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The World Health Organization, the Trump Administration, American Public Opinion, and China: A Principal-Agent Problem

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LOYOLA UNIVERSITY CHICAGO

THE WORLD HEALTH ORGANIZATION, THE TRUMP ADMINISTRATION, AMERICAN
PUBLIC OPINION, AND CHINA: A PRINCIPAL-AGENT PROBLEM

A THESIS SUBMITTED TO
THE FACULTY OF THE GRADUATE SCHOOL
IN CANDIDACY FOR THE DEGREE OF
MASTER OF ARTS

PROGRAM IN POLITICAL SCIENCE

BY

MEGAN LARSON

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To Christina, Lisa, Michael, and Wayne

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LIST OF ABBREVIATIONS

WHO	World Health Organization
CDC	Centers for Disease Control
IHR	International Health Regulations
IMST	Incident Management Support Team
GOARN	Global Outbreak Alert and Response Network
PHEIC	Public Health Emergency of International Concern
AMA	American Medical Association
NGO	Nongovernmental Organization
IGO	Intergovernmental Organization
WHA	World Health Assembly
WR	WHO Representative
EU	European Union
JCPOA	Joint Comprehensive Plan of Action

ABSTRACT

Why did the United States perceive the World Health Organization as ineffective during the COVID-19 pandemic? To answer this question, this research delves into current principal-agent model literature to reproduce mechanisms present by the WHO and the United States. Current research fails to explain the WHO's effectiveness. By borrowing from realist theory and political psychology and analyzing various declarations made by the United States, this analysis found preliminary evidence that the idea of WHO's ineffectiveness was primarily shaped by the Trump Administration and American public opinion. Moreover, because of the disinformation and misinformation spread by the Trump Administration, the WHO could not exercise authority over the United States. This analysis concludes with a brief discussion of how member states and the WHO could navigate future pandemics.

CHAPTER ONE

SETTING THE SCENE: COVID-19

As international organizations (IOs) continue to function as tools for states, they remain of great interest in studying international relations. Their natural relationships with states illuminate both strengths and weaknesses. Moreover, the role of international organizations is often met with questions of supranationalism in that both member states and IO bureaucracies each exercise power over one another. In other words, the relationship between an IO (composed of a bureaucracy and its technical experts) and its member states (government leaders such as presidents, official bodies like the Centers for Disease Control (CDC), and the body of American constituents) demonstrates a conglomerate of action. Both actors provide an effect on each other, especially during times of crisis. The COVID-19 pandemic provided the World Health Organization (WHO) and its member states with an inherently difficult challenge. As the WHO attempted to guide the world, it received push-back and criticism from various members, such as the United States.

In terms of political, economic, cultural, and social impact, the COVID-19 pandemic remains one of the most complex, catastrophic events in contemporary history. As of late summer 2022, global reports confirmed approximately 589,680,368 cases and 6,436,519 deaths worldwide. As research arises to observe how the pandemic unfolded and ultimately mutated, the World Health Organization (WHO) remains a constant factor. As the leading global health organization and advisory body, many actors (both state and non-state) look to its central, regional, and country-based bureaucracies for support. Not only does the organization deal with

long-term health development, but it also functions as a leader in crises. Between 2003 and 2016, the WHO mitigated several within 168 countries.¹ The most prominent pandemics were the Severe Acute Respiratory Syndrome (SARS) of 2003, the H1N1 pandemic of 2009, the Middle East respiratory syndrome coronavirus (MERS-CoV) from 2012 to 2015, and the Ebola outbreak of 2014. These pandemics killed around 590,000 individuals. Many claim the WHO has been a relatively successful organization in mitigating the pandemics, as mentioned above.

In addition to the Organization's role, each country participated individually at its discretion. This action contradiction may have created power imbalances in terms of the pandemic's outcome. Disparagement and discontentment plagued the WHO and its member states' relationship with each other. As a result, the former President of the United States, a conventional leading institution, especially during times of economic and political turmoil and critical leader within the WHO, barred funding for the Organization. Moreover, several US legislators and a portion of the electorate found the WHO ineffective. These criticisms and overall disapproval of the WHO beckon the question: was the WHO's response ineffective? Moreover, how do we define the effectiveness of international institutions?

COVID-19 as an Unprecedented Event

A few fundamental elements of the pandemic are striking. Traditionally speaking, the WHO maintains little power over its member states, as it primarily serves as an advisory body. Because of this factor, member states mainly rely on the WHO when they feel inadequately prepared for a health or humanitarian emergency. Low-income states without rich funds utilize

¹ Boivin and Piret, "Pandemics Throughout History".

the WHO for recommendations, research, data, and resources. Through funding and advising, high-income countries bolster international institutions rather than rely upon them for internal support. As the primary financial foundation for the WHO, the United States assumed a role in the COVID-19 pandemic. Many experts claim former President Donald Trump was an unparalleled president in terms of his unique psychology, political ascendancy, and campaign emphasis.² In addition to his relatively unmatched presidency, he presented a general antipathy towards certain international ventures and agreements.

While criticisms regarding the WHO may remain justified, the fact that the US completely removed itself from the Organization – even though the WHO is dependent mainly on the country's funding- may indicate something different than the WHO's ineffectiveness. Former president Trump utilized several mechanisms to satisfy his voter base. Due to his habits of declaring inherent contradictions to intricately designing his rhetoric, further analysis must ensue to determine pandemic response flaws.³

On May 29, 2020, the Trump Administration withdrew the US from the WHO. Trump stated that "because they have failed to make the requested and greatly needed reforms, we will be today terminating our relationship with the World Health Organization and redirecting those

² Drezner, "Immature leadership: Donald Trump and the American presidency" 400, Carmines, Ensley & Wagner, "Ideological Heterogeneity and the Rise of Donald Trump, 385-397.

² Albrecht, "The Nonmetro Vote and the Election of Donald Trump."

³ Blake, "12 of Trump's Worst Coronavirus Contradictions". Raymond, "COVID-19, Donald Trump And The False Dilemma Fallacy"

funds to other worldwide and deserving, urgent global public health needs."⁴ The Trump Administration and its base of more conservative Republicans appeared to stand alone in this decision. Many health experts from the United States expressed their concern and discontent over the withdrawal. Former CDC flu expert weighed in on the decision by stating, "If we pull out of the World Health Organization, we're going to be flying blind in terms of influenza and other pandemic threats... It's going to be a lot harder to know what's going on."⁵ Moreover, the American Medical Association (AMA) and other public health bodies, such as the American Academy of Family Physicians and the American College of Physicians, released a statement articulating the dire outcome of the decision. They wrote,

The Trump administration's official withdrawal from the World Health Organization (WHO) puts the health of our country at grave risk. As leading medical organizations, representing hundreds of thousands of physicians, we join in strong opposition to this decision, which is a major setback to science, public health, and global coordination efforts needed to defeat COVID-19.⁶

Lindsay Wiley also commented on the long-term consequences of vaccine distribution by writing, "given that our vaccine manufacturing capabilities within the US are limited, to withdraw from the organization at this stage in the crisis when we're on the cusp of developing a

⁴ Hoffman & Vazquez, "Trump announces end of US relationship with World Health Organization".

⁵ Rotella, Bandler, & Callahan, "Inside the Trump Administration's Decision to Leave the World Health Organization".

⁶ Goza, LeRoy, Bailey, & Fincher. "Statement on withdrawal of U.S. from the World Health Organization"

safe and effective vaccine...would be a dire mistake."⁷ This may demonstrate the fractured nature of a member state in that it houses domestic institutions (the President, governmental bodies, and the public) with different principles and beliefs.

The United States is not only a resource-rich country with the capacity to deal with such emergencies but a staunch financial supporter of the WHO and low-income countries.⁸ With that in mind, its criticisms may be motivated by other factors unrelated to the WHO's behavior during the pandemic. While a principal-agent problem may exist between the WHO and its Member States, this work also questions the role of public opinion and its impact on international relations. In other words, how did former President Trump's voter base affect his approach to the WHO and the US's over all COVID-19 response? Moreover, how did the public's perception of the WHO vary due to the Trump Administration and other social and cultural factors, such as a general distrust of China?

The criticisms expressed by both parties potentially indicate the presence of a principal-agent problem. In addition to the potential for a principal-agent problem, the pandemic left many wondering how the implications of this pandemic may affect future crises in terms of global powers and influence. As China gains influence and morphs the balance of power in IOs and international relations, it is essential to navigate the impact on member states and other actors.

This analysis unfolds in three steps. The first section discusses the actions of the WHO during the COVID-19 pandemic. In addition to the description of its response, this section also

⁷ Beckerman, "Leaving the World Health Organization: A Terrible Mistake – Politics in the Era of Global Pandemic".

⁸ The World Health Organization, "United States of America"

expresses Member States' general reactions, especially the United States and China. Thus, it provides the puzzle of why the US –a crucial actor– remained relatively unsatisfied with WHO's response while other countries were somewhat more satisfied with the performance. The second section covers the principal-agent literature because principal-agent problems always exist within these relationships.

Moreover, this section describes how slack is an inevitable component and the expectations that arise with this existent slack. The following section then uncovers why the US disagreed with WHO and how this principal-agent problem existed in the eyes of the US through various declarations of US officials and the general public. To then wrap up, the last section ultimately delves into how relying on perceptions of the US is not the ideal way to assess slack.

CHAPTER TWO

WHAT IS THE PRINCIPAL-AGENT THEORY?

The role of international institutions often varies, and the numerous international relations theories approach IOs to parse such institutions. Stemming from the agency, finance, and property rights theories, the principal-agent model theory provides a suitable framework for the COVID-19 pandemic and the instrumental players tasked with mitigating its effects. In its fundamental conception, the principal-agent theory navigates the relationship between two types of entities: a principal who relies on an agent to compensate for inherent deficiencies. Because of these natural weaknesses, individuals engage others to perform tasks beyond their capabilities, and this relationship is solidified by a contract outlining why the agreement is mutually beneficial. When used as a theoretical apparatus for dissecting international organizations, the theory concentrates on member-state interactions with the Organization and whether the Organization faithfully and effectively executes requested tasks.¹ Barnett and Finnemore also posit two features of modern IO bureaucracy behavior:

- 1) The first is the simple fact that bureaucracies are organized around rules, routines, and standard operating procedures designed to trigger a standard and predictable response to environmental stimuli
- 2) Second, bureaucracies specialize and compartmentalize. They create a division of labor on the logic that because individuals have only so much time, knowledge, and expertise, specialization will allow the Organization to emulate a rational decision-making process.²

¹ Graham, “International Organizations as Collective Agents: Fragmentation and the Limits of Principal Control at the World Health Organization”, 366–390.

² Barnett & Finnemore “The Politics of power and pathologies of IOs”.

All international organizations maintain their own culture that, in effect, ultimately shapes their behavior.³

What is the Principal-Agent Problem?

