparedness efforts. Although the report was put out before the beginning of the pandemic, it indicates a shift towards conceptualizing health threats—an untraditional security threat—as a risk to national security among actors in the global health regime.

Then, on January 9, 2020, WHO announced a coronavirus-related pneumonia present in Wuhan, China. Just over a week later, the Centers for Disease Control and Prevention (CDC) began screening passengers on flights at JFK International, San Francisco International, and Los Angeles International airports. The following day, the CDC confirmed the first case of the novel coronavirus in the United States, and Chinese medical doctor Zhong Nanshan reported that the coronavirus disease can be transmitted person to person (AJMC Staff 2021). Germany reported their first positive case—"a man in the Starnberg region of Bavaria"—on January 27 (Associated Press 2021a). As the global COVID-19-related deaths climbed to more than 200 and new infections rose to

more than 9,800 cases by the end of the month, the WHO declared a Public Health Emergency of International Concern (PHEIC) (AJMC Staff 2021). On February 3, 2020, the Trump administration announced a public health emergency in the U.S. Approximately one month later, the WHO director general, Tedros Adhanom Ghebreyesus, officially declared the coronavirus outbreak as a pandemic. In his official statement Ghebreyesus said: "WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction…We have rung the alarm bell loud and clear" (Ghebreyesus 2020).

About two months after the WHO declared COVID-19 a PHEIC, the United Nations General Assembly adopted resolution 74/270 on April 4, 2020. The resolution is titled "Global solidarity to fight the coronavirus disease 2019 (COVID-19) and scores a 3 based on my coding scheme. It contains clear security-oriented language. This is evident in the title, which uses the word "fight." Moreover, the Assembly "[notes] with great concern the threat to human health, safety and well-being caused by the coronavirus disease 2019 (COVID-19) pandemic" (UN Res. 74/270 2020, 1) and "calls for intensified international cooperation to contain, mitigate and defeat the pandemic" (UN Res. 74/270 2020, 2). The explicit description of COVID-19 as a threat earns the document points for securitization. Indeed, the emphasis on containment, mitigation, and defeat reveals that a threat/defense logic is at play. Two days after the adoption of the resolution, Germany recorded its 100,000th case (Associated Press 2021a).

Then, the United Nations General Assembly adopted resolution 74/274, "International cooperation to ensure global access to medicines, vaccines and medical

equipment to face COVID-19," on April 20, 2020. There is, as in resolution 74/270, some clear security-oriented language related to "coordinating the global response to control and contain the spread of the coronavirus disease (COVID-19)" (UN Res. 74/270 2020, 2). The document scores a 3 based on the coding scheme. It does not explicitly describe a health crisis as a security threat or threat to national security, so while it does discuss the importance of "effective national protective measures" (UN Res. 74/274 2020, 1), it does not meet the criteria to score at the highest level of security-oriented language. There are also appeals made to international cooperation and equity in connection to vaccine development and distribution: "[the WHO] encourages Member States to work in partnership with all relevant stakeholders to increase research and development funding for vaccines and medicines…and to bolster coordination…adhering to the objectives of efficacy, safety, equity, accessibility, and affordability" (UN Res. 74/274 2020, 2). However, these themes are not indicative of securitization.

On May 19, 2020, the WHA[4] released resolution 73.1 "COVID-19 response" following their 73rd annual meeting. There are a few instances where the WHA uses security-oriented language in this document, which scores a 2 based on the coding scheme. The most squarely security-oriented language is in relation to information security during health crises and encourages action to "counter misinformation and disinformation, as well as malicious cyber activities" (WHA Res. 73.1 2020, 6). There is

[4] The World Health Assembly (WHA) is the affiliated, decision-making body of WHO. Each WHO Member State—of which there are 192—sends delegations to the Health Assembly, which meets annually in Geneva, Switzerland. The annual Assembly meeting is led by the WHA Executive Board. The Executive Board is composed of 34 uniquely qualified experts in the field of health who are designated by Member States and serve three-year terms. The Board prepares an agenda that focuses on specific health-related topics. The WHA is responsible for determining WHO policies, appointing the Director-General, overseeing financial policies, and reviewing and approving the program budget. The 74th Annual WHA was held from May 24, 2021 through May 31, 2021. Additionally, the WHA can convene special sessions on an as-needed basis at the Executive Board's or majority of the Member States' request.

also some language related to "preparedness, surveillance and response" (WHA Res. 73.1 2020, 3) and "collaboration at all levels in order to contain and control the COVID-19 pandemic and mitigate its impact" (WHA Res. 73.1 2020, 3). There is some clear invocation of security and some clear language related to security; however, the security-oriented language is not frequent or emphasized, and there is no explicit discussion of the health crisis as a broad security threat or as a threat to national security. This WHA resolution came just three weeks before the U.S. reached 2 million confirmed COVID-19 infections on June 10, 2020 (AJMC Staff 2021).

The number of new COVID-19 cases ticked up steadily over the course of the summer. By September 1, 2020, the worldwide daily average of new reported cases was 266,910—up from 112,366 cases on June 1 (The New York Times 2022a). In the U.S., the daily average of new reported cases was 41,486 on September 1 (The New York Times 2022b). On the same day, the Trump administration denounced the WHO's COVAX initiative for the development, manufacture, and distribution of a COVID-19 vaccine (AJMC Staff 2021).

The United Nations General Assembly issued resolution 74/306, "Comprehensive and coordinated response to the coronavirus disease (COVID-19) pandemic," on September 11, 2020. The document scores a 2. It has some security-oriented language: for example, it calls "to improve capacity for global pandemic prevention, preparedness and response" (UN Res. 74/306 2020, 4) and "for intensified international cooperation and solidarity to contain, mitigate and overcome the pandemic" (UN Res. 74/306 2020, 5). It does not use strong securitizing language, nor does it explicitly describe the health crisis as a security threat or a threat to national security.

Adopted on the same day, resolution 74/307, "United response against global health threats: combating COVID-19," scores a 4. The title of the document itself includes strong security-oriented language by naming COVID-19 a "global health threat" and with the use of the word "combating." It goes on to describe "the serious risks posed to all countries" by the novel coronavirus (UN Res. 74/307 2020, 1). Indeed, it is the explicit description of the pandemic as a security threat and threat to states' security that puts this document at the highest level of securitizing language based on the coding scheme. The resolution similarly calls for "preventing threats from emerging pandemics and on building an effective global defence against outbreaks of deadly infectious diseases should such threats emerge" in the future (UN Res. 74/307 2020, 2). Throughout the document there is additional language related to prevention, control, mitigation, and confrontation. All of this indicates conceptualization of the COVID-19 pandemic as a security threat and prompts a threat/defense logic.

On November 4, 2020, the U.S. hit an unprecedented 100,000 new infections reported in a single day (AJMC Staff 2021), and, on November 5, the worldwide daily average of new reported cases was 527,971 (The New York Times 2022a). On the same day, the United Nations General Assembly adopted resolution 75/4 titled "Special session of the General Assembly in response to the coronavirus disease (COVID-19) pandemic." This document scores a 1 based on the coding scheme. Its purpose is to formalize the special session meeting of the General Assembly rather than to discuss action Member States should take in response to the ongoing pandemic. It should be noted that the document references resolutions 74/270 and 74/307, which score a 3 and a 4 respectively. It does describe "the threat to human health, safety and well-being caused by the

coronavirus disease (COVID-19) pandemic" (UN Res. 75/4 2020, 1). The single use of the word "threat" is not considered security-oriented language.

On Monday, November 9, 2020, Pfizer released data from its COVID-19 vaccine trial, which showed vaccination to be 90% effective, and the U.S. Food and Drug Administration (FDA) issued an Emergency Use Authorization (EUA) for a monoclonal antibody treatment from the pharmaceutical company Eli Lilly, which was shown in clinical trials to reduce coronavirus-related hospitalizations and/or emergency visits in high-risk patients within 28 days of treatment compared to the control group (AJMC Staff 2021). At the end of the week—November 13—the WHA released resolution 73.8 "Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)." The document scores a 3. There are several instances where the WHA uses security-oriented language: "in preventing, preparing for and responding to outbreaks of infectious diseases" (WHA Res. 73.8 2020, 3), "strengthening, as appropriate, national, subnational, regional, and global emergency medical teams is a high impact investment in preparedness for disasters, outbreaks, epidemics, and other health emergencies" (WHA Res. 73.8 2020, 4), and "to prevent, protect against, control and provide a public health response to the international spread of disease" (WHA Res. 73.8 2020, 4). These are examples of strong invocations of security and clear security-oriented language. While there is explicit mention of the state's role in crises, there is no discussion of the health crisis as a threat to national security nor is there explicit mention of the crisis as a security threat, so the resolution does not reach the highest level of securitizing language. That week, the global confirmed cases of COVID-19 was 4,044,877 and the death toll was 62,724 (WHO 2020).

A little over a month later, on December 11, 2020, the FDA issued an EUA for the Pfizer BioNTech vaccine, and healthcare workers in the U.S. began to receive their first dose of the vaccine in the following days (AJMC Staff 2021). Then, on December 18, the FDA granted an EUA for the Moderna vaccine (AJMC Staff 2021). This move comes just days before the highest reported worldwide daily average of new reported cases for the month: 650,550 on December 22 (The New York Times 2022a).

On December 14 and 16, the United Nations General Assembly adopted resolutions 75/130—"Global health and foreign policy: strengthening health system resilience through affordable health care for all"—and 75/156—"Strengthening national and international rapid response to the impact of the coronavirus disease (COVID-19) on women and girls"—respectively. Both resolutions score a 3 based on the coding scheme. Resolution 75/130 discusses the need for states "to prevent and control emerging and re-emerging infectious diseases that pose a risk to global public health" (UN Res. 75/130 2020, 4). There is additional security-oriented language including "combating the pandemic" (UN Res. 75/130 2020, 6) and bolstering "surveillance and preparedness measures, particularly with regard to infectious diseases and other health threats" (UN Res. 75/130 2020, 9). There is clear security-oriented language, but there is no explicit description or discussion of COVID-19 as a security threat. Similarly, resolution 75/156 recognizes "the grave and increasing threat to global health posed by coronavirus disease (COVID-19)" (UN Res. 75/156 2020, 1). There is clear security-oriented language—"solidarity to fight COVID-19" and "combating COVID-19" (UN Res. 75/156 2020, 2)—in relation to the references the document makes to resolutions 74/270 and 74/307, which score a 3 and a 4 respectively. There is also mention of mitigation and prevention.

It is worth noting that the emphasis in this resolution is on the impact of the ongoing pandemic on women and girls, their vulnerability, and disproportionate burden sharing. Like resolution 75/130, this document contains clear security-oriented language but does not explicitly describe or discuss COVID-19 as a security threat.

After the New Year, the worldwide daily average of new reported cases rose to 744,487 cases on January 11, 2021 (The New York Times 2022a). Just over a week later, on January 20, Joe Biden was inaugurated as the 46th president of the United States and immediately stopped the U.S. withdrawal from the WHO--a move which was initiated five months prior by former President Trump (CNN 2021). The global daily average of new reported cases then dipped to 361,594 on February 20, 2021 (The New York Times 2022a). In the week of February 22, the U.S. reported 13,407 COVID-19-related deaths and Germany reported 2,204 deaths (WHO 2020). By April 17, 2021, worldwide deaths exceeded 3 million (CNN 2021). On April 28, 2021, the worldwide daily average of new reported cases hit an unprecedented 826,756 (The New York Times 2022a).

Then, on May 5, the WHO's Review Committee on the Functioning of the International Health Regulations (IHR) (2005) during the COVID-19 Response published the IHR (2005) Review "Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)." This document scores a 2 based on the coding scheme. There is some security-oriented language. The document references IHR provisions including "outbreak alert, verification and risk assessment" (IHR Doc. 2021, 9) and uses language like "preparedness, alert, response" (IHR Doc. 2021, 9) and "surveillance" (IHR Doc. 2021, 11). The security-oriented language is not strongly emphasized in the document and is never explicit. The document uses more

legal-related language given that the IHR (2005) is a legally binding framework that sets Member States' obligations and responsibilities in public health-related situations that could become international.