Roland Vaubel places 24 international organizations within the principal-agent theory and finds a causal path to how issues come to fruition.⁴ He begins with the citizens' selection of national governments. Following this, the national parliaments elect a national executive (except in presidential system cases where the executive is directly appointed). The following relationship, he posits, is the potential appointment of representatives tasked with supervising the IO. In short, Vaubel postulates that "the chain of delegation from the citizen to the international executive involves three intermediate bodies of control, i.e., four separate principal-agent relationships."⁵ As a result, the principal-agent problem arises because international organizations have "vested interests which differ from the preferences of the voters and that the voters cannot effectively control the international organization because they are rationally ignorant of most of its activities and/or lack the power to impose their will."⁶

Governments remain inherently constrained because of economic, political, social, and cultural factors, thus preventing them from achieving the total capacity to rectify all dilemmas. Governments (principals) depend on international organizations (agents) to carry out tasks to

³ Barnett & Finnemore "The Politics of power and pathologies of IOs".

⁴ Vaubel, Roland. (2006). "Principal-Agent Problems in International Organizations. The Review of International Organizations." 1. 125-138. 10.1007/s11558-006-8340-z

⁵ Vaubel, "Principal-Agent Problems in International Organizations", 126.

⁶ Vaubel, "Principal-Agent Problems in International Organizations," 126-127.

ensure efficiency and legitimacy within the international arena. Because of the relationship between principals and agents at the international level, countries give organizations leeway to execute tasks without constantly receiving consent. This "slack" allowed the Organization to act independently and develop individual decisions during the pandemic in the WHO's case. By utilizing the slack provided by the initial agreement set forth when developing the Organization, the WHO attempted to manage the pandemic.⁷

Another critical variable in a principal-agent problem is the information asymmetry between the electorate and their international agents. Information asymmetry arises due to both high costs of information and a feeble incentive to be informed.⁸ Trust also plays a critical role in the principal-agent relationship, considering the slack provided to agents. Member states attempt to ensure agent faithfulness through control mechanisms such as agent screening, oversight, and sanctioning.⁹ The theory especially illuminates the roles of faithfulness, trust, autonomy, control mechanisms, and slack when applying the approach to an international health dilemma.¹⁰

Principal-Agent Problem: Fragmentation Hypothesis

International organization literature regularly employs the principal-agent model to analyze relationships between member-states and organizations. Graham investigated the WHO's

⁷ Sohrabi, Alsafi, O'Neill, Khan, Kerwan, Al-Jabir, Iosifidis, Agha, "World Health Organization declares global emergency: A review of the 2019 novel coronavirus (COVID-19)".

⁸ Vaubel, "Principal-Agent Problems in International Organizations", 127.

⁹ Graham, "International Organizations as Collective Agents", 368-369.

¹⁰ Graham, "International Organizations as Collective Agents", 368-369.

dismal performance in implementing the 1978 mandate of 'Health for All by the Year 2000.'¹¹ Member-states and scholars alike refused to ignore the deficiencies. Consequently, the case harbored attention as an example of ineffective IO behavior and brought about a couple of inquiries. Briefly, Graham questioned why the WHO could not assist least-developed countries in creating healthcare systems and why member-states continuously failed to alter WHO behavior.¹² To answer these questions, Graham posits the fragmentation hypothesis.

Briefly, structural and actor-based fragmentation describes IO bureaucracies' political and motivational heterogeneity. Furthermore, we conceptualize fragmentation as a continuum: on one end is a "hierarchically ordered organization characterized by actors with shared political goals and coordinated structures," and the end contains a "horizontal structure with distinct actors fostering contradictory goals disinclined towards coordination."¹³ Considering the many councils within the WHO, this continuum may apply to the Organization.

Graham's fragmentation hypothesis defines the WHO as a collective agent or an "agent made up of more than one bureaucratic actor that is subject to a single contract with its principal" this hypothesis claims that fragmentation diminishes the faithfulness of agents by reducing the scope and efficacy of control mechanisms employed by principals.¹⁴ In the contemporary adaptation of this theory, one may note the diverse array of committees in the WHO and how their goals may vary. Graham posits that the actor-based conception of fragmentation provides

¹¹ Graham, "International Organizations as Collective Agents", 367.

¹² Graham, "International Organizations as Collective Agents", 367.

¹³ Graham, "International Organizations as Collective Agents", 370.

¹⁴ Graham, "International Organizations as Collective Agents", 369-372.

some indicators: the existence of several epistemic communities, the "need for different actors to appeal to different audiences,"; and the presence of "staff conflicts with leadership."¹⁵

While the WHO maintained the steady goal of reducing the coronavirus, its leadership team, various epistemic communities, and country offices carried different mitigation methods. Unfortunately, as Graham notes, fragmentation may impact its faithfulness to member-states.¹⁶ The WHO's fragmentation and resulting ineffectiveness ultimately bring forth the first argument. However, before delving into methodologies and discussions, this analysis defines some important terms for clarification.

Defining Terms: Good Governance - Effectiveness and Ineffectiveness

Understanding how an organization preserves effectiveness may shape our understanding of ineffectiveness. For this analysis, effectiveness remains synonymous with "good governance." Ngaire Woods breaks down this concept into four specific elements: 1) participation, 2) ownership; 3) accountability; and 4) fairness.¹⁷ She writes, "participation requires more than involvement in an institution. It requires that affected parties have access to decision-making and power so that they acquire a meaningful stake in the work of the institution".¹⁸ In terms of ownership, she claims that "the lesson for good governance is that principles and formal structures need to be backed up by resources and members' commitment."¹⁹ Thirdly, she claims

¹⁵ Graham, "International Organizations as Collective Agents", 371.

¹⁶ Graham, "International Organizations as Collective Agents", 372.

¹⁷ Woods, "Good Governance in International Organizations".

¹⁸ Woods, "Good Governance in International Organizations", pg. 44.

¹⁹ Woods, "Good Governance in International Organizations", pg 49.

that accountability requires that "institutions inform their members of decisions and also of the grounds on which decisions are taken. Practically, this means having procedures that ensure transparency and flows of information."²⁰

The fourth component of good governance, fairness, contains two aspects: "procedural and substantive." She defines procedural fairness as a "legalistic notion" that ultimately requires creating and enforcing rules in an "impartial and predictable way."²¹ Moreover, procedural fairness necessitates "the processes of representation, decision-making, and enforcement in an institution to be clearly specified, nondiscretionary, and internally consistent."²² In other words, fairness indicates that all members of an institution can comprehend and predict the procedures "by which an institution will take decisions and apply them."²³

For an organization to be generally effective, it must maintain critical characteristics. According to a study on organizational ineffectiveness, five main points suggest effectiveness: 1) "Acquiring resources needed from the environment, 2) Combining them with an efficient and productive transformation process, 3) Facilitating the attainment of organizational goals, 4) Making it easier to acquire future resources, and 5) Satisfying the strategic constituent in the environment."²⁴ This study also defined facets of organizational ineffectiveness.

²⁰ Woods, "Good Governance in International Organizations", Pg 44.

²¹ Woods, "Good Governance in International Organizations", 45-46.

²² Woods, "Good Governance in International Organizations", 45-46.

²³ Woods, "Good Governance in International Organizations", 46.

²⁴ Okoh, & Onoriode, "Managing Organizational Ineffectiveness: The Managerial Challenge" IJEDRI Vol 2 No 3 2011 (icidr.org), 91.

Briefly Introducing Slack as a Causal Mechanism

The WHO has mitigated several pandemics in recent years. Although each pandemic involves a challenge far different from the last, the WHO maintains several prepared mechanisms for approaching various health issues. Since its creation, it has dealt with both long and short-term affairs. Moreover, these challenges have also shown the inherent strengths of the WHO. To clarify, the WHO defines a pandemic as "the worldwide spread of a new disease."²⁵ By satisfying this definition, the WHO has been able to confront various health challenges. Each member state allows an inevitable component, slack, to exist within the IO relationship. To remain accountable and exemplify fairness, an IO must appropriately navigate that slack and ensure transparency. This article covers slack in greater detail later; however, slack remains a critical detail when examining past pandemics.

Regarding the COVID-19 pandemic, there may be two ways to reify Wood's definition of good governance: 1) the inability to use its slack from the United States and other Member States appropriately and within boundaries, and 2) the inability to provide necessary benefits to its Member States. I argue that its effectiveness primarily reflects the former – although there was evidence of the latter. The US and other states claimed the WHO was ineffective because it could not correctly constrain China and its goals.

History of the WHO: Demonstrative of Good Governance and Effectiveness?

Before the COVID-19 pandemic, the WHO dealt with several significant health challenges. Three of which – SARS (2002-2004), HIV/AIDS, and H1N1 – were global pandemics. The SARS (2002-2004) pandemic and the COVID-19 pandemic both surround

²⁵ The World Health Organization "Pandemic Influenza Preparedness and Response: A WHO Guidance Document", 4.

similar viruses. COVID-19 shares approximately 80% of its genome with that of SARS, indicating a significant likeness between the two diseases. Moreover, many believe that the Chinese authorities' hesitation in publicizing the COVID-19 outbreak reflected its response during SARS.²⁶ From 1981 to the present, the WHO has worked alongside several health coalitions and other officials to mitigate the effects of the human immunodeficiency virus (HIV). While this disease remains somewhat different from the COVID-19 virus, it's still a pandemic.²⁷ The WHO implemented several interventions at the start of the pandemic and has continued to ameliorate the effects of the disease. Through "epidemiological and behavioral surveillance," "high-quality research in reproductive health, vaccine development, and diagnostics," and the "monitoring of drug resistance," the WHO has shown success.²⁸

The WHO's Effectiveness and/or Ineffectiveness in Terms of Good Governance

"Ineffectiveness," because of its broad interpretations, remains a bit ambiguous. In its basic definition,²⁹ ineffectiveness primarily reflects an organization's inability to behave adequately and appropriately. In the context of a principal-agent problem and the COVID-19 pandemic, the WHO must ensure it can sufficiently utilize the inevitable slack provided by member states to navigate both technical (research, data dissemination, medical aid, resource delivery, and vaccine distribution) and governance matters.

²⁶ Christensen & Ma, "Comparing SARS and COVID-19: Challenges of Governance Capacity and Legitimacy. *Public Organiz Rev* 21, 629–645.

²⁷ The World Health Organization, "Fifty-Fourth World Health Assembly Secretariat".

²⁸ Fifty-Fourth World Health Assembly Secretariat. 2001.

²⁹ Okoh, & Onoriode, "Managing Organizational Ineffectiveness: The Managerial Challenge".

The WHO's degree and interpretation of "ineffectiveness" also remain points of perspective. According to an analysis by Robins, fifteen aspects contribute to general organizational ineffectiveness.³⁰ The factors that significantly matter for international organizations are 1) "lack of control and coordination," 2) "lack of participatory democracy and management," and "instability and inadequate maintenance pattern."³¹ Moreover, symptoms of organizational ineffectiveness, such as "frequent personality clashes between organizational members," "strong differing views and frequent disagreements," and "low output, low productivity, and poor quality of work," may also arise.³²

To echo these sentiments and place them in the context of IOs, Woods indirectly offers indicators of 'ineffective governance.' Woods does not directly define the opposite of good governance as ineffective; however, for this analysis, I take her definition as a guide for examining ineffectiveness.³³ As mentioned above, a few principles remain imperative for an IO's ability to govern well: 1) participation/sense of member state ownership, 2) accountability, and 3) fairness.³⁴

House Oversight Committee and their Views on the WHO

As mentioned before, both the WHO and member-states felt frustration with each other. Rep. James Comer, a ranking member in the House Oversight Committee, stated that "China

³⁰ Okoh, & Onoriode , "Managing Organizational Ineffectiveness: The Managerial Challenge".

³¹ Okoh, & Onoriode , "Managing Organizational Ineffectiveness: The Managerial Challenge".

³² Okoh, & Onoriode , "Managing Organizational Ineffectiveness: The Managerial Challenge".

³³ Woods, "Good Governance in International Organizations",

³⁴ Woods, "Good Governance in International Organizations", 42-45

lied, the WHO complied, and Americans died."³⁵ In a briefing on the US Government's plan to withdraw from WHO, Nerissa J. Cook, Deputy Assistant Secretary of State for International Organization Affairs, made several statements affirming Trump's sentiments.³⁶ When discussing why the WHO did not effectively meet the standards of the U.S., Cook cites the extensive funding provided by the US to the WHO by stating,

These are the annual dues that member-states are required to pay as the price of membership... the US is assessed at 22 percent of the WHO's regular budget, which typically totals more than \$100 million a year. For the Fiscal Year 2020, the US assessment was just over \$120 million... Today we are announcing the remaining portion of the 2020 assessment, slightly more than \$62 million, will be reprogrammed to the UN to pay other assessments.³⁷ Cook also discusses the role of China in determining whether to sever ties with the Organization by claiming,

The position of the White House is that the WHO needs to reform, and that is starting with demonstrating its independence from the Chinese Communist Party. And it needs to make improvements in its ability to prepare for, to prevent...detect, and to respond to outbreaks of dangerous pathogens.

In other words, the White House thoroughly believes the WHO inappropriately depended on China for information.

To coincide with the White House's perception of the WHO, (primarily Republican) members of the Committee on Oversight and Reform executed an investigation into the "Chinese government's role in exacerbating the COVID-19 pandemic, including its large-scale propaganda

³⁵ Hinshaw & Armour, "Trump Moves to Pull U.S. Out of World Health Organization in Midst of COVID-19 Pandemic".

³⁶ U.S. Department of State, "Briefing on the U.S. Government's Next Steps With Regard to Withdrawal From the World Health Organization".

³⁷ U.S. Department of State, "Briefing on the U.S. Government's Next Steps With Regard to Withdrawal From the World Health Organization".

campaign".³⁸ To complete this inquisition, the Committee sent a letter to Dr. Tedros on April 9, 2020. This letter abstracted four examples of how the WHO supposedly depended on incorrect information from China.

The first example surrounds the WHO's January 14 tweet stating that "[p]reliminary investigations conducted by Chinese authorities have found no clear evidence of human-to-human transmission of the novel coronavirus."³⁹ The Committee claimed these investigations ended in jailing "any doctor that disseminated any information about COVID-19 not first cleared through state-run media".⁴⁰ Moreover, the group posited that because Taiwan is not a WHO-recognized country, the Organization disregarded the country's forewarning of human-to-human transmission in late 2019. The WHO did not officially recognize that human-to-human transmission was a factor until a month following the initial warnings.⁴¹

Citing US intelligence sources, the Committee claimed China concealed and remained dishonest about the outbreak's scope.⁴² A report completed by the US intelligence community details

efforts by the Chinese government to continually alter their reporting methodology, which, at different points, left out individuals who tested positive but were asymptomatic—despite their

³⁸ Press Releases Archive: "Oversight Republicans question WHO on role China's coronavirus propaganda campaign". United States House Committee on Oversight and Government Reform.

³⁹ Press Releases Archive: "Oversight Republicans question WHO on role China's coronavirus propaganda campaign".

⁴⁰ Press Releases Archive: "Oversight Republicans question WHO on role China's coronavirus propaganda campaign".

⁴¹ Wadhams & Jacobs, "China Concealed Extent of Virus Outbreak, U.S. Intelligence Says".

⁴² Wadhams & Jacobs, "China Concealed Extent of Virus Outbreak, U.S. Intelligence Says".

ability to remain contagious...China also gagged doctors and journalists that attempted to speak the truth about the severity of COVID-19.⁴³

Their second concern posits that by trusting China, the WHO had delayed declaring COVID-19 a Public Health Emergency of International Concern (PHEIC). To reinforce this argument, they claimed that by January 30, 2020, the virus had killed over 1,000 individuals and infected nearly 10,000 in 19 countries. They remained concerned that despite these reported numbers, Dr. Tedros still commented that "China is to be congratulated for the extraordinary measures it has taken to contain the outbreak."⁴⁴

Their third concern focused on how the WHO delayed appropriate measures, such as travel restrictions, to mitigate further transmission. The Committee argues that despite recognizing COVID-19 as a PHEIC, the Organization urged other nations to continue trade and travel to China (2020: 2-3). Their fourth concern revisits China's cover-up and criticizes the WHO's repeated praise of China's efforts (Committee on Oversight and Reform 2020: 2-3). Even despite underreporting both infection and death rates, they write, "You [Dr. Tedros] even said China should be "praised" for these manipulative tactics; tactics frowned upon worldwide" (Committee on Oversight and Reform 2020: 3). The Committee remained steadfast in their concerns.

⁴³ Press Releases Archive: "Oversight Republicans question WHO on role China's coronavirus propaganda campaign".

⁴⁴ Press Releases Archive: "Oversight Republicans question WHO on role China's coronavirus propaganda campaign", 3.

Examining the WHO's Structure as a Causal Mechanism

The WHO's structure also remains an important mechanism in exploring ineffectiveness. John Peabody, analyzed the WHO's fundamental structure and how it impacts and largely dictates the outcomes of health challenges. According to his natural systems analysis, Peabody claims the WHO's internal structure largely dictates the conditions of organizational leadership and its general interactions with Member States. Much like Graham's collective agent belief, the natural models posits that "organizations are defined as collectives that pursue survival such that staff have self-maintenance goals in addition to their output goals."⁴⁵ Moreover, Peabody claims that the WHO's culture remains an affective force. Within the WHO, there is a hierarchy that fosters "authority and favoritism" and thus "disincentives and even corruption".⁴⁶

Peabody writes, "today, [the] WHO is an organization that adheres to a strict hierarchy and a rigid set of rules that can limit professional creativity and subject staff to excessive authority."⁴⁷ He posits two major issues with the WHO's fundamental structure:

- 1) Perverse incentives exist for leadership and for Member States and should be eliminated. The Organization needs to develop incentives that align staff and leadership's individual goals closer to the Organization's goals.
- 2) Employing staff which only draw from the public health and medical culture limits the technical capacity of the Organization. This limited technical capacity prevents WHO from applying the wealth of knowledge available in the world today for solving health care problems.⁴⁸

⁴⁵ Peabody, "An organizational analysis of the World Health Organization: Narrowing the gap between promise and performance", 735.

⁴⁶ Peabody, "An Organizational Analysis of the World Health Organization", 738.

⁴⁷ Peabody, "An organizational analysis of the World Health Organization", 735-740.

⁴⁸ Peabody, "An organizational analysis of the World Health Organization", 735-740.

These two issues may have been present during the COVID-19 pandemic, and principal-agent model may examine such.

CHAPTER THREE

THE POTENTIAL TRUMP ADMINISTRATION & VOTER BASE CONUNDRUM: A PRINCIPAL-AGENT PROBLEM?

An analysis on the WHO claims a principal agent problem did occur as a result of inherent restraints to international organizations. Roda Mushkat claims that

in a nutshell, the WHO was born and remains within the confines of the State-dominated Westphalian international governance regime where delegated authority may adroitly be exercised by international institutions and their members, yet it is not formally granted on a behaviorally impactful scale.¹

To take this element a step further, this analysis delves into the role of ineffective leadership and the heterogeneity of institutions during times of crises. While scholars do acknowledge the autonomous roles of states and their leaders, Member States themselves are not unitary actors. Varying levels of policymakers, interest groups, and public opinion alike provide their own effect onto the institution of the President. Moreover, the Trump Administration's approach to the COVID-19 pandemic remains a crucial venture to navigate. As a very partisan figure, President Trump not only exacerbated the political nature of the virus but created a confusing atmosphere for both the United States and other Member States. Moreover, the role of American public opinion should not be ignored. The Trump Administration did attempt to maintain a mutualistic relationship with his voters. In other words, public opinion may have affected Trump's response to the COVID-19 pandemic and thus the WHO.

¹ Mushkat & Mushkat, *The Challenge of COVID-19 and the World Health Organization's Response: The Principal-Agent Model Revisited*, 561.

Public opinion within the United States also played a role in the pandemic. Primarily members of the Republican party who supported President Trump, his voters, and prospects for reelection may have influenced Trump's actions – especially within the international scope. To sum up the Trump Administration's general relationship with its voters, Fitzduff writes “those who do not understand their apparent irrational appreciation for Trump fail to understand the logic of his supporters' feelings”.² Trump also may have produced an echo chamber with his voters by continuing to politicize the pandemic. On November 2, 2020, he stated that "Biden is promising to delay the vaccine and turn America into a prison state—locking you in your home while letting far-left rioters roam free...will mean no school, no graduations, no weddings, no Thanksgiving, no Christmas, no Fourth of July"³ As misinformation, bellicose rhetoric, and tensions increased, so did the potential for misguided views.

I consider the literature on political psychology and the role of misinformation in crisis response mechanisms as it helps explain our dependent variable, the public's attitude towards the WHO. According to Kertzer and Tingley, there are two areas of political research where political psychology is rarely noted.⁴ They write, "the two areas where political psychology is clearly underrepresented are IPE and international organizations".⁵ According to the Pew Research Center, "Americans could agree on a few things at that early stage of the US outbreak."⁶ Some

² Fitzduff, “Why Irrational Politics Appeals: Understanding the Allure of Trump”.

³ Doggett, “Timeline of Trump's Coronavirus Responses”.

⁴ Kertzer and Tingley, “Political Psychology in International Relations: Beyond the Paradigms”, 323.

⁵ Kertzer and Tingley, “Political Psychology in International Relations: Beyond the Paradigms”, 323.

⁶ Pew Research Center, “A Year of U.S. Public Opinion on the Coronavirus Pandemic”.

citizens did find common ground in that they approved of their local and states' responses. Moreover, many maintained confidence in their resident hospitals and medical hubs.⁷ However, as the pandemic continued to plague the world, less common ground was to be found.⁸ Another issue that may have impacted the WHO's effectiveness is the existence of misinformation in the US. While this will be expanded upon in later sections, it is important to note for methodological purposes.

⁷ Pew Research Center, “A Year of U.S. Public Opinion on the Coronavirus Pandemic”.