Also on May 5, the WHO's Independent Oversight and Advisory Committee (IOAC) released a report: "Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme." This document scores a 3 based on the coding scheme since there is strong security-oriented language. There are calls for increased "preparedness" and investments in "health security" (IOAC Doc. 2021, 15). There is discussion of security of information as it relates to health crisis response. The IOAC recommends increasing "capacity to deploy proactive countermeasures against misinformation and social media attacks and further invest in risk communication as an essential component of epidemic management" (IOAC Doc. 2021, 13). Suggestions to "control" and "fight" also signal securitization.

By the end of the month, the daily average of new reported cases was declining both worldwide and in Germany. On May 31, 2021, reported numbers were 487,104 and 4,276 cases, respectively (The New York Times 2022a; The New York Times 2022c). The WHA published resolution 74.7, titled "Strengthening WHO preparedness for and response to health emergencies." This document uses strong and clear security-oriented language. Examples of this include the reference to UN General Assembly Resolution 74/307 "on united response against global health threats: combatting COVID-19" (UN Res. 74/307 2020, 3) and the call for Member States to increase "early-warning surveillance" and "preparedness" (WHA Res. 74.7 2021, 5) as well as to "prevent, protect against, detect, control and provide a public health response to the international

spread of disease" (WHA Res. 74.7 2021, 10). As in prior documents, there is also discussion of information security in relation to health crisis prevention and response. Indeed, they write that "the proliferation of disinformation and misinformation, particularly in the digital sphere, as well as the proliferation of malicious cyber-activities that undermine the public health response" (WHA Res. 74.7 2021, 9). While this resolution contains security-oriented language, it does not describe the health crisis explicitly as a security threat, so it scores a 3 rather than a 4.

Throughout May and into June, the worldwide daily average of new reported cases trended downward until June 22, 2021, when numbers began to increase again. By July 22, an average of 523,643 new cases were being reported daily around the globe, up from 363,832 cases just a month earlier (June 22) (The New York Times 2022a). On August 12, the FDA approved a third dose of the COVID-19 vaccine for immunocompromised individuals, and then, on August 23, the FDA officially approved the Pfizer BioNTech vaccine, making it the first FDA-approved vaccine (CNN 2021). The rising number of infections peaked at a worldwide daily average of 661,299 new reported cases on August 26 (The New York Times 2022a).

In September 2021, the Pan-European Commission on Health and Sustainable Development issued a report on the pandemic. The document scores a 4 based on the coding scheme because it explicitly describes a health crisis as a security threat or threat to national security. This is evident in the Commission's call for "[i]nvestment in measures to reduce threats, provide early warning systems and improve responses to crises" (Pan-European Commission 2021, 4) and—most notably—warning that "[o]ur world, and particularly our WHO European Region, is very interconnected, which yields

many benefits but also carries risks for disease transmission. Europe is especially vulnerable to any threat to health, and the world is vulnerable to any threats that emerge in Europe" (Pan-European Commission 2021, 5). In addition, there is language like "combat health threats" and "risk management frameworks" (Pan-European Commission 2021, 4).

On November 19, as the worldwide daily average of new reported cases was beginning to increase (The New York Times 2022a), the FDA authorized booster shots of the Pfizer BioNTech and Moderna vaccines for all adults. The authorization came alongside a CDC endorsement (CNN 2021). Over the next few weeks, cases continued to rise. In the week of November 15, there were 3,820,356 confirmed cases globally, which represented an 11.22% increase from the week before (WHO 2020). In the week of November 22, there were 4,029,230 confirmed cases, up 5.47% the week before, and by the week of November 29, confirmed cases globally reached 4,255,713, which is a 5.62% increase from the week prior (WHO 2020).

The Global Preparedness Monitoring Board issued their 2021 Annual Report, "From Worlds Apart to a World Prepared," at year's end. There is no security-oriented language in the document. The emphasis is on ethical and humanitarian approaches that promote equality and equity during preparedness and response efforts. While there are a couple of mentions of surveillance and response in the context of health emergencies, it does not constitute use of the security frame (GPMB 2021a). As such, the document scores a 1.

Table 1: WHA Resolutions & Officially Commissioned and Other reports

Organized by date of publication with coding score and notes

Report	Date	Score	Notes
GPMB Annual Report 2019 Executive Summary	EOY 2019	4	It explicitly lists "security and foreign affairs sectors" as relevant actors in preparedness efforts. Similarly, it describes "spending for preparedness as an integral part of national and global security."
WHA 73.1 "COVID-19 Response"	May 19, 2020	2	There is some clear invocation of security and some clear language related to security. Actions suggested as ways to contain the virus or be better prepared for the next health crisis point towards securitization.
WHA 73.8 "Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)"	November 13, 2020	4	"calls on Member States to strengthen **national risk management**, health emergency preparedness and contingency processes and disaster management units" (3); "Recognizing that urban settings are especially vulnerable to **infectious disease** outbreaks and epidemics, given the concentration of human activity, especially as hubs of **trade and travel**" (3); "to continue supporting countries in the development of **health emergency preparedness** and implementation of core capacities under the International Health Regulations (2005), including, as appropriate, through national plans for implementation of the Regulations and/or, where relevant, **national action plans for health security**" (5); "**national action plans and policies for preparedness**".

IHR Review "Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)" (Pages 9-17: Executive Summary)	May 5, 2021	2	There is security-oriented language although it is kept mostly in the context of health. There is emphasis on preparedness and risk-assessment throughout.
IOAC "Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme"	May 5, 2021	3	There is some clear security-oriented language and mention of the role of travel restrictions in pandemic response. There is discussion of security of information. There is also a call for the establishment of a security-oriented department. Language related to controlling the virus also signals securitizing moves. In the context of health there is also discussion of increasing surveillance capacities. As in the previously coded documents, there are ethical appeals and language that promotes international cooperation and collaboration for best and most equitable response policies.
WHA 74.7 "Strengthening WHO preparedness for and response to health emergencies"	May 31, 2021	3	"united response against **global health threats**: combating COVID-19" (3); "Recognizing also the potential of digital health technologies to strengthen secure communication in health emergencies" (5); "strengthen global, regional and country **preparedness and response capabilities** and capacities for health emergencies" (12); surveillance and preparedness throughout; "to **prevent, protect against, detect, control** and provide a public health response to the international spread of disease in ways that are commensurate with and restricted **to public health risks**" (10).

Pan-European Commission on Health and Sustainable Development (Pages 1-5: Executive Summary; Key Objectives and Recommendations)	September 2021	3	"Investment in measures to reduce **threats**, provide early warning systems and improve responses to crises is scaled up." (4); "By becoming States Parties to the International Health Regulations (IHR) (2005), most nations in the world have signed up to the principle of joint action to **combat health threats**" (4); "Our world, and particularly our WHO European Region, is very interconnected, which yields many benefits but also carries **risks for disease transmission**. **Europe is especially vulnerable to any threat to health**, and the world is vulnerable to any threats that emerge in Europe." (5).
GPMB Annual Report 2021 Executive Summary	EOY 2021	1	There is no security-oriented language. The emphasis is on ethical and humanitarian approaches that promote equality and equity. There is mention of surveillance and response in the context of health emergencies, but it does not constitute use of the security frame.

Table 2: UN General Assembly Resolutions with Key Words "Health" and/or "COVID-19"

Organized by date of publication with coding score and notes

Resolution # and Title	Date	Score	Notes
74/2: Political Declaration of the High-level Meeting on Universal Health Coverage "Universal health coverage: moving together to build a healthier world"	10/10/2019	1	Referenced in WHA 73.8; some mention of infectious disease; emphasis on health coverage, access, and equity
74/20: Global health and foreign policy: an inclusive approach to strengthening health systems	12/11/2019	1	Some mention of infectious disease; mostly human rights/ethical framing; calls for cooperation

74/270: Global solidarity to fight the coronavirus disease 2019 (COVID-19)	4/4/2020	3	Referenced in WHA 73.1; "fight" in the title; explicitly describes COVID-19 as a "threat to human health, safety, and well-being"; strong emphasis on containment measures to mitigate and "defeat" the pandemic
74/274: International cooperation to ensure global access to medicines, vaccines and medical equipment to face COVID-19	4/20/2020	3	Referenced in WHA 73.1; clear security-oriented language including "control" and "combat"; also discusses "effective national protective measures"
74/306: Comprehensive and coordinated response to the coronavirus disease (COVID-19) pandemic	9/11/2020	2	Mentions containing and defeating the pandemic but does not discuss COVID-19 as a risk or threat
74/307: United response against global health threats: combating COVID-19	9/11/2020	4	Describes the "serious risks posed to all countries"; many invocations of containment measures; "preventing threats"; "control"; "contain"; "combat"; "confront"
75/4: Special session of the General Assembly in response to the coronavirus disease (COVID-19) pandemic	11/5/2020	1	References 74/270 "Global solidarity to fight the coronavirus disease 2019 (COVID-19)" and 74/307 "United response against global health threats: combating COVID-19"; discusses COVID-19 as a "threat to human health, safety, and well-being"; point of the document is to formalize the special session meeting not to discuss action related to the pandemic
75/130: Global health and foreign policy: strengthening health system resilience through affordable health care for all	12/14/2020	3	Clear security-oriented language like prevent, control, risk, combat. No explicit discussion of COVID-19 as a security threat. One mention of infectious disease.

75/156: Strengthening national and international rapid response to the impact of the coronavirus disease (COVID-19) on women and girls	12/16/2020	3	Clear security-oriented language; identifies COVID-19 as a threat to global health; references resolutions 74/270: Global solidarity to fight the coronavirus disease 2019 (COVID-19) and 74/307: United response against global health threats: combating COVID-19. No discussion of containment.

Note: the number on the left side of the forward slash (/) indicates the session of the UN General Assembly in which the resolution was adopted. The 74th Session occurred from 2019-2020, and the 75th Session occurred from 2020-2021.

Dependent Variables: Attention to and Involvement in the Health Crisis Initially and Over Time

A January 23, 2020 article from *China Daily*, "Global ties vital to fight coronavirus," paraphrases a phone conversation between Chinese President Xi Jinping, Frenhc President Emmanuel Macron, and German Chancellor Angela Merkel. According to the article, Merkel expressed appreciation of "China's efforts to contain the spread of the contagious disease in a timely manner" and added that "Germany stands ready to provide support and assistance to China" (Desheng 2020). There is an appeal to international cooperation. Merkel does not discuss the WHO or express support for any WHO initiatives in this document; however, she does speak about the pandemic. For this reason, it scores a 1 based on the coding scheme.

In February, Merkel similarly did not discuss the WHO or express support for any WHO initiatives in the observed documents. An article from *China Daily*, "Premier Li hopes Germany can facilitate purchase of medical resources," paraphrases a conversation between Premier Li and Merkel in which Merkel reportedly "hailed China's decisive steps in coping with the outbreak" and reiterated "that Berlin is willing to continue cooperation with Beijing on epidemic control and prevention" (Wei 2020). Merkel

expressed a cooperative sentiment and encouraged international support during the health crisis; her language, however, is not related to the WHO. A February 16 piece from London's *The Sunday Times* references Macron and Merkel's phone conversation with President Xi Jingping in contrast to British Prime Minister Boris Johnson, who was expected to follow suit and contact the Chinese leader later that week (Gregory 2020). The documents both score a 1.

Merkel's rhetoric at the beginning of March continued not to discuss the WHO. Due to the growing outbreak of coronavirus infections and fear of spreading the disease, Merkel refused to shake hands with anyone in attendance at her "speech to 400 local business leaders and constituents in her electoral district" (Williams 2020). She commented: "'Germany is among the countries with the best possible conditions to deal with this virus. Not every event needs to be cancelled. And on top of that, every single one of us can make a contribution. I'm not going to shake anyone's hand tonight'" (Merkel qtd. Williams 2020). This document scores a 1 since Merkel does indicate awareness of and support for pragmatism in the face of rising COVID-19 cases, but she does not make explicit mention of the WHO or their efforts. Likewise, an article from *The Vancouver Sun* quotes Merkel explaining in "plain talk" that "'We have to understand that many people will be infected'" (Palmer 2020). This document also scores a 1 based on the coding scheme. There is no mention of the WHO, but it is worth noting that she speaks frankly about the growing risk to public health presented by the coronavirus.