⁸ Pew Research Center, “A Year of U.S. Public Opinion on the Coronavirus Pandemic”.

CHAPTER FOUR

METHODS

I employ qualitative tools to explore several within case mechanisms that may have impacted the COVID-19 pandemic. By utilizing process tracing, the research was able to take the first step in parsing how and potentially why the Trump Administration and its base of voters may have, in essence, inappropriately blamed the WHO for ineffectiveness.

Understanding WHO Effectiveness – Can Past Pandemics be Used as a Point of Comparison?

Caution is needed when comparing the COVID-19 pandemic to past pandemics. For instance, when examining the transmission rates and mortality rates in both the H1N1 and COVID-19 pandemics, there is a distinct difference. According to a study on the differences between the two pandemics, Kant posits that "although the H1N1 and COVID-19 pandemics are both respiratory diseases that can spread from person to person, there are significant differences between their conditions, clinical course, and preventive measures."¹ H1N1's person-to-person communicability was far lower than COVID-19 but resulted in longer hospital stays and severe symptoms.² COVID-19, on the other hand, proved to be very transmissible but resulted in (relatively) milder cases.³

¹ Kant & Yilmaz, "Comparison of two pandemics: H1N1 and SARS-CoV-2 Comparison of two pandemics: H1N1 and SARS-CoV-2".

² Kant & Yilmaz, "Comparison of two pandemics: H1N1 and SARS-CoV-2".

³ Kant & Yilmaz, "Comparison of two pandemics: H1N1 and SARS-CoV-2".

With differences in virus and world conditions (presence of conflicts, leadership variability, and economic or political conditions) in mind, it is rather difficult to utilize a past pandemic as a point of comparison. Moreover, in terms of virus similarities, SARS and COVID-19 did maintain comparable genomic structures. However, like H1N1 experience, COVID-19 spread far quicker and involved more countries and individuals than SARS.⁴

Data

To collect data, this analysis primarily used news and other media sources for information. As a word of caution, this type of research may introduce bias into our results. The University of Washington Libraries posits that various varieties of news bias exist: 1) by headline, 2) through selection and omission, 3) through placement, 4) through the use of names and titles, and 5) by choice of words.⁵ However, by examining both the sources of the material and other versions of that material – aka the same story, different authors -, I was able to discern the general factual evidence from misinformation and disinformation. Moreover, I utilized the Static Media Bias Chart created by Ad Fontes Media to determine where the sources lie in terms of left- and right-leaning biases.⁶ Admittedly, sources such as the National Public Radio (NPR) and the New York Times do skew a bit to the left. However, other sources of data such as the Pew Research Center do maintain neutrality.⁷ As another word of caution, some sources did

⁴ Christensen & Ma, “Comparing SARS and COVID-19”.

⁵ University of Washington Libraries, “Detecting Bias in the News”.

⁶ Ad Fontes Media, “Static Media Bias Chart”.

⁷ Ad Fontes Media, “Static Media Bias Chart”.

originate from Chinese media and were not originally provided in English. Because the sources of these data come from international locations, translation errors may also induce a mild bias.⁸

Ultimately, this analysis attempts to analyze the WHO's ineffectiveness by focusing on several disparate mechanisms. To analyze the above-mentioned articles and data, this work attempts to observe the roles of the WHO's bureaucracy, China, and the United States by tracing the pandemic's elements. By beginning late December of 2019 and following these actors through 2020, this analysis seeks to measure the WHO's ineffectiveness. The dependent variable is the degree to which public's perception indicates that the WHO is ineffective. This analysis utilizes a few independent variables as well. The independent variables present here in terms of affecting the outcome of the COVID-19 pandemic are as follows: 1) degree of slack 2) The Trump Administration and its disinformation 3) American Public opinion.

The next section examines the potential for a principal-agent problem at the Member State (state leader) and WHO secretariat because of member state sovereignty and the Westphalian system. While this could be a probable outcome, this analysis also looks briefly into competing international relations paradigms and how basic interpretations of IOs may define the WHO's behavior. To then build upon those paradigms, I underscore the importance of public opinion in foreign policy. I introduce another causal mechanism somewhat ignored by international organization literature.

Methodological Limitations

There were some limitations to this project such as time and experience. I personally view the work as a first glimpse into this causal logic: misinformation and disinformation

⁸ Rahmatillah, "Translation Errors In The Process Of Translation".

regarding the WHO and COVID-19 - largely stemming from the Trump Administration – may have potentiated the existence of an echo chamber that, in effect, caused Trump followers to not only disregard WHO recommendations but essentially influence Trump's negative perception of the WHO.

Applying the Principal-Agent Model: Limitations

There are some inherent limitations to applying the principal-agent model to the COVID-19 pandemic. Fully comprehending what the two entities (principal and agent) truly desire remains one challenging aspect. Barnett and Finnemore write, "the problem with applying principal-agent analysis to the study of IOs is that it requires a priori theoretical speculation of what IOs want."⁹ Principal-agent dynamics are fueled by the disjuncture between what agents want and what principals want."¹⁰ The COVID-19 pandemic may have exemplified this disjuncture; however, caution may not be entirely warranted. Given that the WHO has set pandemic protocols in place, we, to a degree, grasp its goals. On the other hand, the Trump Administration did put forward a complicated series of behaviors that were difficult to interpret for even American citizens. Unfortunately, this aspect does put a minor restraint on the analysis; however, I will attempt to mitigate the limitations by thoroughly examining various declarations and materials from the United States.

⁹ Barnett & Finnemore, "The Politics of Power and Pathologies of IOs", 705.

¹⁰ Barnett & Finnemore, "The Politics of Power and Pathologies of IOs", 705.

CHAPTER FIVE

THE WHO AND ITS STATUS AS A COLLECTIVE AGENT

The first potential variable for the WHO's ineffectiveness may be its general structural foundations. Although the realist perspective provides insight as to how powerful states function in crises, the WHO itself remains a dominant player with its own impactful characteristics. The WHO seemingly followed The Emergency Response Framework - established prior to the pandemic by WHO bureaucratic experts -, so why were various Member States concerned with its behavior? In other words, was the WHO effective in terms of mitigation but not in terms of institutional restraint? To express how the WHO did indeed follow established protocol, this next section briefly revisits the first few months of the pandemic. Because many experts believe the virus began in late 2019 on December 12, this analysis begins there. Given that an election occurred within the United States during the pandemic, this analysis covers primarily the Presidency of Donald Trump but also discusses President Joe Biden's later remarks as well.

Breaking Down the WHO's Structure: Examining the Potential for Fragmentation

As mentioned before, the WHO's structure may induce ineffectiveness. Briefly, the WHO oversees a plethora of affiliates. Its Secretariat is based in Geneva and comprises all 194 Member States except for Liechtenstein. All Member States appoint delegates to the World Health Assembly (WHA) – WHO's "supreme decision-making body".¹ The WHA both appoints the Director-General and manages the financial policies and proposed budget for the Organization. In addition, the WHA appoints 34 members, traditionally very technically competent individuals

¹ Yadav, "Structure and Functions of the World Health Organization", 18.

in the healthcare field for the Executive Board. This board essentially performs the tasks set by the WHA and to offer recommendations to it. Member States – especially those in high-income positions like the US – and donors ranging from established foundations like the Bill and Melinda Gates and the Rockefeller Foundations, NGOs, and the pharmaceutical industry.

At the regional level, the WHO maintains six Regional Offices: 1) Regional Office for Africa (AFRO), 2) Regional Office for Europe (EURO), 3) Regional Office for South East Asia, 4) Regional Office for the Eastern Mediterranean (EMRO), 5) Regional Office for Western Pacific (WPRO), and 6) Regional Office for the Americas (AMRO). Because each Office is led by a regionally-appointed Regional Director (RD), these Offices have traditionally - and uncharacteristically for UN agencies - acted very autonomously. Consisting of all Health Department heads from each country within the region, Regional Committees are tasked with establishing procedures for the implementation of guidelines set by the WHA.²

In addition to Regional Offices, the WHO operates around 150 country and liaison offices within its regions. These offices are headed by a WHO Representative (WR) – a trained physician – who is treated much like an Ambassador to a country with specific immunities and privileges. Furthermore, country offices house numerous health and other technical experts who support the WR in advising their country's governments in health and pharmaceutical matters.³

Graham dissects fragmentation into two primary types: Actor-Based and Structural-Based Fragmentation.⁴ The Emergency Response Framework was designed by technical experts

² Yadav, “Structure and Functions of the World Health Organization”, 18.

³ Yadav, “Structure and Functions of the World Health Organization”, 18.

⁴ Graham, “International Organizations as Collective Agents”, 372.

within the WHO secretariat and agreed upon by member-states as the designated approach for international health crises.⁵ While the WHO secretariat appeared to have followed the framework, the COVID-19 pandemic still killed and infected millions of individuals. Furthermore, according to Dr. Austin Kilaru at the Leonard Davis Institute of Health Economics, this particular strain of the coronavirus stunned scientists with its unpredictable nature.⁶ This aspect alone partially explains why approaches were dynamic within the Organization and its member-states. Moreover, as mentioned above, international organizations may suffer from fragmentation. The WHO's structure contains multiple bodies – many that are autonomous - ranging from leaders like Dr. Tedros to its various branches like the WHO offices based in member-states.⁷

Good Governance: Returning to Woods

As mentioned above, there are three important elements pertaining to good governance: 1) participation and state ownership; 2) accountability; and 3) fairness.⁸ François Godement, senior adviser for Asia at Institut Montaigne, a non-profit group in Paris claims the WHO "reinforced the reluctance to take early strong measures before the catastrophe had actually landed on other shores..."⁹ He also comments on the WHO's late response by stating, "the WHO's tardiness or reluctance to call out the problem in full helped those who wanted to delay

⁵ The World Health Organization "Emergency Response framework (ERF)", 2nd edition.

⁶ The Unpredictable Course of COVID-19 - Penn LDI (upenn.edu)

⁷ Yadav, "Structure and Functions of the World Health Organization, 18

⁸ Woods, "Good Governance in International Organizations".

⁹ Hernández, "Trump slammed the W.H.O. over coronavirus. He's not Alone".

difficult decisions."¹⁰ In reply, the WHO defended its response by stating it had "alerted member states to the significant risks and consequences of COVID-19 and provided them with a continuous flow of information" since the initial report made by Chinese officials on December 31, 2019.¹¹

Participation

The WHO remains an advisory body for health matters. As a home to all 194 UN member states (except for Liechtenstein), its goal is to accommodate all states in terms of health matters adequately. As Woods posits, participation demands more than just mere involvement in the institution; it necessitates that the "affected parties must come to see the decisions of the institution as their own decisions."¹² There may be a way to approach this element regarding the COVID-19 pandemic and the US and China. The two states each have different financial stakes in the institution; however, the COVID-19 pandemic was said to have originated in China. With this in mind, China, by default, had a relatively significant role in the pandemic.