By the end of March, German leaders began to wrestle with masking requirements. The (now former) health minister, Jens Spahn, reportedly "saw no reason

to oblige people to wear masks, 'but [he recognized] the growing willingness of people to wear masks out of solidarity for other people'" (Connolly 2020). Alternatively, the Social Democrats' health expert (and now the current health minister), Karl Lauterbach, spoke in favor of Germans wearing masks "'on condition that there are enough masks and that medical personnel are not missing out on them'" (Lauterbach qtd. Connolly 2020). I score this document a 2 because there is weak expression of support for medical professionals in Lauterbach's statement. While Spahn initially seems dismissive of a masking requirement, he ultimately describes it as an act to show solidarity. I do not deem this language that rejects protection and/or prevention efforts related to the WHO or otherwise.

In early April, Merkel opted not "to lift restrictions [in Germany] on people's movement despite signs that the virus may be spreading" more slowly (Daily Independent 2020). Here, she still does not make explicit mention of the WHO or related efforts. There is, however, implied support for WHO efforts evident in state-level protective measures and her pragmatism and awareness of the situation, earning this a 2. By the middle of the month, she had somewhat reversed course with an announcement to "partially reopen schools and shops in the coming weeks," describing Germany's "'fragile intermediary success'" given the country's lessening of new reported cases of infection (Parkin 2020). This rhetoric scores a 1. There is no expression of support for the WHO. In sharp contrast, an article from the end of April reports on the Chancellor's call "for international co-operation on the development of a vaccine for the new coronavirus…[since] the pandemic transcends borders and can only be countered jointly" (Taranaki Daily News 2020). She went on to explain that "'For the German government,

I emphasise the WHO is an indispensable partner and we support them in their mandate" (Merkel qtd. Taranaki Daily News 2020). This scores highly--a 4--in the coding scheme. Her rhetoric includes specific mention of WHO efforts and recognizes WHO's role as a global health partner.

As COVID-19 cases began to rise again in May 2020, Merkel was forced to consider reinstituting lockdown protocols after restrictions had previously been relaxed. The easing of restrictions included the re-opening of "museums, galleries, zoos and playgrounds" and resumption of religious congregation (Knox 2020). This does not capture rhetoric about support for the WHO (score: 1), but Merkel clearly expressed caution: "'If the infection curve becomes steep again, we need to have a warning system to notice it early and be able to act'" (Merkel qtd. Knox 2020). Later in the month, Merkel spoke (via video message) during the 73rd session of the WHA, which in and of itself is, arguably, an indication of her evident support for the broader WHO. She called for international cooperation: "'No country can solve this crisis alone, we must act together'" (Merkel qtd. Xinhua 2020). Merkel went on to say, "'The World Health Organization is the legitimate global institution where the threads come together…[and] we must constantly examine how we can further improve the processes in the WHO'" (Merkel qtd. Xinhua 2020). This rhetoric scores a 4 for specific recognition of the WHO's role as a global health partner and strong expression of support for the entity. It is also worth noting that Merkel picks up on security-oriented language as she describes the need "to contain the coronavirus pandemic" (Xinhua 2020). Merkel's speech to the WHA is covered again at the end of the month in an article that cites her lauding the WHO as "the legitimate world organization for public health" (Shenzhen Daily 2020).

This scores a 3 for recognition of the WHO as a relevant entity but is not robust enough to score a 4.

In June 2020, global leaders felt the ripple effects of former President Trump's withdrawal of the US from the WHO. Early in the month, former health minister Jens Spahn described the move as a "'disappointing' decision [and] a setback for global health" (Daily Dispatch 2020). Then, Merkel said she would not attend Trump's proposed in-person summit of the G7 states. Spahn's language weakly expresses support for the WHO and their role as a global health partner. This scores a 2. And, while not related to language or rhetoric, Merkel's decision not to attend the in-person meeting signals some commitment to safety measures and discontent with Trump. Merkel co-authored a letter and policy brief with French President Macron in which the two leaders called for a "'common European approach'" to future health-related challenges (AFP 2020). They hoped to inspire cooperation among European Union (EU) states. This scores a 1, but it is important to note Merkel's commitment to international/regional cooperation in the face of emerging crises. By the end of the month, Merkel had pledged 383 million euros to the EU Commission and the "Global Citizen" initiative to fund coronavirus vaccine development (Die Welt 2020). Then German Development Minister Gerd Müller explained that "German aid funds will be used to provide health workers in developing countries with protective equipment, disinfectants and test kits, among other things" (Die Welt 2020). This scores a 3. A monetary commitment like this one shows support for international health initiatives and cooperation--as Merkel has previously stated--but does not name the WHO. Müller's language does, however, indicate support for medical professionals.

Debate and discussion over masking protocols resurfaced in July 2020. The WHO itself contributed to the confusion claiming initially that masks were not necessary but eventually instituting the protective measure. In Germany, Merkel maintained support for mandatory masking "in public spaces where the minimum [social] distance cannot be maintained" (CE Noticias 2020a). This scores a 2. Then, later in the month, EU state leaders debated "a proposed $2.1 trillion (USD) EU budget and coronavirus recovery fund" (Anna and Moulson 2020). Merkel reportedly said "the talks could still end without a deal" given the competing interests and positions of the 27 countries (Anna and Moulson 2020). The language in this document scores a 1. By the end of July, Spahn and Merkel were considering state-mandated COVID-19 testing for Germans who had vacationed in "high-risk destinations" given rising case numbers in the country (Postmedia 2020a). While this signals commitment to protective and preventive measures, there is no mention of the WHO, so this also scores a 2.

In early August, there were demonstrations and protests by individuals who rejected the COVID-19-related restrictions put in place by Merkel (CE Noticias 2020b). The article that covered this event scores a 1. Later in the month, Angela Merkel—joined by other leaders from Europe and Africa—stated in a *Financial Times* op-ed that "only a global victory that fully includes Africa can bring this pandemic to an end" (Business Day 2020). The piece goes on to explain the German Ambassador to Nigeria, Birgitt, Ory's, claim that "Germany backs the World Health Organization (WHO) in its coordinating role in the fight against COVID-19" and that Germany's annual financial contribution would increase to more than £500 million including £250 million dedicated to the WHO's Strategic Preparedness and Response Plan—a commitment that would

make Germany the largest WHO donor (Business Day 2020). The explicit expression of support for the WHO and recognition of the WHO as a partner in health earns this document a 4. At the end of August, Merkel warned that "the coronavirus pandemic is likely to worsen in the coming months, and that her government will respond by prioritizing the welfare of society as a whole, notably its children, and the economy" (Noakes 2020). Merkel's words signal attentiveness to the pandemic and necessary precautions, but do not discuss the WHO making the document's score a 1.

Merkel expressed similar sentiment in early September 2020 amid rising case numbers in Germany and other European countries. She said in a statement that "'We're going to have to live with this virus for a long time (...) The situation remains serious. Take it seriously'" (Merkel qtd. CE Noticias 2020c). A couple of weeks later, she "urged progress with school digitization to prevent 'children from being the losers of the pandemic'" (CE Noticias 2020d). Then, as worldwide coronavirus-related deaths reached 1 million at the end of September, Merkel warned that "Germany could face more than 19,000 new cases a day by Christmas" (Business Line 2020). These documents each score a 1 since there is no language related to the WHO in them, but they all talk about the pandemic.

As cases continued to rise in October, Merkel "warned that new restrictions could be in the cards" for 11 German cities following 4,000 new infections in two days (Clark 2020). This signals commitment to protective measures within her country. The situation continued to worsen prompting Merkel to meet with the governors of all 16 German federal states to establish a national action plan (Associated Press 2020). By the end of the month the Chancellor "announced a four-week shut down of bars, restaurants and

theatres" explaining that "'We must act, and now, to avoid an acute national health emergency'" (Times Colonist 2020). These protective measures imply support for the WHO and thus earn these documents 2 points each. It is key to note the security-oriented/threat/defense language in Merkel's description of the risk of a "national health emergency" should the virus go unchecked, and should Germany proceed with business as usual. Here, she seems to have picked up on a bit of the WHO's security framing.

In November 2020, Merkel announced "'a new strategy'" to acquire coronavirus antigen tests in an effort to keep nursing homes open to visitors by giving "up to 20 free monthly tests per resident" to facilities throughout the country. She described how "'[h]ealth insurers will cover the costs for a certain number of [tests for] visitors each month…That's huge progress in terms of protection'" (Postmedia 2020b). At the G20 summit later that month, Merkel "called for strengthening the [WHO] and stressed the pandemic can only be overcome if an affordable vaccine is available to all nations" (Roach 2020). Her comments were in stark contrast to those of former President Trump, who chose to focus on domestic—rather than global—matters. Whereas early in the month, Merkel's rhetoric scored a 2, here her decisive support for the WHO captured in this article earns a 4. At the end of the month, Merkel "implored citizens to wear masks and stick to distancing measures" (Postmedia 2020c). This scores a 2 for signaling commitment to protective measures.

Angela Merkel again called for increased support for the WHO in early December 2020. She claimed that "'[t]he pandemic underscores the importance of the [WHO], an institution that needs to be strengthened'" (Postmedia 2020d). This scores a 4. On December 10, Germany recorded a record high of 598 coronavirus-related deaths

prompting Merkel to declare that Germans must "'act and act now'" to curb the pandemic (CE Noticias 2020e). By the end of the month Germany faced even higher death tolls. Authorities reported 852 fatalities in a 24-hour period on December 29, which led Merkel to reemphasize the importance of following public health guidelines and expand existing restrictions, calling for "the closure between Christmas and mid-January of all non-food stores as well as schools" (CE Noticias 2020f). These sources both score a 2.

With extended and more-strict protective measures in place at the beginning of the new year, Merkel warned Germans that "'the most difficult months' in the fight against the coronavirus pandemic still lie ahead" (CE Noticias 2021a). Merkel and the governors of Germany's 16 federal states extended the country's lockdown and mandated medical-grade masks in stores and public transportation (Henley, Oltermann, and Jones 2021). Towards the end of January 2021, newly elected President Biden and Merkel "agreed in a phone call…that the COVID-19 pandemic and other global challenges could only be tackled through closer cooperation" (Postmedia 2021a). To that end, Merkel "welcomed the return of the United States to the [WHO]" (Postmedia 2021a). Rhetoric early in the month scores a 2 while the later comments earn a 3.

In early February, Angela Merkel and French President Emmanuel Macron developed a vaccine production framework aimed to increase "capacity at the national, continental and global levels" (CE Noticias 2021b). This scores a 1 since there is no mention of the WHO, but there is language related to the pandemic. Later in the month, leaders from the G7 states pledged to contribute 4 billion USD to the ACT-Accelerator and COVAX initiative--both efforts spearheaded by the WHO and designed to make vaccines accessible to disadvantaged countries. Reporting on the decision describes the

G7 states, which includes Germany, as having "signaled their intention to work alongside the WHO" (CE Noticias 2021c). This earns a 4 for its explicit recognition of the WHO's role as a global health partner for Germany and other G7 states.

On March 1, 2021, the EU announced plans to create a "vaccine passport" which would show proof of vaccination status or (if unvaccinated) recent test results in an effort to give Europeans more freedom to travel within the bloc whether for work or leisure (Bloom 2021). Merkel noted in a speech the week prior to the announcement that "the European Commission would need around three months to create the technical basis for a vaccine passport" (Bloom 2021). This scores a 1. By the middle of the month, Merkel made statements about her readiness and willingness to receive a vaccine following the European Medicines Agency's (EMA) endorsement of the AstraZeneca vaccine. She similarly "declared herself fully willing to acquire the Russian vaccine Sputnik V, which [had] already been approved in 52 countries" (CE Noticias 2021d). The fact that Merkel herself expressed interest in receiving--and ultimately did receive--the vaccine certainly implies support for WHO efforts to get as many individuals vaccinated as possible although she does not explicitly discuss the WHO. This scores a 2. Later in the month, Germany faced high case numbers prompting Merkel's Chief of Staff, Helge Braun, to state that "'[t]he next few weeks will determine whether we can foreseeably get the pandemic under control'" (Badsha, Skopeliti, and Busby 2021). This scores a 1, but it is worth noting his use of the language of control, which is reflective of the WHO's security framing.

Ahead of the Easter holiday in early April, Merkel urged Germany "to consider the strain that nurses and doctors are under as they care for a rising number of COVID-19

patients and help them by respecting social distancing and other rules" (Associated Press 2021b). In a virtual address she said: "'I urgently ask you to refrain from all non-urgent travel (and) that we all consistently follow the rules'" (Merkel qtd. Associated Press 2021b). Here, Merkel makes some clear expression of support for medical professionals, earning this document a 3. Her imploration for Germans to follow protective measures at the state-level signals support for WHO efforts. Then, on April 15, Merkel announced she would receive her first dose of the AstraZeneca vaccine the following day (Lewis 2021). The statement followed some controversy about the vaccine and its link to blood clots. This scores a 2. Later in the month, on April 28, Merkel spoke with Chinese Premier Li Keqiang about the response to the coronavirus pandemic. She urged Chinese leaders to cooperate with global vaccination efforts and be transparent "'at least at the [WHO], in order to win the fight against the virus'" (Merkel qtd. Kalkhof 2021). This recognizes the WHO as a relevant entity and scores a 3. Here, too, the language of fighting COVID-19 reflects the WHO's security framing.

In the beginning of May, Merkel announced the creation of "an up-to-date, established and reliable global information centre to predict, prevent, detect, prepare and respond to risks of pandemics and epidemics" that will be owned by the WHO but headquartered in Berlin (CE Noticias 2021e). In the official statement she said: "'I am delighted that WHO has chosen Berlin as its location and invited partners from around the world to contribute to the WHO centre'" (Merkel qtd. CE Noticias 2021e). This earns a 4 for Merkel's explicit recognition of the WHO's role as a global health partner and discussion of the WHO's efforts and goals. Merkel is not only *rhetorically* supporting the WHO, though. She actually partners with them—acting on her words. A

couple of weeks later, at the G20 World Health Summit in Rome, Merkel promised "'30 million doses to the poorest countries'" through the WHO's COVAX initiative (CE Noticias 2021f). Earning a 4, here, Merkel expresses explicit support for the WHO's work but again *involves* Germany in the efforts. Reports near the end of May explain and emphasize calls by Merkel (and President Macron) "to strengthen the [WHO] and the world's ability to prepare for and defend against pandemics" (Keaten 2021). This earns a 3 for clear recognition of the WHO as a relevant entity in health crises.

The G7 summit in early June 2020 was Merkel's last as she planned to step down from government leadership after 16 years (CE Noticias 2021g). Additional coverage of the summit reported Merkel's indication the G7 states are "preparing a commitment to provide 2,300 million vaccines" to disadvantaged countries "by the end of 2022" (CE Noticias 2021h). This earns a 4. Merkel expresses not only rhetorical support but also actionable support for the WHO's global vaccination efforts. By the end of the month Merkel was tracking the spread of the delta variant of the coronavirus. She criticized Portugal's relaxed travel policy while implementing restrictions for individuals entering Germany from Portugal and Russia, both of which had high case numbers (CE Noticias 2021i). This scores a 2 for implied support for WHO efforts evident in state-level protective measures.

The following month, Merkel told British Prime Minister Boris Johnson "that vaccinated Britons should be able to travel to the EU without quarantining in the 'foreseeable future'" (Macguire 2021). Later in July, Merkel weighed in on a discussion regarding vaccine production and access in South Africa arguing that "suspending intellectual property rights could stifle innovation and would not resolve the lack of

manufacturing capacity in the short term" and proposing "licensing agreements and partnerships between vaccine makers and local firms" (The Citizen 2021). Then, in August, there was a change to Britain's quarantine restrictions which required individuals who received mixed doses—that is, a first dose from a different company than the second—to isolate "upon arrival to the UK" (Jones 2021). Merkel was one such individual. These score a 1, lacking expression of support but relating to the ongoing pandemic.

In September, the WHO's "pandemic intelligence hub" opened in Berlin (Oltermann 2021). About a week later, Angela Merkel "publicly rebuked" commentary from then Vice-chancellor Olaf Scholz "describing people who have been vaccinated against Covid-19 as 'guinea pigs'" (The Independent 2021). This scores a 2 because of Merkel's rejection of anti-vaccine rhetoric, which signals support for vaccines. Then, in October, G20 state leaders—including Merkel—and their respective health and economy ministers promised "to vaccinate 70% of the world's population by mid-2022" in an effort "to control the coronavirus pandemic" (CE Noticias 2021j). Later in the month, Germany faced increasing COVID-19-related hospitalizations prompting a statement from Merkel. She warned against "'certain recklessness'" and disregard for restrictions (Badsha, Skopeliti, and Bryant 2021). Her call for adherence to state-level protective measures implies support for WHO efforts earning this a 2.

In early November, coronavirus infections continued to rise. Helge Braun, Merkel's Chief of Staff, said in a statement "that German states needed to make faster progress in giving older people booster shots" (Cyprus Mail 2021). As the "fourth wave" progressed, Merkel said in a video address: "'You can see that I am very worried. I

urgently ask everyone who has not yet been vaccinated: please reconsider'" (Merkel qtd. Drury 2021). She went on to explain that "'if we think about protecting ourselves and caring for others, we can save our country a lot this winter'" (Merkel qtd. Drury 2021). These score a 2; however, Merkel's rhetoric about vaccination as a means to protect the country—as a question of national security—is worth noting. In late November, Merkel wrestled with the idea of mandating vaccination following "high infection rates among the 32% of the population not double vaccinated" (Moody and Bremner 2021). At the same time, Germany announced that it would require all members of the armed forces to get vaccinated or face consequences as severe as dismissal (Moody and Bremner 2021). This similarly scores a 2 for implied support of WHO efforts evident in state-level protective measures.

With the spread of the omicron variant of coronavirus picking up speed in December 2021, there was reporting that Angela Merkel—and her successor Olaf Scholz—had "spoken out in favour" of making the COVID-19 vaccine compulsory (Casajuana 2021). Merkel explained that "the situation was 'very serious'' and necessitated "an 'act of national solidarity'" (Chao-Fong 2021). If the legislature voted to approve the mandate, it would take effect in February 2022 (Chao-Fong 2021). This scores a 2 with implied support for WHO efforts evident in state-level protective measures. Notably, the WHO spoke out against mandating vaccination because of the disparate impact it would have on populations who cannot access the vaccine (Casajuana 2021).

Table 3: Dependent Variable Sources

Organized by date of publication with coding score

Source	Date of Publication	Score
Desheng, Cao. “Global ties vital to fight coronavirus." *China Daily*	January 23, 2020	1
Wei, Xu. "Premier Li hopes Germany can facilitate purchase of medical resources." *China Daily*	February 10, 2020	1
Gregory, Andrew. “Chances 'fading by the day' that Britain will not catch the disease; The next fortnight is critical for controlling the epidemic in China, experts warn, but the UK is unlikely to escape.” *The Sunday Times* (London)	February 16, 2020	1
Williams, Terri-Ann. "Introducing the 'coronavirus air handshake': Workers avoid traditional greeting amid virus fears as doctor says she no longer shakes hands when she meets people." *MailOnline*	March 2, 2020	1
Palmer, Vaughn. "Vaughn Palmer: Trying to flatten COVID-19 curve in B.C. without raising threat, panic." *The Vancouver Sun* (British Columbia)	March 13, 2020	1
Connolly, Kate. “Calls grow for Germany-wide use of face masks; Regional officials urge federal government to make usage mandatory to counter Covid-19.” *The Guardian* (London)	March 31, 2020	2
Daily Independent. "Latest On The Spread Of The Coronavirus Around The World." *Daily Independent* (Nigeria)	April 4, 2020	1
Parkin, Richard. "Morning mail: 2m global Covid-19 infections, tour operator refuses refunds, self-love in isolation; Thursday: More than 130,000 people have died around the world from coronavirus. Plus, Australian Topdeck customers denied refunds." *The Guardian* (London)	April 15, 2020	1
Taranaki Daily News. "Merkel calls for unity." *Taranaki Daily News* (New Zealand)	April 24, 2020	4
Knox, Patrick. "COVID CHAOS Germany's new coronavirus infections hit five-day high after warning	May 1, 2020	1

country may be forced to bring back lockdown." The Sun (UK)		
Xinhua. "Merkel urges world to collaborate to overcome coronavirus crisis." Daily News Egypt.	May 18, 2020	4
Shenzhen Daily. "WHO's WHA." Shenzhen Daily.	May 25, 2020	3
Daily Dispatch. "World virus cases top six million as leaders disagree." Daily Dispatch (South Africa).	June 1, 2020	2
AFP. "Europe demands better pandemic plan, as Moscow exits lockdown." Daily Nation (Kenya)	June 10, 2020	1
Die Welt. "6.15 billion euros against the virus; At the donor conference and benefit concert new help for vaccines and treatments will come together. 383 million from Germany." Die Welt (English)	June 29, 2020	3
CE Noticias Financieras English. "Mask yes, mask no: the debate of never ending up in the middle of the pandemic." CE Noticias Financieras English.	July 7, 2020	2
Anna, Cara and Geir Moulson. "COVID-19 deaths top 600,000 globally; Concerns rise pandemic has found fresh legs over past few weeks." The Associated Press.	July 20, 2020	1
Postmedia Breaking News. "Germany considers compulsory coronavirus testing for holidaymakers." Postmedia Breaking News.	July 25, 2020	2
CE Noticias Financieras English. "The new pandemic chronicles. Year 1. Vol. 25. The Jaláctic Alliance against the Undersecretary." CE Noticias Financieras English.	August 4, 2020	1
Business Day. "The German EU Council Presidency COVID-19 and the Need for a stronger EU-Africa partnership."	August 13, 2020	4
Noakes, Linda. "What you need to know about the coronavirus right now." Postmedia Breaking News.	August 28, 2020	1
CE Noticias Financieras English. "The Covid-19 did not take a vacation; Europe sees regrowth in fear." CE Noticias Financieras English.	September 4, 2020	1
CE Noticias Financieras English. "The coronavirus remains on the rise in the world, with strong outbreaks in	September 19, 2020	1

Europe." CE Noticias Financieras English.		
Business Line. "Global deaths surpass 1 m as developed economies struggle to contain the virus." Business Line.	September 29, 2020	1
Clark, Alex. "Fears of lockdown return as Europe suffers virus surge; EUROPE." Irish Independent.	October 10, 2020	2
Associated Press. "The Latest: Germany hits 5,000 new cases, Merkel eyes action." MailOnline	October 14, 2020	2
Times Colonist. "Europe, U.S. face further shutdowns amid virus surge." Times Colonist (Victoria, British Columbia).	October 29, 2020	2
Postmedia Breaking News. "Germany eyes antigen tests to keep elderly safe from virus." Postmedia Breaking News.	November 3, 2020	2
Roach, April. "G20 summit: Saudi king urges united response to Covid as Trump ‘tells leaders he wants to work with them for a long time’." The Evening Standard (London).	November 21, 2020	4
Postmedia Breaking News. "Wuhan Finds Infected Food; Merkel Rallies Germans: Virus Update." Postmedia Breaking News.	November 28, 2020	2
Postmedia Breaking News. "U.N. chief pans countries who ignored COVID-19 facts, WHO guidance." Postmedia Breaking News.	December 3, 2020	4
CE Noticias Financieras English.. "U.S. prepares covid-19 vaccination, which borders on 1.6 million people worldwide." CE Noticias Financieras English.	December 13, 2020	2
CE Noticias Financieras English. "Angela Merkel warns of Covid-19 contagion in Germany: "There is too much contact"." CE Noticias Financieras English.	December 29, 2020	2
CE Noticias Financieras English. "Merkel Warns Toughest Months in Pandemic Fight Are Still to Come." CE Noticias Financieras English.	January 7, 2021	2
Henley, Jon and Philip Oltermann and Sam Jones.. "Germany extends Covid lockdown amid concern over variants in Europe." The Guardian (London).	January 19, 2021	2