The WHO's Relationship with China. As mentioned above, the WHO and China worked very closely to mitigate the effects of the COVID-19 pandemic through information sharing, frequent visits by Chinese public health professionals and WHO officials to and from the WHO's Office in China, and data collection. As China continues to grow as an economic power both regionally and globally, it has also cultivated a mutualistic relationship with WHO.¹³ According to

¹⁰ "Trump slammed the W.H.O. over coronavirus. He's not Alone".

¹¹ "Trump slammed the W.H.O. over coronavirus. He's not Alone".

¹² Woods, "Good Governance in International Organizations", 44.

¹³ Merics, China and the WHO: "Global Health is an issue of international cooperation".

Mercator Institute for China Studies, China's role in international institutions continues to grow. Although China contributes a relatively small portion of the WHO's budget, Beijing has worked to expand its role and overall influence within the Organization. As a source of national pride, President Xi praises the successful outcome of lobbying for traditional Chinese medicine. The WHO endorsed the country's health tools in its medical compendium.¹⁴

While the WHO worked in tandem with various Chinese health officials during the pandemic, officials attempted to quiet the disease.¹⁵ By arresting and penalizing citizens for "spreading rumors" about the virus and censoring information on the internet, many inhabitants were subject to government enforcement. Moreover, in 2021, the WHO investigated the origins of the COVID-19 pandemic in China. Instead of welcoming the WHO, their team members were blocked from receiving visas. In response, Dr. Tedros stated, "I'm very disappointed with this news, given that two members have already begun their journeys, and others were not able to travel at the last minute..." "But I have been in contact with senior Chinese officials. And I have once again made it clear that the mission is a priority for WHO and the international team." Hua Chunying said, "The origins problem is very complex. To ensure that the work of the global experts group in China is successful, we need to carry out the necessary procedures and relevant concrete plans. Currently, both sides are still in negotiations on this."¹⁶ China did not willingly participate in this venture, creating rifts and confusion amongst other member states.

Accountability

¹⁴ Hernández, "Trump slammed the W.H.O. over coronavirus. He's not Alone".

¹⁵ Yuan, "China Silences Critics Over Deadly Virus Outbreak."

¹⁶ Dyer, "COVID-19 Investigators are still blocked from entering China as two cities lock down".

To reiterate, the WHO remained under fire and scrutiny by many actors during the pandemic. However, each action and response by the WHO bureaucracy was monitored and recorded. Although it maintains autonomy in research and technical capacity (member states employ the Organization to rectify weaknesses they deem too challenging), it still undergoes regulation by various member states and other organizations.

Frustrations from Foreign Sources – Holding the WHO Accountable?

As the US State Department notified the UN that "the President has been clear that the WHO needs to get its act together, [and] that starts with demonstrating significant progress and the ability to prevent, detect, and respond to infectious disease outbreaks with transparency and accountability," other Member States took notice and established their line of criticism.¹⁷ The United States was not alone in its frustration with the WHO's handling of the coronavirus pandemic. The Japanese deputy prime minister and finance minister, Taro Aso, reported that the WHO had recently been given the nickname "Chinese Health Organization."¹⁸ Although each country felt flustered with the Organization's performance, nations like France and Germany remained far less critical of the Organization than the US. "Everybody has been critical of Tedros," a negotiator from a European G7 country expressed to Reuters.¹⁹ As two major hot spots in the early stages of the virus, Japan and South Korea were somewhat critical of the WHO

¹⁷ Hinshaw & Armour, "Trump Moves to Pull out of World Health Organization in Midst of COVID-19 Pandemic".

¹⁸ Chellaney, "The Chinese Health Organization?".

¹⁹ Pollina, Rinke, & Guarascio, "Exclusive: Germany and France quit WHO reform talks amid tension with Washington".

in their survey responses.²⁰ Only 19% of South Koreans claimed the WHO had managed the pandemic well, while only 24% of Japanese individuals echoed these sentiments.

Although criticisms did arise, not all were disappointed in the WHO's response. According to a Pew Research Center study, approximately 63% of individuals from 14 countries with advanced economies (Denmark, Australia, Canada, Germany, the Netherlands, South Korea, Italy, Sweden, Belgium, France, Japan, Spain, the US, and the UK) claimed that WHO has "done a good job dealing with the coronavirus outbreak."²¹ On the other hand, around 35% claim WHO did not appropriately handle the pandemic.²² Moreover, the survey finds that 61% of individuals claim China has not adequately dealt with the pandemic; however, the numbers are comparatively better than the US response evaluation.²³

Fairness

As Woods demonstrates, both legalistic and procedural, fairness remains a crucial aspect of good governance.²⁴ All member states have one vote in the Health Assembly; however, because the US provides funding and authority, it is often given more influence than smaller

²⁰ Mordecai, "How People Around the World See the World Health Organization's Initial Coronavirus Response".

²¹ Pollina, Rinke, & Guarascio, "Exclusive: Germany and France quit WHO reform talks amid tension with Washington

²² Mordecai, "How People Around the World See the World Health Organization's Initial Coronavirus Response".

²³ Silver, Devlin, & Huang, "Negative views of both U.S. and China abound across advanced economies amid COVID-19".

²⁴ Woods, "Good Governance in International Organizations".

states.²⁵ The WHO bureaucracy, on the other hand, is primarily attuned to what smaller, less powerful states need to survive for health matters. As mentioned above, the WHO has mitigated several health challenges in lower-income countries.²⁶ In context of fairness, this next brief examination of the Emergency Response Framework delves into how the WHO maintained fairness in terms of monitoring and disseminating information on the virus.

Pandemic Preparations: A Brief Summary of the Emergency Response Framework Second Edition.

The ERF contains five chapters, each devoted to 1) "risk assessment and situation analysis," 2) WHO grading of public health events and emergencies, 3) The Incident Management System, 4) Emergency performance standards and key performance indicators, and 5) WHO Emergency Response Features.²⁷ Collectively, these sections are designed to collect data, allocate funding, and operationalize both WHO experts and member states.²⁸ As one of the original agencies of the United Nations, the WHO's ultimate objective is the "attainment by all peoples of the highest possible level of health."²⁹ Since the beginning of its efforts, the WHO has continued to play a vital role in the mitigation of significant communicable diseases, the improvement of sanitation conditions, and the progression of healthcare within countries.

²⁵ The World Health Organization, "Constitution of the World Health Organization".

²⁶ Yadav, "Structure and Functions of the World Health Organization".

²⁷ The World Health Organization, "Emergency response framework (ERF), 2nd edition".

²⁸ The World Health Organization, "Emergency response framework (ERF), 2nd edition".

²⁹ The World Health Organization. "WHO-Audio Executive Board EB146 Coronavirus Briefing", 17.

December 12, 2019, several Wuhan residents in China's Hubei Province began experiencing pneumonia-like symptoms that did not respond to conventional upper respiratory infection treatments. Two weeks following this discovery, on December 31, Chinese health officials notified China's WHO Country Office of a pneumonia of unknown etiology with symptoms such as shortness of breath and fever.³⁰ As a reaction, the WHO's country office communicated the concern to the International Health Regulations (IHR) hub at the WHO Western Pacific Regional Office and other countries. In addition, the WHO's Epidemic Intelligence from Open Sources received information from ProMED – a sector of the International Society for Infectious Diseases – regarding the same assembly of cases with unknown etiology.³¹

The WHO continued to work alongside China and disseminate information through various mediums. As of January 3, China confirmed over 40 cases of the pneumonia and began communicating information on the virus. WHO initially tweeted, "#China has reported to WHO a cluster of #pneumonia cases —with no deaths— in Wuhan, Hubei Province. Investigations are underway to identify the cause of this illness" was then posted on January 4.³² On January 5, 2020, Chinese public health officials globally disseminated the genetic sequence of the atypical pneumonia virus - Wuhan-Hu-1. Alongside China's communications, the WHO utilized the IHR Event Information System to advise all Member States to enact precautions and lessen the

³⁰ The World Health Organization, "Timeline: WHO's COVID-19 Response".

³¹ The World Health Organization, "Timeline: WHO's COVID-19 Response".

³² World Health Organization (WHO) on Twitter: "#China has reported to WHO a cluster of #pneumonia cases —with no deaths— in Wuhan, Hubei Province CN . Investigations are underway to identify the cause of this illness." / Twitter

chance of severe upper respiratory infections.³³ Moreover, the WHO published its first Disease Outbreak News report discussing the data on case numbers received from China— a public platform for communicating technical information on public health concerns.

Following the initial reactions of the WHO and several Member States, WHO and China established that a novel coronavirus instigated the outbreak and held a teleconference with the Clinical Network to discuss the outbreak on January 9.³⁴ Between January 10th and 12th, the WHO cooperated with several entities and Member States (including a conversation between Director-General Dr. Tedros and the Head of the National Commission of the People's Republic of China to inform the Chinese Center for Disease Control and Prevention Director).³⁵ Several meetings occurred to produce an inclusive bundle of recommendations and guidance documents ultimately containing information on "infection prevention and control, laboratory testing, national capacities review tool, risk communication and community engagement, Disease Commodity Package (v1), Disease Commodity Package (v2), travel advice, clinical management, and surveillance case definitions".³⁶

At this time, theories surrounding the Huanan Seafood Wholesale Market began circulating, as each case seemed to connect back to the market. Out of precaution, the WHO enacted its Incident Management Support Team (IMST) on January 1 at each organizational

³³ The World Health Organization, "Timeline: WHO's COVID-19 Response".

³⁴ The World Health Organization, "Timeline: WHO's COVID-19 Response".

³⁵ The World Health Organization, "Timeline: WHO's COVID-19 Response".

³⁶ The World Health Organization, "Timeline: WHO's COVID-19 Response".

level: Country, Regional, and Headquarters.³⁷ On January 2, the representative for the WHO's office in China began communicating with the National Health Commission – China's executive board tasked with health policy – primarily offering WHO support and reiterating the initial request for further data on the above-mentioned cluster of cases.³⁸

On the same day, the Organization notified the Global Outbreak Alert and Response Network (GOARN) and its partners – critical public health groups, laboratories, various sister United Nations (UN) committees, and intergovernmental organizations (IGOs) and nongovernmental organizations (NGOs).³⁹ Unfortunately, during this time, China announced the first death from the virus. Soon after, on January 13, Thailand discovered the first lab-confirmed case outside of Wuhan.⁴⁰ The WHO continued to host teleconferences and publish protocols for various laboratory and diagnosis practices.⁴¹

Despite enacting various protocols, hosting teleconferences, and encouraging the communication of discoveries related to this virus, the WHO infamously claimed that Chinese health officials had established "no clear evidence of human-to-human transmission" in a January 14 tweet.⁴² Within one day, however, the Japanese Ministry of Health, Labor, and Welfare notified WHO of a confirmed case of an individual who had recently traveled to Wuhan.

³⁷ The World Health Organization, "Timeline: WHO's COVID-19 Response".

³⁸ The World Health Organization, "Timeline: WHO's COVID-19 Response".

³⁹ The World Health Organization, "Timeline: WHO's COVID-19 Response".