Postmedia Breaking News. "'Together we are stronger' - Germany bets on better U.S. ties under Biden." Postmedia Breaking News.	January 26, 2021	3
CE Noticias Financieras English. "COVID vaccines: what are the new strategies to accelerate global production and how many are expected to be implemented by 2021." CE Noticias Financieras English.	February 4, 2021	1
CE Noticias Financieras English.. "Coronavirus.- G7 leaders commit 4 billion for COVID-19 vaccination initiatives." CE Noticias Financieras English	February 19, 2021	4
Bloom, Dan. "EU to unveil plans for digital Covid vaccine passport this month." Mirror (UK).	March 1, 2021	1
CE Noticias Financieras English. "European countries resume vaccination with AstraZeneca; France returns to confinement." CE Noticias Financieras English.	March 19, 2021	2
Badshah, Nadeem and Clea Skopeliti and Mattha Busby.. "Coronavirus live news: English churches to be allowed choirs for Easter; Venezuelan president's Facebook page frozen over cure claim." The Guardian (London)	March 27, 2021	1
Associated Press. "Merkel: 'A quiet Easter' needed to counter rising infections." The Independent (United Kingdom).	April 1, 2021	3
Lewis, Lauren. "Europe surpasses more than one million Covid-19 deaths - a third of the global tally." MailOnline.	April 15, 2021	2
Kalkhof, Maximilian. "Dampener for China's vaccination diplomacy; Beijing is also pursuing geopolitics with its vaccines; many countries around the world and even in Europe are using them - in some cases without approval. But now doubts are growing about the effectiveness." Die Welt (English).	April 29, 2021	3
CE Noticias Financieras English. "WHO and Germany to create global centre to prevent future pandemics." CE Noticias Financieras English.	May 5, 2021	4
CE Noticias Financieras English. "Germany and France announced that each country will donate up to 30 million COVID-19 vaccines to the Covax mechanism." CE Noticias Financieras English.	May 21, 2021	4

Keaten, Jamey. "Merkel, Macron back efforts to improve WHO; Look to build up world's ability to prepare for, defend against pandemics." The Associated Press.	May 25, 2021	3
CE Noticias Financieras English. "Climate change and the pandemic, the two main themes of the G7 summit" CE Noticias Financieras English.	June 11, 2021	1
CE Noticias Financieras English. "G7.- Merkel anticipates that the G7 will distribute 2,300 million vaccines to developing countries by the end of 2022." CE Noticias Financieras English.	June 13, 2021	4
CE Noticias Financieras English. "Delta delta trigger variant propagation implementation of restrictions in several countries." CE Noticias Financieras English.	June 29, 2021	2
Maguire, Patrick. "Quarantine to end for people who have been double vaccinated." The Times (UK).	July 3, 2021	1
The Citizen. "Pfizer/BioNTech to produce Covid vaccine in South Africa." The Citizen (Tanzania).	July 21, 2021	1
Jones, Crystal. "European visitors who mixed vaccines must isolate." The Daily Telegraph (London).	August 16, 2021	1
Oltermann, Philip. "WHO opens pandemic intelligence hub to look out for future crises." The Guardian (London).	September 1, 2021	N/A
The Independent. "World news in brief." The Independent - Daily Edition.	September 8, 2021	2
CE Noticias Financieras English. "G20 aims to vaccinate 70% of the population by 2022 to strengthen the recovery." CE Noticias Financieras English.	October 29, 2021	2
Badsha, Nadeem and Clea Skopeliti and Miranda Bryant. "UK records a further 41,278 cases and 166 deaths - as it happened." The Guardian (London).	October 30, 2021	2
Cyprus Mail. "Europe faces real threat of Covid -19 resurgence." Cyprus Mail.	November 4, 2021	2
Drury, Colin. "'Difficult weeks ahead': Angela Merkel urges unvaccinated to reconsider as Germany sees record Covid rates." The Independent (United Kingdom).	November 13, 2021	2

Moody, Oliver and Charles Bremner. "German army under orders to be jabbed." The Times (London).	November 25, 2021	2
Chao-Fong, Léonie. "Covid live: 10 more Omicron cases in UK amid 53,945 new infections; German 'lockdown' for unvaccinated." The Guardian (London).	December 2, 2021	2
Casajuana, Charles. "Compulsory, no: universal." CE Noticias Financieras English.	December 12, 2021	2

Analysis

I expected that as use of the security frame by international actors increased so would attention to (H_{1A}) and involvement in (H_{1B}) the health crisis initially. I also expected that as use of the security frame by international actors increased, attention to (H_{2A}) and involvement in (H_{2B}) the health crisis would decrease over time.

There is an observable upward shift in the WHO's use of security-oriented language; although, there is some variation among the framing actors within the global health regime. Before the discovery and outbreak of the novel coronavirus, the UN General Assembly largely did not use security-oriented language in resolutions related to issues of global health. One exception: the GPMB employed strong securitizing language in their 2019 Annual Report, describing "spending for preparedness as an integral part of national and global security" (GPMB 2019, 2).

On January 9, 2020, the WHO announced a coronavirus-related pneumonia found in Wuhan, China and in the weeks that followed new infections rose to more than 9,800 cases, prompting the WHO to declare a Public Health Emergency of International Concern (PHEIC) (AMJC Staff 2021). By April 2020, the UN General Assembly, the WHA, and affiliated organizations began to consistently use security-oriented language (with some variation in strength and frequency), emphasizing mitigation and containment

and calling for action to fight, combat, and control the pandemic. There is even a description of COVID-19 as a "threat to human health, safety and well-being" (UN Res. 74/270 2020, 1) and discussion of "effective national protective measures" (UN Res. 74/274 2020, 1). Here, the WHO is talking about the health crisis in security-oriented language. However, there is not full securitization at this point since there is not frequent or robust indications of conceptualization of the pandemic as a security threat or a threat to national security. This early use of securitizing-language can be seen as a shift—or step towards—thinking about COVID-19 as a security threat. This initial language is key, though, because (as securitization literature tells us) securitization starts with the speech act. Indeed, Balzacq (2010, 63) explains his sociological model of securitization in which the actors' speech acts form a "social field" where they eventually securitize an issue following intersubjective speech acts of reasoning and persuasion.

While the WHO was making these initial steps towards securitization, their effects were not immediately apparent. German Chancellor Angela Merkel's (and other German government leaders') rhetorical support for the WHO was consistently low from January 2020 to the end of April 2020. On April 6, 2020, Germany recorded its 100,000th case (Associated Press 2021a). Merkel did routinely speak about the pandemic and related topics but made no explicit mention of the WHO until late April when she declared that "'the WHO is an indispensable partner'" (Taranaki Daily News 2020). Nonetheless, Merkel was pragmatic and remained committed to protective measures within the country throughout the early months of the pandemic. At the four-month mark, I find little support for hypothesis 1A (H_{1A}). It is not clear that the early use of the

security frame by the WHO and other actors in the global health regime increased Germany's attention to the health crisis initially.

By May 2020, Merkel's rhetorical support for the WHO shifted upwards. Germany saw a rise in COVID-19 infections, and Merkel considered reimplementing comprehensive restrictions at the state-level. Merkel praised the WHO as "'the legitimate global institution…we must constantly examine how we can further improve the processes in the WHO'" (Merkel qtd. Xinhua 2020). Interestingly, Merkel actually picks up on the WHO's security-oriented language as she describes the need "to contain the coronavirus pandemic" (Xinhua 2020). This suggests—at least in small part—that use of security-oriented language at the level of the IO could draw government leaders' attention to the situation and even shift leaders' conceptualization of the health crisis. Indeed, if the IO has framed the health crisis as a security issue and the leader's rhetoric reflects that framing, the leader is beginning to think of the health crisis as a security issue. At the end of June, Merkel pledged 383 million euros to the EU Commission and the "Global Citizen" initiative to fund coronavirus vaccine development (Die Welt 2020).

Thus, at the five and six-month mark, I find some support for hypothesis 1A (H_{1A}) and 1B (H_{1B}). Initial effects of the use of the security frame appear somewhat mixed with little evidence in support until approximately one-fourth of the way into the observed time frame (December 2019-December 2021). It is worth noting and considering that although the coronavirus was identified in China in early January 2020, for many major Western countries, the impact and severity of COVID-19 was not immediately apparent. Consequently, there was a period of relative inaction in the early months of the pandemic. The situation also became somewhat convoluted as medical

authorities and related organizations went back and forth on their recommendations for and endorsements of protective measures, namely the wearing of face masks. Too, the politicization in some states—like the U.S.—of the novel coronavirus cannot be ignored.

In late June, Merkel's rhetorical support tapers off. From July through September, there was consistently low scoring rhetoric (i.e., little to no mention or expression of support for WHO efforts); although, Merkel continued to make statements related to the ongoing pandemic. One important exception to this pattern is a statement from the German Ambassador to Nigeria, Birgitt, Ory, that "Germany backs the World Health Organization (WHO) in its coordinating role in the fight against COVID-19" and that Germany's annual financial contribution would increase to more than £500 million including £250 million dedicated to the WHO's Strategic Preparedness and Response Plan--a commitment that would make Germany the largest WHO donor (Business Day 2020). This suggests that the ripples from the global health regime's earlier securitizing language were still being felt. This allocation of financial resources to the WHO supports hypothesis 1B (H_{1B}) that use of the security frame does prompt state involvement in the health crisis initially. Furthermore, it is important to note that attention to (rhetorical support) and involvement in (allocation of aid and resources) are not necessarily contemporaneous. By this I mean that a government leader might *speak* in favor of WHO efforts but not contribute to or get involved in those efforts and vice versa—*action* but no rhetorical support.

In the Fall of 2020, the global health regime's use of security-oriented language maintained its modest upward trend. UN General Assembly resolution 74/307—adopted on September 11, 2020—used strong security-oriented language in its description of "the

serious risks posed to all countries" by the novel coronavirus (UN Res. 74/307 2020, 1). This represents clear securitization of the pandemic in that the IO is conceptualizing the health crisis (a nontraditional security threat) as a security threat for states individually but also globally. In November, security-oriented language from the UN General Assembly decreased, but the WHA used clear security-oriented language. Resolution 73.8 called on member states "to strengthen national risk management" (WHA Res. 73.8 2020, 3) and "to develop national action plans for health security…and policies for preparedness" (WHA Res. 73.8 2020, 5).

Merkel's rhetorical support shifted upwards beginning in October 2020, consistently implying, clearly indicating, or explicitly mentioning support for WHO efforts. Rising cases in Germany led Merkel to first warn "that new restrictions could be in the cards" (Clark 2020) but ultimately announce "a four-week shut down of bars, restaurants and theatres…to avoid an acute national health emergency" (Times Colonist 2020). Here, too, we can see the shift in conceptualization of the pandemic as a matter of more traditional security evident in the threat/defense logic of her state-level decisions. In the second week of November, the number of global confirmed cases of COVID-19 was 4,044,877 and the death toll was 62,724 (WHO 2020). Through the end of 2020, the UN General Assembly continued to use security-oriented language that emphasized prevention and control, risk, and combatting the pandemic. Moreover, resolution 75/156 recognized "the grave and increasing threat to global health posed by coronavirus disease" (UN Res. 75/156 2020, 1). The use of the word "threat" to describe COVID-19's relationship to global health further suggests securitization by the IO. The specification of *global* health, here, is key because it situates the issue at the international

level. December 22 saw the highest reported worldwide daily average of new reported cases for the month: 650,550 (The New York Times 2022a).

Into the second year of the pandemic, the global health regime continued to use security-oriented and securitizing language. On January 11, 2021, the worldwide daily average of new reported cases reached 744,487 (The New York Times 2022a). Then, on April 28, 2021, the worldwide daily average of new reported cases hit an unprecedented 826,756 (The New York Times 2022a). Early in the next month, a report from the WHO's Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response uses some security-oriented language including "preparedness, alert, response" (IHR Doc. 2021, 9) and "surveillance" (IHR Doc. 2021, 11). Too, there is clear security-oriented language in the WHO's Independent Oversight and Advisory Committee (IOAC) report which calls for increased "preparedness" and investments in "health security" (IOAC Doc. 2021, 15) and in the WHA resolution 74.7 which calls for Member States to increase "early-warning surveillance" and "preparedness" (WHA Res. 74.7 2021, 5) and to "prevent, protect against, detect, control and provide a public health response to the international spread of disease" (WHA Res. 74.7 2021, 10). COVID-19 infections trended downward over the course of May 2021, but, by August 26, the worldwide daily average of new reported cases hit a new high: 661,299 (The New York Times 2022a).

Perhaps the strongest or most highly securitizing language comes from the Pan-European Commission on Health and Sustainable Development in which they explain that "[o]ur world, and particularly our WHO European Region, is very interconnected, which yields many benefits but also carries risks for disease transmission. Europe is

especially vulnerable to any threat to health, and the world is vulnerable to any threats that emerge in Europe" (Pan-European Commission 2021, 5). Here, the IO-affiliated entity explicitly describes the risk that a health threat poses to the European states. This signals conceptualization of the health threat as a threat to regional security. Regional dynamics can, arguably, be understood as international dynamics simply on a smaller scale.