⁴⁰ The World Health Organization, "Timeline: WHO's COVID-19 Response".

⁴¹ The World Health Organization, "Timeline: WHO's COVID-19 Response".

⁴² The World Health Organization, "Timeline: WHO's COVID-19 Response".

In response, the WHO expressed that "global travel patterns" could indicate additional cases in other countries. On January 19, the WHO essentially rescinded its initial declaration that human-to-human transmission was unlikely and claimed there was evidence of "limited human-to-human transmission."⁴³ From January 21 through 24th, both the United States and France informed the WHO of cases of the virus. The WHO's director general and other members of the WHO's bureaucracy traveled to China to request and thus obtain more information on the outbreak. The WHO continued to rely intently on Chinese information for the remainder of January, as the disease did originate from its city of Wuhan.

After collecting initial data from China, the WHO then requested that the UN Secretary-General enact the UN's crisis management policy on February 4. In addition to the activation of said policy, the 146th Executive Board held an assembly to urge member states to prepare sooner rather than later by stating, "we have a window of opportunity. While 99% of cases are in China, in the rest of the world we only have 176 cases".⁴⁴ The Secretariat also introduced a new concern by saying, "it is possible that there may be individuals who are asymptomatic that shed virus, but we need more detailed studies around this to determine how often that is happening and if this is leading to secondary transmission."⁴⁵

Consequently, during this briefing, Dr. Tedros outlined three critical recommendations for member states: 1) improve their systems for disseminating data, 2) impose restrictions consistent with International Health Regulations, and 3) encourage "rapid collaboration" amongst

⁴³ The World Health Organization, "Timeline: WHO's COVID-19 Response".

⁴⁴ The World Health Organization, "Timeline: WHO's COVID-19 Response".

⁴⁵ The World Health Organization, "Timeline: WHO's COVID-19 Response".

public and private sectors to advance diagnostics, medicines, and vaccines.⁴⁶ Also, during this time, Dr. Tedros began expressing frustrations with "high-income" countries by stating,

Of the 176 cases reported outside China so far, WHO has received complete case report forms for only 38% of cases. Some high-income countries are well behind in sharing this vital data with WHO. I don't think it's because they lack capacity. They have to be cooperative.⁴⁷

The goals of the WHO may also remain ambiguous and "vague."⁴⁸ Because the Organization's aims comprise unclear standards, Member States may struggle with misinterpretation.

The WHO subscribed to this extensive plan of communication and decision-making (Emergency Response Framework) because of its current leadership in five major health emergencies: 1) West Africa Ebola Outbreak, 2) the South Sudanese displacement and humanitarian crises, 3) Central African Republic displacement and humanitarian crises, 4) Iraq displacement and humanitarian crises, 5) Syrian conflict resulting in the displacement of approximately 6.5 million people within the country and another 3 million individuals outside the country.⁴⁹ Dr. Bruce Aylward comments on these unprecedented events by stating,

Just two years ago, WHO developed the Emergency Response Framework (ERF) to guide our response in all types of emergencies...The ERF ensures that the full resources of the Organization are made available to support the response to the most severe crises. We are dealing with an unprecedented number of multiple humanitarian health crises...We felt comfortable that the ERF would help us manage two Grade 3 emergencies concurrently, and if we were running 3 responses, we expected to be exiting one before entering the next. But 2 years later, we are managing five Grade 3 emergencies based on their scale, complexity, urgency, and political, social or economic impact. This is unprecedented – not only for WHO, but for all humanitarian partners. And these will be long-term, sustained crises, not just a time-limited surge period.

⁴⁶ The World Health Organization. "WHO-AUDIO Executive Board EB146 Coronavirus Briefing".

⁴⁷ The World Health Organization. "WHO-AUDIO Executive Board EB146 Coronavirus Briefing".

⁴⁸ Peabody, "An Organizational analysis of the World Health Organization", 735-740.

⁴⁹ Yadav, "Structure and Functions of the World Health Organization".

However, despite remaining the leader of these crises, the WHO has struggled to maintain cohorts of health professionals within these countries – indicating inherent challenges in mitigating even broader emergencies. According to Dr. Yadav, the WHO plays a "dual-pronged role" in addressing humanitarian crises.⁵⁰ He defines one prong as the global leader for technical guidance on various health concerns.⁵¹ The second role primarily acts as the "lead agency for health in humanitarian crises." Dr. Aylward claims that "[we] will always be a technical specialized agency, but it must be recognized that we have and need to have a strong foundation to operate in crisis settings." In terms of possessing the necessary resources like healthcare professionals and financial capacity during the COVID-19 pandemic, the WHO may have struggled, indicating another variable influencing its ineffectiveness.⁵²

The WHO's dedication and challenge to mitigate several crises ultimately indicated our vulnerable world's conditions while commencing the pandemic. Moreover, it portrayed a strained organization.⁵³ Because it plays a two-pronged role, the WHO must balance its goals. Dr.

Aylward also writes,

in humanitarian crises, our leadership role obliges us to be the provider of health services as a last resort. This can mean anything from coordinating the running of multiple health strategies in communities, such as immunization drives to equipping health facilities, to, even in some situations, delivering actual health care services

Moreover, WHO's Iraq Representative, Dr. Syed Jafar Hussain, notes the collaborative efforts needed to mitigate such crises by stating, "with the increasing number of crises, WHO has

⁵⁰ Yadav, "Structure and Functions of the World Health Organization", 16.

⁵¹ Yadav, "Structure and Functions of the World Health Organization", 16.

⁵² Yadav, "Structure and Functions of the World Health Organization", 16.

⁵³ Yadav, "Structure and Functions of the World Health Organization", 17.

realized that response to emergencies...is not an isolated effort. It requires an organization well equipped with technical knowledge and mechanisms to deliver."⁵⁴ In terms of the COVID-19 pandemic, this meant collaboration amongst member-states like China and the United States and other organizations like non-profits, nongovernmental organizations (NGOs), and even intergovernmental organizations (IGOS).⁵⁵

Origins of the Virus:

The virus's origins are among the most contested aspects of the pandemic. Interestingly enough, some individuals from China believe the virus may not have originated in China, citing a Wall Street Journal article about antibodies found in the US in mid-December.⁵⁶ In a report by the Global Times (a daily newspaper run by the Chinese Communist Party), two Chinese authors posit that "China does not seek to alter the virus origin story as some Western media claimed; it is a fact that China may have been the whistleblower of the pandemic."⁵⁷ This account contradicts the standard view that COVID-19 leaked in China. Quite frankly, this article could be another way to complicate the narrative and create political tensions. While pointing fingers at the opposing side – as the US has done – may induce accountability, it virtually complicates the matter to an almost excessive degree and distracts from the issue at hand. The blame game may

⁵⁴ Yadav, "Structure and Functions of the World Health Organization".

⁵⁵ Yadav, "Structure and Functions of the World Health Organization", 17.

⁵⁶ McKay, Covid-19 Likely in U.S. in Mid-December 2019, CDC Scientists Report", Caiyu & Lingzhi, "COVID-19 likely in US before Wuhan; world should not turn a blind eye to similar cases: experts".

⁵⁷ Caiyu & Lingzhi, "COVID-19 likely in US before Wuhan; world should not turn a blind eye to similar cases: experts".

have distracted the world from the actual atrocities occurring and the means to resolve said atrocities.

Moreover, the combination of the highly communicable, dangerous nature of the COVID-19 virus and the United States' public opinion on the actual danger of the disease remained challenging. Taking signals from former President Donald Trump, members of his base latched onto several nuanced theories primarily questioning the legitimacy of COVID-19's impact. Edwards outlines a series of "highly visible and contradictory claims" about the pandemic made by Trump. According to Reuters, some individuals claim that Trump expressed the WHO criticisms as a mere distraction from his failures in mitigating the effects of the pandemic.⁵⁸ In a State Department report on the Trump administration's COVID-19 response, the analysis claims,

"The United States' struggle to contain the virus, strident criticism of the World Health Organization (WHO) and other multilateral institutions, and the politicized internal debate on science and mitigation measures undermined international trust in US leadership."⁵⁹

Why Vilify China?

China continues to play an overtly predominant role in the pandemic. Considering the disease supposedly originated in the city of Wuhan, the country remained responsible for disseminating any novel information about the virus. As mentioned above, the US has continued to accuse the government of underreporting death and infection rates and concealing any wrongdoing. To reiterate, some individuals believe China was not entirely at fault and provided

⁵⁸ Pollina, Rinke, & Guarascio, "Exclusive: Germany and France quit WHO reform talks amid tension with Washington".

⁵⁹ Woodruff-Swan, "State Department Covid review blasts 'void of U.S. international leadership' under Trump and Pompeo".

positive assistance during the pandemic. China made financial contributions to WHO in 2020 of around \$50 million while simultaneously pausing debt repayment for 77 developing nations and offering support to various vaccine research institutions.⁶⁰

To reiterate, former President Trump remained adamant about China's apparent lack of transparency and open communication with the rest of the world.⁶¹ However, China refuted these criticisms. In a statement made by the State Council Information Office of the People's Republic of China, they write,

Having forged the idea that the world is a global community of shared future, and believing that it must act as a responsible member, China has fought shoulder to shoulder with the rest of the world. In an open, transparent, and responsible manner and in accordance with the law, China gave timely notification to the international community of the onset of a new coronavirus, and shared without reserve its experience in containing the spread of the virus and treating the infected.⁶²

To coincide with this promise of transparency and accountability, the WHO director Tedros claimed the country performed well during the pandemic. At the early stages of the pandemic, the director praised China's president for his efforts during the pandemic by stating, "I was very encouraged and impressed by the president's detailed knowledge of the outbreak and his personal involvement in the outbreak. This was for me a very rare leadership".⁶³

While China did receive praise from the WHO director, several criticisms still arose. Varying national interests always provide a complicated effect on the outcome of such global

⁶⁰ Global Times 2020. "China Suspends Debt Repayment for 77 Developing Countries"

⁶¹ McNeil "China's battle against Coronavirus: 7 takeaways".

⁶² Consulate-General of the People's Republic of China in Brisbane, "China Publishes White Paper on Fight Against COVID-19".

⁶³ Nebehay & Farge, "WHO lauds Chinese response to virus, says world 'at important juncture'".

events. That said, domestic politics can mimic this competition of interests internally. Moreover, former President Trump maintained an "anti-China" narrative that often bled into his voters' ideologies. How did the Trump Administration's and voters' vendetta against China shape his view of the WHO? How can an organization be truly effective when a guiding institution – namely the Trump Administration – not only potentiates misinformation but hostile rhetoric pertaining to the WHO?

CHAPTER SIX

REALISM, THE TRUMP ADMINISTRATION, AND HIS VOTERS

My second and primary argument is as follows: Because the WHO cannot exert power over its Member States due to sovereignty, it is unable to perform during certain health crises adequately. Barnett and Finnemore posit that "realism and liberalism...provide no basis for asserting independent utility functions for IOs."¹ In other words, realism posits that international institutions provide no influence.² The agency theory has a constructivist undertone; however, realism may give insight into the COVID-19 pandemic's outcome and the WHO's ineffectiveness. In its basic form, realism does not even acknowledge the existence of organizations like the WHO. Although it does not recognize the WHO's outright existence and functionality, the theory does establish the presence of rationality among states. In other words, the theory anticipates that actors act with their interests in mind.

John Mearsheimer posits five assumptions of realism:

- 1) Anarchy: the international system is anarchic;
- 2) Offensive military capabilities: all great powers possess offensive military capabilities which they can use against each other;
- 3) Uncertainty: states cannot be sure that other states will not use military capabilities against them;
- 4) Survival: the primary goal of states is survival;
- 5) Rationality: States are rational unitary actors who think strategically about how to pursue their primary goal (survival).³

¹ Barnett & Finnemore, "The Politics of power and pathologies of IOs", 706.

² Mearsheimer, "The False Promise of International Institutions", 6.

³ Mearsheimer, "The Tragedy of Great Power Politics", 30-32.

To reiterate, realism claims no international institution could come to fruition. Although the WHO is an international institution devoted to promoting global development and health, its bureaucracy cannot exercise power over autonomous countries.⁴

This analysis focuses on two primary occurrences to show how state sovereignty ultimately barred the WHO from exercising appropriate authority during the COVID-19 pandemic and thus remained ineffective. The first issue predominantly reiterates the realist claim that states act in their self-interest. While not all realists posit this assumption, the pandemic may have witnessed this self-interest. China prohibited two WHO scientists from entering the country on the grounds that Chinese officials had not accepted the necessary permissions for entry.⁵ The second issue surrounds the main reason for the US to pull its funding. When former President Donald Trump suspended funding for the WHO in 2020, he claimed the WHO was unsuccessful in appropriately responding to the information given in December 2020.⁶ Moreover, he constantly expressed that the WHO and China were inadequately transparent during the initial stages of the pandemic.⁷

In the former President's speech regarding the suspension of funds, Trump claimed that "the world needs answers from China on the virus. We must have transparency."⁸ Moreover, this

⁴ Mushkat & Mushkat, *The Challenge of COVID-19 and the World Health Organization's Response: The Principal-Agent Model Revisited*".

⁵ WHO COVID-19 team blocked from entering China to study origins of coronavirus | CNN

⁶ Hoffman & Vazquez, *Trump announces end of US relationship with World Health Organization*".

⁷ Hoffman & Vazquez, *Trump announces end of US relationship with World Health Organization*".

⁸ Hoffman & Vazquez, *Trump announces end of US relationship with World Health Organization*".

speech contained a plethora of retaliatory remarks targeting China.⁹ Trump also claimed, "Chinese officials ignored their reporting obligations to the World Health Organization and pressured the World Health Organization to mislead the world when Chinese authorities first discovered the virus. He ultimately blamed the WHO by stating, "countless lives have been taken, and profound economic hardship has been inflicted all around the globe."¹⁰

Ultimately, significant powers with adequate resources may not find IOs as personally applicable and relatively detrimental to their existence. Returning to Woods and her examination on good governance, an IO must remain accountable and liable for its actions.¹¹ In a principal-agent relationship, principals and agents must maintain a certain level of trust. As the WHO continues to criticize for relying too greatly on Chinese support during the pandemic, other countries – namely the US – noted their own perceptions of China and its past behavior. This notice could potentially influence how the United States formulated its response to the COVID-19 pandemic.

Trust as a Mechanism – Reputation and Behavior

Lack of trust and diminishing reputations also exist as mechanisms of ineffectiveness. Although all states struggle with maintaining their reputation regarding another state's capacity to trust them, many claim China's past actions may hurt their ability to be trusted. A reluctance to trust China is common among those outside its borders, and many US citizens struggle to place any trust in Chinese narratives. One example of questionable conduct occurred shortly after the

⁹ Hoffman & Vazquez, "Trump announces end of US relationship with World Health Organization".

¹⁰ Hoffman & Vazquez, "Trump announces end of US relationship with World Health Organization".

¹¹ Woods, "Good Governance in International Organizations".

country joined the World Trade Organization (WTO) in 2000. In hopes of maximizing its presence in the steel industry, China intensely subsidized state-owned enterprises within the steel sector. Although it did not have raw materials or the ability to make steel cheaply, China successfully maintained a hefty price advantage – free electricity. With this objective benefit, their steel companies facilitated the US trade deficit with China. In 2012, the US, EU, and Japan filed a "request for consultation" with China. The countries posited that the country's process of forcing multinational corporations (MNCs) to allocate metals to China violated trade standards.¹²

Alongside violating WTO regulations, China's history of controvertible behavior remains rather expansive. Another example of poor conduct concerns intellectual property theft. In 2019, the FBI arrested 24 individuals citing the "attempted theft of U.S.-based technology in all 56 of our field offices and spanning just about every industry sector".¹³ According to the FBI, the Chinese government designed policies and programs to affect American legislation and public discourse to execute procedures in their favor (FBI). In addition to the cyber-espionage, the Chinese government habitually conceals internal matters from an outside view—especially the harsh conditions and terrifying processes of Uyghur detainment camps. Although the country considers these centers as educational hubs, bystanders denote the procedures as human rights violations.¹⁴

¹² Council on Foreign Relations, "Timeline: U.S. relations with China 1949–2022."

¹³ The Guardian "China theft of technology is biggest law enforcement threat to us, FBI says".

¹⁴ Maizland, "China's Repression of Uyghurs in Xinjiang".

These crimes primarily surround the imprisonment of more than one million Uyghurs—a predominantly Muslim ethnic group that lives in the northwestern province of Xinjiang.¹⁵ Those subject to detainment suffer abuses such as "intense surveillance, religious restrictions, forced labor, and forced sterilizations."¹⁶ These actions are primarily considered human rights violations.¹⁷ When initially accused of these crimes, government officials virtually denied the camps' existence; however, beginning in October 2018—citing their aim of nipping "terrorist activities in the bud"—, the same officials began denoting the centers as hubs for "vocational education and training programs."¹⁸

Despite China's efforts to glorify the centers, various human rights organizations and the UN have vehemently accused the Chinese government of genocide and crimes against humanity.¹⁹ The Uyghur genocide is not China's only experience with covering up state-sponsored offenses. In 1989, anti-government protests came about in the Tiananmen Square area of Beijing. Primarily directed by students, these demonstrations that sought "democracy, freedom, dialogue with government, the accountability of authorities, and to end corruption" garnered uncommon public support.²⁰ In early June of 1989, however, the People's Liberation

¹⁵ Maizland, "China's Repression of Uyghurs in Xinjiang".

¹⁶ Maizland, "China's Repression of Uyghurs in Xinjiang".

¹⁷ Maizland, "China's Repression of Uyghurs in Xinjiang".

¹⁸ Maizland, "China's Repression of Uyghurs in Xinjiang".

¹⁹ Maizland, "China's Repression of Uyghurs in Xinjiang".

²⁰ Brown "China – the Tiananmen Square massacre of 1989", 94.

Army (PLA) loomed over the crowds of unarmed protestors and annihilated anywhere from 240 to 5,000 individuals.²¹

Some argue that the west utilizes this event as political ammunition in its competition against the Chinese Communist Party; however, considering that the world continues to know very little of that day's events, this event remains evidence against Chinese conduct.²² Although no country is perfect – especially the United States –the severity of certain Chinese decisions and their consequences pose a significant risk to international security and cause limitations in trust. Moreover, their willingness to conceal situations compels outsiders to question the legitimacy of state-sponsored statements and actions. The inability to have complete confidence in a nation's commitment to transparent procedures and accurate information dissemination remains a critical factor in a substantially effective principal-agent relationship between an IO and its Member States.

Was the Trump Administration's Behavior Indicative of Realism?

The second element of this argument still stems from realism; however, it looks at the various domestic institutions like the President and Electorate. Because they each maintain their interests, the WHO may struggle to assert authority over certain member states. This analysis has briefly explored the WHO through the lenses of traditional international relations paradigms. To conclude the section, I explore the potential causal mechanisms of the WHO's ineffectiveness. This may be a further example of realism in that it demonstrates the WHO's inability to provide

²¹ Brown “China – the Tiananmen Square massacre of 1989”, 94.

²² Brown “China – the Tiananmen Square massacre of 1989”, 94.

an effect on state behavior indeed. However, it touches on political psychology's gap typically present in IO literature.

Like many other pandemics in recent years – 1918 H1N1 flu, AIDS, Ebola –this pandemic was highly politicized and used for ideological ammunition.²³ In a PBS story on the US withdrawal from the WHO, Nick Schifrin, foreign affairs and defense correspondent, described the funding freeze.²⁴ Senior administration officials claimed the freeze would only last from about 60-to-90 days, indicating that anything earmarked for WHO funding would not be paid.²⁵ Because the money is frozen and held, Schifrin believes Trump attempted to leverage the US for reform purposes.²⁶ The short-term goals were to include Taiwan as a WHO observer and compel other countries to disseminate information to the WHO.²⁷ Interestingly enough, although the US sought to withdraw funding to the WHO, it still wishes to maintain somewhat of an institutional relationship by requesting to participate in specific meetings that may involve American interests.²⁸

From the very beginning of the pandemic and on, the world remained not only worried about the disease itself but extremely tense as it determined ways to both grapple with and

²³ Abbas, “Politicizing the Pandemic: A Schemata Analysis of COVID-19 News in Two Selected Newspapers”, 16-17.

²⁴ Schifrin, “What's behind Trump's criticism of the World Health Organization?”

²⁵ Schifrin, “What's behind Trump's criticism of the World Health Organization?”

²⁶ Schifrin, “What's behind Trump's criticism of the World Health Organization?”

²⁷ Schifrin, “What's behind Trump's criticism of the World Health Organization?”

²⁸ (U.S. Department of State, “Briefing on the U.S. Government’s Next Steps With Regard to Withdrawal From the World Health Organization”).

process the pandemic. Within the US alone, disparate views constantly clashed over simple aspects such as wearing a mask to implementing challenging tasks like practically closing down entire economic and social facets. At a "Keep America Great" rally in Ohio, Trump expressed his concerns about the politicizing of the pandemic by stating, "the Democrats are politicizing the coronavirus."²⁹ However, in the same breath, he claimed the pandemic was the Democrats' new "hoax."³⁰ These behaviors proved that Trump continued to act as a catalyst for pandemic polarization within the American population. The volatility of his statements made him a questionable actor.

Ongoing economic and political competition between the United States and China remains apparent in multiple facets, thus creating another layer of complexities to the pandemic. Even amidst their growing economic interdependence, the two countries participate in an intense rivalry.³¹ Traditionally, the United States practiced economic and political unipolarity; however, recently, with the growing involvement of such major powers as the European Union (EU), Russia, India, and Japan, its position has begun to fluctuate, and a "renewed focus" on the international system has come to fruition. Unlike the states mentioned above, China and the United States maintain large populations, economic strength, and military heft.³² As a result, the two countries have entered an era of extreme competition and interdependence.