However, Merkel largely focused on state-level, rather than international, initiatives and policies. Much of her rhetoric in 2021 *implied* support for WHO efforts through state-level protective measures. Indeed, in mid-January Merkel and the governors of Germany's 16 federal states extended the country's lockdown and mandated medical-grade masks in stores and public transportation (Henley, Oltermann, and Jones 2021). She similarly urged Germany "to consider the strain that nurses and doctors are under as they care for a rising number of COVID-19 patients and help them by respecting social distancing and other rules" (Associated Press 2021b) ahead of the Easter holiday. I find some support for hypothesis 2A (H_{2A}) in that as the global health regime continued to use security-oriented language, government leaders' observed attention to (rhetorical support) the health crisis decreased after one year.

One key exception to this trend is the G7 states' pledge to contribute 4 billion USD to the ACT-Accelerator and COVAX initiative in coordination with the WHO (CE Noticias 2021c). This suggests that the move towards securitization by the IO did in fact prompt states to act and contribute to international efforts. There is a notable increase in Merkel's attention to and involvement in the health crisis during May and June 2021. In those months, Germany announced that a WHO-owned "global information centre to

predict, prevent, detect, prepare and respond" to risks of pandemics and epidemics (CE Noticias 2021e) would open with headquarters in Berlin, and Merkel promised "'30 million doses to the poorest countries'" through the WHO's COVAX initiative (CE Noticias 2021f). This does not support hypothesis 2B (H_{2B}). I expected that, over time, use of the security frame would decrease involvement in (allocation of aid and resources) the health crisis over time. However, there is evidence to suggest that this might not be true given Merkel's actionable support well-into the second year of the pandemic. Following these developments, there is a shift back to implied or weak support of the WHO for the remainder of the year, which offers further support for hypothesis 2A (H_{2A}).

Chapter 5: Conclusion

This study sought to answer the following research question: What are the effects of the securitization of global public health crises by international organizations on how states act to try to control such crises? I drew on literature from the constructivist school of thought and securitization theory, which posits that security threats are socially constructed through the process of securitization. The way we talk about an issue implies a certain response. Conceptualizing an issue as a security threat motivates a security-oriented response that follows threat/defense logic. Securitization can help mobilize a response, but the response may be incongruent to the threat. I further grounded my argument in the issue framing literature. Frames organize policy debate and political discourse and contribute to agenda setting. Securitization can be thought of as threat framing. My study went in a new direction by examining framing at the *international* level by international organizations (IOs) and related actors in the global health regime. I argued that IOs are securitizing actors because of the institutional factors that give them the power to classify, fix meaning, and establish norms. I hypothesized that securitizing language and the use of the security frame by international actors would increase the initial amount of attention to (H_{1A}) and involvement in (H_{1B}) the health crisis measured by rhetorical support from heads of government amount of aid and the amount of aid and resources distributed from a state to the WHO and related global responses to combat the crisis, respectively. However, I also expected that the use of the security frame would decrease long-term commitments to responses to these crises (H_{2A} and H_{2B}).

Following a thorough case selection process, I selected the COVID-19 pandemic and Germany for an observational, longitudinal case study from approximately December

2019 through December 2021. To observe the independent variable, use of the security frame by international actors, I sampled documents, reports, and resolutions published by actors in the global health regime—namely, organizations or entities affiliated with the World Health Organization (WHO) including the World Health Assembly (WHA), the Global Preparedness Monitoring Board (GPMB), the United Nations General Assembly, and the Pan-European Health Commission. I developed a rubric to assess the presence and strength of securitizing language in each document and coded them accordingly. The rubric approach allowed me to consider the context of the language as well as to see trends in the language the global health regime used and the kinds of themes to which they spoke. This measurement occurred at the ordinal level.

It should be noted that the coded documents for my independent variable data collection were originally written and intended for different purposes and audiences. This means that there is some unavoidable variation among them in terms of the themes addressed and kind of language used. The UN General Assembly discusses and debates numerous issues related to international peace and security and the settlement of international disputes and makes recommendations accordingly (CFR Staff 2021). Their resolutions serve "as indicators of member states' positions on a given issue…[and] can also prove useful by outlining organizing principles and proposing initiatives for member states" (CFR Staff 2021). The WHA resolutions are similar; however, the WHA centers on health-related topics and has decision-making power to determine WHO policies. As such, their resolutions are often more prescriptive. Other officially commissioned reports came from WHO-affiliated organizations in the global health regime. The Global Preparedness Monitoring Board (GPMB) "is an independent monitoring and

accountability body" that evaluates policy and progress towards global health crisis preparedness (GPMB 2021). The Pan-European Commission on Health and Sustainable Development operated under the WHO Regional Office for Europe. Their aim was to evaluate countries' responses to global health crises and make health policy-oriented recommendations, which were published in their 2021 report.

To observe the first dependent variable, attention to the health crisis, I sampled newspaper coverage of German Chancellor Angela Merkel's (and other German government leaders') rhetoric surrounding the pandemic and international response efforts. I similarly developed a rubric that places language used by German officials on a scale based on how strongly their language signals support for WHO responses and relief initiatives and other containment or prevention procedures, and I assessed the amount of favorable language present. Here, too, the rubric approach allowed me to account for the context and to identify when the state echoed the IOs' security-oriented language. From these newspaper articles, I also gathered data about the second dependent variable, involvement in the crisis, which was measured by the amount of aid and resources distributed from Germany to the WHO and related global responses.

I found a clear and upward shift in the WHO's use of security-oriented language; although, there is some variation among the framing actors within the global health regime. My findings related to Merkel's rhetorical support were mixed. There was some evidence to support hypothesis 1A (H_{1A}) and 1B (H_{1B}) by about the sixth month of the time frame. Observations from earlier months suggest that it is not clear that the early use of the security frame by the WHO and other actors in the global health regime increased Germany's attention to the health crisis initially. There is decently strong

evidence to support hypothesis 2A (H_{2A}) in that as the global health regime continued to use security-oriented language, government leaders' observed attention to (rhetorical support) the health crisis decreased after one year. However, I did not find evidence to support hypothesis 2B (H_{2B}). While I expected that, over time, use of the security frame would decrease involvement in (allocation of aid and resources) the health crisis over time, there is evidence to the contrary in Merkel's actionable support well-into the second year of the pandemic. This summary of key findings would be incomplete without brief mention of the fact that Merkel did, at times, mirror and pick-up on phrases of security-oriented language that the WHO and affiliated actors used. This suggests—at least in small part—that use of security-oriented language at the level of the IO may help draw government leaders' attention to the situation, and it signals a shift leaders' conceptualization of the health crisis (an untraditional security threat) and a security issue. Bringing health crises to the level of so-called high politics is a possible benefit of the security frame that is worth pursuing, since where there used to be apathy, motivation for greater involvement and commitment could emerge.

My study and its findings carry important implications for policy prescriptions and future work. It is difficult to demonstrate that the independent variable has a *causal* relationship with the dependent variables of interest. While the two variables track together to some extent over the observed time frame, I cannot draw a definitive conclusion about the effect of securitization of global public health crises by international organizations on how states act to try to control that crisis. There are several possible confounding factors at play. Chief among them is the very nature—the sheer magnitude and the rate at which the situation evolved (and is evolving still at the time of this

writing)—of the COVID-19 pandemic. However, the observed upward shift in the WHO's use of security-oriented language and securitization of health at the international level is significant. Prior studies were mostly concerned with securitization at the state-level and did not consider IOs as securitizing actors in the global arena.

Given the support for hypotheses 1A and 1B, which suggests that security-oriented language *does* increase *initial* attention to and involvement in the crisis, actors in the global health regime might consider continuing to use such language. In the face of a health crisis, IOs need support, mobilization, and resources more than ever, especially when the crisis is escalating quickly. Scholars have previously critiqued security-oriented language and securitization because it does not foster long-term support. My findings suggest, though, that this may not be the case in all situations. In fact, the G7 states—Germany among them—did not pledge to contribute 4 billion USD to the ACT-Accelerator and COVAX initiative in coordination with the WHO (CE Noticias 2021c) until the summer of 2021, almost a year and a half into the pandemic.

That is not to say that the global health regime should securitize health without hesitation or consideration of the potential pitfalls. The downward shift in Merkel's rhetorical support in 2021 suggests that, indeed, security-oriented language might not lead to sustained attention to the crisis, which supports hypothesis 2A. However, Merkel did promise "'30 million doses to the poorest countries'" through the WHO's COVAX initiative (CE Noticias 2021f) sixteen months into the pandemic, contrary to my expectation that over time, use of the security frame would decrease involvement in the crisis (H_{2B}). Lastly, I want to offer an important point of clarification that attention to and involvement in are not necessarily contemporaneous. To be clear: a government

leader may *speak* in favor of WHO efforts but not contribute to or get involved in those efforts and vice versa—*action* but no rhetorical support.

There are several implications for future research which will further contribute to our understanding of the securitization of health. First, scholars interested in pursuing this research regarding the COVID-19 pandemic should consider waiting several years before returning to the case. My study sought to identify the effects of the security frame initially and over time, but the total period of observation was only two years. In four to six years, scholars would be able to observe a truer "over-time" effect and potentially come to more robust conclusions. Scholars might also consider studying other global health crises, like the HIV/AIDS epidemic (1990s), the Zika virus outbreak (2015-2016), or the Ebola epidemic (2013-2016). A longer-term study might also help scholars gauge whether states follow through on their promises and pledges to provide aid and/or resources and to get a better sense of how far removed from the onset of a crisis we have to be for states to stop making new promises and pledges. Related research might explore the efficacy of those aid and relief efforts in under-resourced regions and states.

Future work should consider examining different states and their respective leaders. I selected Germany because it is not strongly liberal or conservative, is a Great Power, and does not have an overly politicized relationship with WHO. However, there are factors that could have impacted Germany's response that might not be so in another country. For example, Germany is in close proximity to the WHO and is a member of the European Union. Role theory suggests that Germany may see itself as a world leader or as a state that must lead by example on issues of international importance. This certainly would have an effect on their response. An examination of other states would

also allow for observation of other government leaders. Angela Merkel was an experienced politician known for her moderate conservatism and pragmatic leadership. It is well worth considering how different ideologies, leadership styles, and levels of experience might play into responses to crises and the effect of the security frame on the government official.

Additionally, future studies might explore securitization by other actors. The literature tells us that securitization at "middle-level 'limited collectivities'" (Rychnovská 2014, 11) is often most effective. Proximity to a perceived threat might make the issue more salient. As such, I suggest studying regional organizations as securitizing actors. Or, to build a larger body of research on securitizing actors at the international level, future work might investigate the use and effect of security-oriented language by other international actors, like nongovernmental organizations or transnational advocacy groups.

The way international actors talk about global issues matters. It can change the way state leaders think about those issues and their response. The securitization of health by the global health regime drew decent attention to and motivated involvement in the COVID-19 pandemic initially, but it was not as effective in drawing attention to the crisis in the long run. However, I found that it did motivate a fair amount of involvement in the crisis over time. Future research should revisit the securitization of health during the COVID-19 pandemic in the coming years and take the research in new directions by exploring securitization by different actors and at different levels and studying different states, leaders, and crises. Scholars should not disregard or forget the normative implications of securitization. Health crises have disparate impacts on countries and

populations around the world. International actors, like the WHO, coordinate aid and relief efforts but cannot do it without the support of its wealthy member states. Any conclusions about the efficacy or inefficacy of security-oriented language (at minimum) or the securitization of health (at maximum) must not be drawn at the expense of international cooperation, solidarity, and human rights.

Acknowledgements

I would like to express my sincerest thanks to my advisor, Dr. Matthew Krain, for his knowledge, guidance, patience, and encouragement throughout the Independent Study process. I would similarly like to express my thanks to Dr. Jeff Lantis for his support throughout my time at the College. I am grateful for your Introduction to International Relations course (which piqued my interest in studying Political Science), my time as your Summer Research and Course Design Assistant (which allowed me to gain invaluable professional and research experience), and your guidance in exploring internship and career opportunities (which also helped me to connect with several accomplished alumni).

I am most thankful for my family's love and support. Thank you to my parents, Paul and Emma, who instilled a love of learning in me and encouraged me every step of the way, and to my sisters, Annalise and Josephine, who know that "I could never love anyone as I love my sisters." Thank you to my nana, Suzanne, for filling my mailbox with notes and care packages and for generously hosting me for "study abroad" last spring. Thank you also to my grandpa, Benny, for your generous support of my college education.

I would also like to express my gratitude to my friends at the College. Doug and Kelsea, from FYS to El Salvador and all that is still to come thank you for your true friendship. And to Meg, Kennedy, Maya, Jilly, Amber, Sena, Ary, Tyler, Sky, Ben, Mason, Charlie, and countless others, thank you for the laughs and adventures. You all are too much fun! The College of Wooster community is a special one, and I feel

fortunate to have lived and learned alongside so many driven and inspiring students over the past four years.

Works Cited

AFP. 2020. "Europe demands better pandemic plan, as Moscow exits lockdown." *Daily Nation* (Kenya). June 10. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:603M-GR51-JDJN-64HS-00000-00&context=1516831. (February 23, 2022).

AJMC Staff. 2021. "A Timeline of COVID-19 Developments in 2020." *American Journal of Managed Care.* January 1. https://www.ajmc.com/view/a-timeline-of-covid19-developments-in-2020. (February 22, 2022).

Amaya, Ana B., Vincent Rollet, and Stephen Kingah. 2015. "What's in a word? The framing of health at the regional level: ASEAN, EU, SADC and UNASUR." *Global Social Policy* 15 (3): 229-260.

Anna, Cara and Geir Moulson. 2020. "COVID-19 deaths top 600,000 globally; Concerns rise pandemic has found fresh legs over past few weeks." *The Associated Press*. July 20. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:60D4-PYN1-F103-318N-00000-00&context=1516831. (February 23, 2022).

Associated Press. 2020. "The Latest: Germany hits 5,000 new cases, Merkel eyes action." *MailOnline*. October 14. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:612G-VP21-JBNF-W25W-00000-00&context=1516831. (February 23, 2022).

Associated Press. 2021a. "Germany's COVID timeline: from first case to 100,000 dead." *AP News.* November 25. https://apnews.com/article/coronavirus-pandemic-health-europe-epidemics-berlin-b61de99739774c1f52b4ba6860054d6d (February 22, 2022).

Associated Press. 2021b. "Merkel: 'A quiet Easter' needed to counter rising infections." *The Independent* (United Kingdom). April 1. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:62BJ-DH31-DY4H-K1XF-00000-00&context=1516831. (February 24, 2022).

Badshah, Nadeem and Clea Skopeliti and Mattha Busby. 2021. "Coronavirus live news: English churches to be allowed choirs for Easter; Venezuelan president's Facebook page frozen over cure claim." *The Guardian* (London). March 27. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:629F-WHK1-DY4H-K2PV-00000-00&context=1516831. (February 24, 2022).

Badsha, Nadeem and Clea Skopeliti and Miranda Bryant. 2021. "UK records a further 41,278 cases and 166 deaths - as it happened." *The Guardian* (London). October 30. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:63YR-CTM1-JBNF-W010-00000-00&context=1516831. (February 24, 2022).

Balzacq, Thierry. 2010. In *The Routledge Handbook of Security Studies* eds. Myriam Dunn Cavelty and Victor Mauer, 56-72. New York, NY: Routledge.

Barnett, Michael N. and Martha Finnemore. 1999. "The Politics, Power, and Pathologies of International Organizations." *International Organization* 53(4): 699-732

Bernstein, Steven. 2002. "International Institutions and the Framing of Domestic Policies: The Kyoto Protocol and Canada's Response to Climate Change." *Policy Sciences* 35(2): 203-236.

Bloom, Dan. 2021. "EU to unveil plans for digital Covid vaccine passport this month." *Mirror*

(UK). March 1. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:623Y-FFR1-DY4H-K2P7-00000-00&context=1516831. (February 24, 2022).

Brzoska, Michael. 2009. "The Securitization of Climate Change and the Power of Conceptions of Security." *Sicherheit und Frieden (S+F) / Security and Peace* 27(3):137-145.

Business Day. 2020. "The German EU Council Presidency COVID-19 and the Need for a stronger EU-Africa partnership." *Business Day*. August 13. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:60K7-YX71-F00C-61CR-00000-00&context=1516831. (February 23, 2022).

Business Line. 2020. "Global deaths surpass 1m as developed economies struggle to contain the virus." *Business Line.* September 29. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:60Y8-FWW1-JBYT-H4TM-00000-00&context=1516831. (February 23, 2022).

Casajuana, Charles. 2021. "Compulsory, no: universal." *CE Noticias Financieras English*. December 12. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:6499-YYS1-DY1R-B068-00000-00&context=1516831. (February 24, 2022).

CE Noticias Financieras English. 2020a. "Mask yes, mask no: the debate of never ending up in the middle of the pandemic." *CE Noticias Financieras English*. July 7. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:609K-22P1-DY1R-B0CB-00000-00&context=1516831. (February 23, 2022).

CE Noticias Financieras English. 2020b. "The new pandemic chronicles. Year 1. Vol. 25. The Jaláctic Alliance against the Undersecretary." *CE Noticias Financieras English*. August 4. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:60HJ-73B1-JBJN-M524-00000-00&context=1516831. (February 23, 2022).

CE Noticias Financieras English. 2020c. "The Covid-19 did not take a vacation; Europe sees regrowth in fear." *CE Noticias Financieras English*. September 4. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:60S5-9RG1-JBJN-M003-00000-00&context=1516831. (February 23, 2022).

CE Noticias Financieras English. 2020d. "The coronavirus remains on the rise in the world, with strong outbreaks in Europe." *CE Noticias Financieras English*. September 19. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:60WC-CPV1-JBJN-M41X-00000-00&context=1516831. (February 23, 2022).

CE Noticias Financieras English. 2020e. "U.S. prepares covid-19 vaccination, which borders on 1.6 million people worldwide." *CE Noticias Financieras English*. December 13. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:61HG-JP61-JBJN-M0PX-00000-00&context=1516831. (February 23, 2022).

CE Noticias Financieras English. 2020f. "Angela Merkel warns of Covid-19 contagion in Germany: 'There is too much contact.'" *CE Noticias Financieras English*. December 29. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:61MX-4231-JBJN-M02T-00000-00&context=1516831. (February 23, 2022).

CE Noticias Financieras English. 2021a. "Merkel Warns Toughest Months in Pandemic Fight Are Still to Come." *CE Noticias Financieras English*. January 7. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:61PT-VRD1-JBJN-M3X9-00000-00&context=1516831. (February 24, 2021).

CE Noticias Financieras English. 2021b. "COVID vaccines: what are the new strategies to accelerate global production and how many are expected to be implemented by 2021." *CE Noticias Financieras English*. February 4. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:61XT-29N1-DY1R-B438-00000-00&context=1516831. (February 24, 2022).

CE Noticias Financieras English. 2021c. "Coronavirus: G7 leaders commit 4 billion for COVID-19 vaccination initiatives." *CE Noticias Financieras English*. February 19. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:6220-M0F1-DY1R-B0CF-00000-00&context=1516831. (February 24, 2022).

CE Noticias Financieras English. 2021d. "European countries resume vaccination with AstraZeneca; France returns to confinement." *CE Noticias Financieras English*. March 19. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:6286-2W51-DY1R-B2HH-00000-00&context=1516831. February 24, 2022).

CE Noticias Financieras English. 2021e. "WHO and Germany to create global centre to prevent future pandemics." *CE Noticias Financieras English*. May 5. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:62M0-8391-DY1R-B214-00000-00&context=1516831. (February 24, 2022).

CE Noticias Financieras English. 2021f. "Germany and France announced that each country will donate up to 30 million COVID-19 vaccines to the Covax mechanism." *CE Noticias Financieras English*. May 21. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:62RC-SVR1-JBJN-M537-00000-00&context=1516831. (February 24, 2022).

CE Noticias Financieras English. 2021g. "Climate change and the pandemic, the two main themes of the G7 summit." *CE Noticias Financieras English*. June 11. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:62X2-BGG1-DY1R-B231-00000-00&context=1516831. (February 24, 2022).

CE Noticias Financieras English. 2021h. "G7.- Merkel anticipates that the G7 will distribute 2,300 million vaccines to developing countries by the end of 2022." *CE Noticias Financieras English*. June 13. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:62X9-3RT1-DY1R-B1DP-00000-00&context=1516831. (February 24, 2022).

CE Noticias Financieras English. 2021i. "Delta delta trigger variant propagation implementation of restrictions in several countries." *CE Noticias Financieras English*. June 29. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:631P-MYR1-JBJN-M1SN-00000-00&context=1516831. (February 24, 2022).

CE Noticias Financieras English. 2021j. "G20 aims to vaccinate 70% of the population by 2022 to strengthen the recovery." *CE Noticias Financieras English*. October 29. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:63YR-3941-DY1R-B3GW-00000-00&context=1516831. (February 24, 2022).

CFR Staff. 2021. "The Role of the UN General Assembly." *Council on Foreign Relations*. September 28. https://www.cfr.org/backgrounder/role-un-general-assembly. (March 1, 2022).

Chao-Fong, Léonie. 2021. "Covid live: 10 more Omicron cases in UK amid 53,945 new infections; German 'lockdown' for unvaccinated." *The Guardian* (London). December 2. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:646R-FJ91-DY4H-K184-00000-00&context=1516831. (February 25, 2022).

Clark, Alex. 2020. "Fears of lockdown return as Europe suffers virus surge; EUROPE." *Irish*

Independent. October 10. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:611K-V1J1-JCBW-N4C2-00000-00&context=1516831. (February 23, 2022).

CNN Editorial Research. 2021. "Covid-19 Pandemic Timeline Fast Facts." *CNN Health*. February 1 at 11:41 AM ET. https://www.cnn.com/2021/08/09/health/covid-19-pandemic-timeline-fast-facts/index.html. (February 22, 2022).

Connolly, Kate. 2020. "Calls grow for Germany-wide use of face masks; Regional officials urge federal government to make usage mandatory to counter Covid-19." *The Guardian* (London). March 31. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:5YJH-8CD1-JCJY-G1H1-00000-00&context=1516831. (February 22, 2022).

Cyprus Mail. 2021. "Europe faces real threat of Covid -19 resurgence." *Cyprus Mail*. November 4. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:640V-YSG1-JDKJ-12YJ-00000-00&context=1516831. (February 24, 2022).

Daily Dispatch. 2020. "World virus cases top six million as leaders disagree." *Daily Dispatch* (South Africa). June 1. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:6025-8RV1-JB2D-5009-00000-00&context=1516831. (February 23, 2022).

Daily Independent. 2020. "Latest On The Spread Of The Coronavirus Around The World." *Daily Independent* (Nigeria). April 4. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:5YKB-FFC1-JDJN-62KS-00000-00&context=1516831. (February 23, 2022).

Davies, Sara E. 2008. "Securitizing Infectious Disease." *International Affairs* 84 (2): 295-313.

Davies, Sara E. 2010. "What contribution can International Relations make to the evolving global health agenda?" *International Affairs* 86 (5): 1167-1190.

Desheng, Cao. 2020. "Global ties vital to fight coronavirus." *China Daily*. January 23. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:5Y20-PVV1-JDJN-6256-00000-00&context=1516831. (February 22, 2022).

Die Welt. 2020 "6.15 billion euros against the virus; At the donor conference and benefit concert new help for vaccines and treatments will come together. 383 million from Germany." *Die Welt* (English). June 29. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:607M-TG41-DY2B-S3FK-00000-00&context=1516831. (February 23, 2022).

Drury, Colin. 2021. "'Difficult weeks ahead': Angela Merkel urges unvaccinated to reconsider as Germany sees record Covid rates." *The Independent* (United Kingdom). November 13. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:642S-0441-DY4H-K3JK-00000-00&context=1516831. (February 24, 2022).

Elbe, Stefan. 2006. "Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/AIDS and Security." *International Studies Quarterly* 50 (1): 119–144.

Enemark, Christian. 2007. *Disease and Security: natural plagues and biological weapons.* Routledge, London p. 20.

Finnemore, Martha and Kathryn Sikkink. 1998. "Norm Dynamics and Political Change." International Organization 52(4):887-917.

Fisher, Jonathan and David M. Anderson. 2015. “Authoritarianism and the securitization of development in Africa.” *International Affairs* 91(1): 131-151.

Ghebreyesus, Tedros Adhanom. 2020. *WHO Director-General's opening remarks at the media briefing on COVID-19* [Speech transcript]. The World Health Organization Director-General Speeches. March 11. https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020. (February 28, 2022).

Gow, Jeff. 2002. “The HIV/AIDS Epidemic in Africa: Implications for US Policy.” *Health Affairs* 21 (3): 57-69.

GPMB. 2019. “A World at Risk: Annual report on global preparedness for health emergencies.” *Global Preparedness Monitoring Board.* (January 26, 2022).

GPMB. 2021a. “From Worlds Apart to a World Prepared.” *Global Preparedness Monitoring Board*. (January 26, 2022).

GPMB. 2021b. “What is the GPMB?” *The Global Preparedness Monitoring Board.* https://www.gpmb.org/about-us. (March 1, 2022).

Gregory, Andrew. 2020. “Chances 'fading by the day' that Britain will not catch the disease; The next fortnight is critical for controlling the epidemic in China, experts warn, but the UK is unlikely to escape.” *The Sunday Times* (London). February 16. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:5Y72-R5H1-DYTY-C2Y5-00000-00&context=1516831. (February 22, 2022).

Guzzini, Stefano. 2011. “Securitization as a Causal Mechanism.” Security Dialogue 42(4-5): 329-341.

Henley, Jon and Philip Oltermann and Sam Jones. 2021. “Germany extends Covid lockdown amid concern over variants in Europe.” *The Guardian* (London). January 19. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:61T6-NVW1-DY4H-K2DH-00000-00&context=1516831. (February 24, 2022).

IHR. 2021. “Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005).” *Review Committee on the Functioning of the International Health Regulations (2005).* May 5. (January 26, 2022).

IOAC. 2021. “REPORT OF THE INDEPENDENT OVERSIGHT AND ADVISORY COMMITTEE FOR THE WHO HEALTH EMERGENCIES PROGRAMME.” *Independent Oversight and Advisory Committee.* May 5. (January 26, 2022).

Jones, Crystal. 2021. “European visitors who mixed vaccines must isolate.” *The Daily Telegraph* (London). August 16. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:63CP-KKM1-DYTY-C13K-00000-00&context=1516831. (February 24, 2022).

Kalkhof, Maximilian. 2021. “Dampener for China's vaccination diplomacy; Beijing is also pursuing geopolitics with its vaccines; many countries around the world and even in Europe are using them - in some cases without approval. But now doubts are growing about the effectiveness.” *Die Welt* (English). April 29. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:62JF-SVG1-JBK9-234B-00000-00&context=1516831. (February 24, 2022).

Keaten, Jamey. 2021. “Merkel, Macron back efforts to improve WHO; Look to build up world's

ability to prepare for, defend against pandemics." *The Associated Press*. May 25. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:62S1-RT81-JDV5-F20V-00000-00&context=1516831. (February 24, 2022).

Knox, Patrick. 2020. "COVID CHAOS Germany's new coronavirus infections hit five-day high after warning country may be forced to bring back lockdown." *The Sun* (UK). May 1. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:5YT8-9W01-F021-622S-00000-00&context=1516831. (February 23, 2022).

Labonté, Robert and Michelle L. Gagnon. 2010. "Framing health and foreign policy: lessons for global health diplomacy." *Globalization and Health* 6 (14): np.

Lewis, Lauren. 2021. "Europe surpasses more than one million Covid-19 deaths - a third of the global tally." *MailOnline*. April 15. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:62FJ-1CC1-DY4H-K4XK-00000-00&context=1516831. (February 24, 2022).

Maguire, Patrick. 2021. "Quarantine to end for people who have been double vaccinated." *The Times* (UK). July 3. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:6329-3T71-DY4H-K20B-00000-00&context=1516831. (February 24, 2022).

McInnes, Colin et al. 2012. "Framing global health: the governance challenge." *Global Public Health* 7 (2): 83-94.

McInnes, Colin and Kelly Lee. 2006. "Health, security, and foreign policy." *Review of International Studies* 32 (1): 5-23.

Mintz, Alex and Steven B. Redd. 2003. "Framing Effects in International Relations." *Synthese* 135 (2): 193-213.

Moody, Oliver and Charles Bremner. 2021. "German army under orders to be jabbed." *The Times* (London). November 25. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:6457-V441-DYTY-C25H-00000-00&context=1516831. (February 25, 2022).

Noakes, Linda. 2020. "What you need to know about the coronavirus right now." *Postmedia Breaking News*. August 28. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:60PG-1K21-JDK3-93H4-00000-00&context=1516831. (February 23, 2022).

Oltermann, Philip. 2021. "WHO opens pandemic intelligence hub to look out for future crises." *The Guardian* (London). September 1. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:63H5-M8M1-JBNF-W4MS-00000-00&context=1516831. (February 24, 2022).

Palmer, Vaughn. 2020. "Vaughn Palmer: Trying to flatten COVID-19 curve in B.C. without raising threat, panic." *The Vancouver Sun* (British Columbia). March 13. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:5YDM-3RG1-DY2T-D07W-00000-00&context=1516831. (February 22, 2022).

Pan-European Commission. 2021. "Drawing light from the pandemic: a new strategy for health and sustainable development." *Pan-European Commission on Health and Sustainable Development.* September. (January 26, 2022).

Parkin, Richard. 2020. "Morning mail: 2m global Covid-19 infections, tour operator refuses

refunds, self-love in isolation; Thursday: More than 130,000 people have died around the world from coronavirus. Plus, Australian Topdeck customers denied refunds." *The Guardian* (London). April 15. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:5YNR-P2C1-JCJY-G3BH-00000-00&context=1516831. (February 23, 2022).

Peterson, Susan. 2009. "Epidemic Disease and National Security." *Security Studies* 12 (2): 43-81.

Postmedia Breaking News. 2020a. "Germany considers compulsory coronavirus testing for holidaymakers." *Postmedia Breaking News*. July 25. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:60F7-BCY1-JDK3-92P2-00000-00&context=1516831. (February 23, 2022).

Postmedia Breaking News. 2020b. "Germany eyes antigen tests to keep elderly safe from virus." *Postmedia Breaking News*. November 3. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:616S-7FB1-F125-12DK-00000-00&context=1516831. (February 23, 2022).

Postmedia Breaking News. 2020c. "Wuhan Finds Infected Food; Merkel Rallies Germans: Virus Update." *Postmedia Breaking News*. November 28. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:61D3-V6V1-F125-119T-00000-00&context=1516831. (February 23, 2022).

Postmedia Breaking News. 2020d. "U.N. chief pans countries who ignored COVID-19 facts, WHO guidance." *Postmedia Breaking News*. December 3. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:61F9-C571-F125-10G0-00000-00&context=1516831. (February 23, 2022).

Postmedia Breaking News. 2021. "'Together we are stronger'--Germany bets on better U.S. ties under Biden." *Postmedia Breaking News*. January 26, 2021. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:61VK-TVW1-JDK3-93HK-00000-00&context=1516831. (February 24, 2022).

Roach, April. 2020. "G20 summit: Saudi king urges united response to Covid as Trump 'tells leaders he wants to work with them for a long time'." *The Evening Standard* (London). November 21. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:61BM-WJJ1-DY4H-K2NN-00000-00&context=1516831. (February 23, 2022).

Rychnovská, Dagmar. 2014. "Securitization and the Power of Threat Framing." Perspectives 22(2):9-31.

Shenzhen Daily. 2020. "WHO's WHA." *Shenzhen Daily*. May 25. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:6005-G9M1-DYMS-S2FJ-00000-00&context=1516831. (February 23, 2022).

Taranaki Daily News. 2020. "Merkel calls for unity." *Taranaki Daily News* (New Zealand). April 24. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:5YRM-N1F1-DYTR-J258-00000-00&context=1516831. (February 23, 2022).

The Citizen. 2021. "Pfizer/BioNTech to produce Covid vaccine in South Africa." *The Citizen* (Tanzania). July 21. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:636K-XGH1-F00C-629P-00000-00&context=1516831. (February 24, 2022).

The Independent. 2021. "World news in brief." *The Independent*—Daily Edition. September 8.

https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:63JK-PP11-JCS0-D0N0-00000-00&context=1516831 (February 24, 2022).

The New York Times. 2022. "Coronavirus World Map: Tracking the Global Outbreak." *The New York Times.* February 21. https://www.nytimes.com/interactive/2021/world/covid-cases.html. (February 22, 2022).

The New York Times. 2022. "Coronavirus in the U.S.: Latest Maps, Case and Death Counts." *The New York Times.* February 21. https://www.nytimes.com/interactive/2021/us/covid-cases.html. (February 22, 2022).

The New York Times. 2022. "Tracking Coronavirus in Germany: Latest Map and Case Count." *The New York Times.* February 21. https://www.nytimes.com/interactive/2021/world/germany-covid-cases.html. (February 22, 2022).

Times Colonist. 2020. "Europe, U.S. face further shutdowns amid virus surge." *Times Colonist* (Victoria, British Columbia). October 29. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:615N-JT91-DY2T-12T4-00000-00&context=1516831. (February 23, 2022).

UN General Assembly 74/2. 2019. "Political Declaration of the High-level Meeting on Universal Health Coverage: 'Universal health coverage: moving together to build a healthier world.'" *The United Nations.* October 10. (January 16, 2022).

UN General Assembly 74/20. 2019. "Global health and foreign policy: an inclusive approach to strengthening health systems." *The United Nations.* December 11. (January 16, 2022).

UN General Assembly 74/270. 2020. "Global solidarity to fight the coronavirus disease 2019 (COVID-19)." *The United Nations.* April 4. (January 16, 2022).

UN General Assembly 74/274. 2020. "International cooperation to ensure global access to medicines, vaccines and medical equipment to face COVID-19." *The United Nations.* April 20. (January 16, 2022).

UN General Assembly 74/306. 2020. "Comprehensive and coordinated response to the coronavirus disease (COVID-19) pandemic." *The United Nations.* September 11. (January 16, 2022).

UN General Assembly 74/307. 2020. "United response against global health threats: combating COVID-19." *The United Nations.* September 11. (January 16, 2022).

UN General Assembly 75/4. 2020. "Special session of the General Assembly in response to the coronavirus disease (COVID-19) pandemic." *The United Nations.* November 5. (January 16, 2022).

UN General Assembly 75/130. 2020. "Global health and foreign policy: strengthening health system resilience through affordable health care for all." *The United Nations.* December 14. (January 16, 2022).

UN General Assembly 75/156. 2020. "Strengthening national and international rapid response to the impact of the coronavirus disease (COVID-19) on women and girls." *The United Nations.* December 16. (January 16, 2022).

Van Dijk, Teun A. 2001. "Critical Discourse Analysis," In *The Handbook of Discourse Analysis*, eds. Deborah Schiffrin, Deborah Tannen, and Heidi E. Hamilton, 352-371. Oxford: Blackwell.

Wæver, Ole. 1995. "Securitization and Desecuritization," In *On Security*, ed. Ronnie D. Lipschutz, 46–86. Copenhagen: Centre for Peace and Conflict Research.

Wei, Xu. 2020. “Premier Li hopes Germany can facilitate purchase of medical resources.” *China Daily.* February 10. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:5Y5T-HKS1-F11P-X4F9-00000-00&context=1516831. (February 22, 2022).

Wendt, Alexander. 1992. “Anarchy is What States Make of it: The Social Construction of Power Politics.” International Organization 46(2): 391-425.

WHA 73.1. 2020. “COVID-19 Response.” *The World Health Assembly.* May 19. (January 19, 2022).

WHA 73.8. 2020. “Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005).” *The World Health Assembly.* November 13. (January 19, 2022).

WHA 74.7. 2021. “Strengthening WHO preparedness for and response to health emergencies.” May 31. *The World Health Assembly.* (January 19, 2022).

WHO COVID-19 Dashboard. Geneva: World Health Organization, 2020. Available online: https://covid19.who.int/ (last cited: February 22, 2022).

Williams, Terri-Ann. 2020. “Introducing the ‘coronavirus air handshake’: Workers avoid traditional greeting amid virus fears as doctor says she no longer shakes hands when she meets people.” *MailOnline.* March 2. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:5YB9-KTD1-JCJY-G0CT-00000-00&context=1516831. (February 22, 2022).

Wolfensohn, James. 2000. Speech delivered to the UN Security Council. New York, January 10.

Xinhua. 2020. “Merkel urges world to collaborate to overcome coronavirus crisis.” *Daily News Egypt*. May 18. https://advance.lexis.com/api/document?collection=news&id=urn:contentItem:5YXW-5JK1-F11P-X0RY-00000-00&context=1516831. (February 23, 2022).