²⁹ Egan 2020, "Trump calls coronavirus Democrats' 'new hoax'"

³⁰ Egan 2020, "Trump calls coronavirus Democrats' 'new hoax'"

³¹ Hass, "The "new normal" in US-China relations: Hardening competition and deep interdependence".

³² Hass, "The "new normal" in US-China relations: Hardening competition and deep interdependence".

Citing points of intellectual copyright infringement, cover-ups, political crimes, and fundamental COVID-19 frustrations, pejorative narratives concerning China continue to rise.³³ According to a Pew Research study, negative views of China increased by 20 percentage points when Trump took office.³⁴ Although the anti-China narrative primarily exists within the Republican party, Democrats also express concerns about China. In a 2022 campaign ad, Representative Tim Ryan (D-Ohio) states, "China. It's definitely China. One word: China. It is us versus China".³⁵ How does this distrust in China affect the ability to perceive and thus evaluate their position within the pandemic objectively?

Pandemic Myths and Impact of Information

A contextual variable that cannot go unnoticed is the large percentage of misinformation spread during the pandemic. In other words, the existence of a distorted truth may have affected the US's ability to mitigate both domestic and global pandemic elements. Although this may appear to be an individual-level issue (given that viruses largely harm the individual), misinformation became systemic as the pandemic wore on. The US struggled to keep misinformation at a minimum, thus creating a complicated scene for health officials and the

³³ Silver, Devlin, & Huang, "Negative views of both U.S. and China abound across advanced economies amid COVID-19".

³⁴ Silver, Devlin, & Huang, "Negative views of both U.S. and China abound across advanced economies amid COVID-19".

³⁵ Felton, "The Downballot: Which state legislatures to watch in 2022 (transcript)".

American electorate. Moreover, as mentioned above, the Trump administration and other Republican officials spread several myths and politically motivated rhetoric about the virus.³⁶

As a result, the Trump Administration's views may have sparked inherent divisiveness in understanding and responding to the pandemic. An investigation of over 1,116,952 articles declaring COVID-19 misinformation found that former President Trump was "likely the largest driver of the COVID-19 misinformation "infodemic."³⁷ Nearly 37.9% of this "infodemic" – as well as "miracle cures" making up 26.4% -- was intensified by Trump. They also posit that the "miracle cures" – specifically the 'Game-Changing Drug Cocktail for Coronavirus that was then linked to fatal arrhythmia -- conversation was also primarily exacerbated by the former President.³⁸

US-China Tensions

Interestingly enough, with China's growing influence within international institutions, the US's withdrawal from the WHO may have reinforced the idea that "the US is retreating from the UN system while China grows in influence".³⁹ An aspect that should be considered when navigating criticisms concerning the WHO and China's relationship is the apparent friction between China and the US. China and the United States have evidently competed with each other

³⁶ Evanega, Lynas, Adams, & Smolenyak, Coronavirusmisinformation:quantifyingsources andthemes in the COVID-19 ‘infodemic’”, 5-7.

³⁷ Evanega, Lynas, Adams, & Smolenyak, Coronavirusmisinformation:quantifyingsources andthemes in the COVID-19 ‘infodemic’”, 5-7.

³⁸ Evanega, Lynas, Adams, & Smolenyak, Coronavirusmisinformation:quantifyingsources andthemes in the COVID-19 ‘infodemic’”, 5-7.

³⁹ Hinshaw & Armour, “Trump Moves to Pull U.S. Out of World Health Organization in Midst of COVID-19 Pandemic”.

across multiple sectors. While anti-China narratives do stem primarily from republican individuals, the country's past behaviors may remain universally concerning within the west.⁴⁰ Broadly speaking, the tensions between China and the US regard ideological disparities, economic strengths, and technological postures, thus promoting continuous conflict in multiple sectors before the pandemic.⁴¹

The Trump Administration and its Use of Rhetorical Devices

According to Finnemore and Sikkink, "domestic norms are entwined with the workings of international norms."⁴² As former President Donald Trump constantly conveyed, he wished to establish an American identity. Gregory Raymond claimed Trump employed a "rhetorical tactic" in his toolkit: The False Dilemma Fallacy⁴³. In other words, Trump has attempted to shift perceptions and created a domestic norm reflecting both his and his supporters' views on the WHO and COVID-19 in general.⁴⁴ Raymond posits this claim by writing

As countless news reports and scholarly publications demonstrate, Trump regularly engages in vilification, projection, obfuscation, exaggeration, fabrication, and repetition in order to shift attention away from sensitive topics, transfer blame to others, and manipulate his audience. Trump may have utilized dilemmic arguments as a framing tactic to deter the potential for reelection prospects. In addition, Trump's use of particular vocabulary induced a psychological response among his voters. Raymond writes

⁴⁰ Brown, "China – the Tiananmen Square Massacre of 1989", 97-101.

⁴¹ Center for Strategic and International Studies, "Are the United States and China in an ideological competition?"

⁴² Finnemore & Sikkink, "International Norm Dynamics and Political Change."

⁴³ Raymond, "COVID-19, Donald Trump And The False Dilemma Fallacy".

⁴⁴ Raymond, "COVID-19, Donald Trump And The False Dilemma Fallacy".

The findings from various psychological studies reveal that (1) people are guided by the immediate emotional impact of losses and gains; (2) the prospect of loss looms larger in people's minds than an equivalent opportunity for gain; and (3) people tend to be risk-acceptant when a problem is framed as a loss.⁴⁵

This statement may establish that Trump's performance physically and emotionally challenged the American people and damaged our ability to orchestrate international endeavors.

Measuring the American Perception of the WHO – The "Filter Bubble" Effect

Although the WHO's response was not perfect, this section explores the potential "echo chamber" created by American Republicans and their voter base. Kolb investigates the bias in news and COVID-19 perceptions.⁴⁶ He ultimately finds that a "filter bubble" effect may have existed. Although his study focused on users in Austria, news bias can be generalizable primarily to other locations. Austria also struggles with misinformation and disinformation, much like the US.⁴⁷ In May 2021, the Pew Research Center conducted a survey to determine how the American populace viewed the WHO. The study found that around 28% of Republicans "believe the agency has done an excellent or good job of dealing with the pandemic." On the other hand, 62% of Democrats praised the Organization.⁴⁸

⁴⁵ Raymond, "COVID-19, Donald Trump And The False Dilemma Fallacy".

⁴⁶ Kolb, Nalis, Sertkan, & Neidhardt, "The Role of Bias in News Recommendation in the Perception of the Covid-19 Pandemic."

⁴⁷ Australian Government. "Disinformation & Misinformation".

⁴⁸ Pew Research Center, "Americans Give Higher Ratings to South Korea and Germany Than U.S. for Dealing With Coronavirus".

The Trump Administration and the Democrats

At the beginning of the pandemic, Trump vehemently downplayed the potential severity of the virus by stating on February 28, 2020, that

the Democrats are politicizing the coronavirus...One of my people came up to me and said, 'Mr. President, they tried to beat you on Russia...They tried the impeachment hoax. They tried anything, they tried it over and over. ... And this is their new hoax...and again, on March 10, 2020, that "[for] the vast majority of Americans, the risk is very, very low.

However, in an interview with Bob Woodward, Trump did not mince words when discussing the deadly nature of the disease. "You just breathe the air, and that's how it's passed," he states, "and that's a tricky one. That's a very delicate one. It's more deadly than even your strenuous flus."⁴⁹

In another interview with Woodward, the former President attempted to justify the declarations as mentioned above by stating, "I wanted to always play it down. I still like playing it down because I don't want to create a panic".⁵⁰ Although conventional wisdom would denote this as a reasonably productive measure, statements such as "wouldn't it be great to have all of the churches full?", "You don't have to do it [wear a mask]... It's only a recommendation", and "LIBERATE MICHIGAN," during the first four months of the pandemic, objectively did more than downplay the virus.⁵¹ Trump effectively turned an entire sector of the US into anti-mask virus deniers, thus diminishing any safety measures recommended by WHO. Moreover, his rhetoric further exemplified how the coronavirus pandemic remained a political venture

⁴⁹ Costa & Rucker, "Woodward book: Trump says he knew coronavirus was 'deadly' and worse than the flu while intentionally misleading Americans".

⁵⁰ Costa & Rucker, "Woodward book".

⁵¹ Keith, "Timeline: What Trump Has Said And Done About The Coronavirus".

The most outspoken individuals against the WHO were more conservative members of the United States. As Trump maintained his 'False Dilemma Fallacy' tactics, his supporters and fellow party members continued to function without COVID-19 as a priority.⁵² As of (the median date) March 24, 2020, all 24 Democratic governors had implemented some COVID-19 mitigation tactic, whereas only 17 of 26 Republican governors began implementation processes by the (median date) of March 30, 2020. Again, as a timeline reminder, former President Trump made clear statements regarding his lack of concern over the virus by stating, "I'm not concerned at all," on March 7, 2020, and "it will go away. Just stay calm" on March 10, 2020.⁵³ These statements were made just two weeks before governors began employing various orders. Moreover, in states where Trump's approval ratings were relatively lower, Republicans responded more quickly than those with Trump-supporting constituents.⁵⁴

President Trump's attacks on the WHO appealed to various communities, including legislators, health officials, and voters. One factor to note is that while 65% of Americans believed Trump was too slow to address the outbreak, 79% percent approved of the CDC and other public health officials' performances.⁵⁵ These numbers indicate poor performance on behalf of the former President. The Pew Research Center writes, "Democrats and Democratic

⁵² Fowler, Kettler, & Witt, "Democratic governors are quicker in responding to the coronavirus than Republicans".

⁵³ Fowler, Kettler, & Witt, "Democratic governors are quicker in responding to the coronavirus than Republicans".

⁵⁴ Fowler, Kettler, & Witt, "Democratic governors are quicker in responding to the coronavirus than Republicans".

⁵⁵ Funk, Tyson, Pasquini, & Spencer, "Americans Reflect on Nation's COVID-19 Response", 2022.

leaners were far more likely than Republicans and GOP leaners to mention the importance of mitigation measures and complying with CDC guidelines (26% vs. 9% of those who responded).”⁵⁶

⁵⁶ Funk, Tyson, Pasquini, & Spencer, “Americans Reflect on Nation’s COVID-19 Response”, 2022.

CHAPTER SEVEN

DISCUSSIONS AND CONCLUSIONS

Broad criticisms largely stem from two significant WHO behaviors: 1) its hesitancy to insist China permit a team of WHO experts in China and 2) the premature declaration that there is “no clear evidence of human-to-human transmission” in a January 14 tweet.¹ While the WHO struggled with early reinforcement mechanisms, it led the world to mitigate COVID-19. As this analysis also alludes to, the WHO was not able to appropriately address the pandemic as misinformation and disinformation stemming mainly from the Trump Administration and other American sources precluded its ability to be effective. Moreover, as the only country to remove itself from the WHO in response to their pandemic behavior, other variables like American fear of China’s growing strength and past inappropriate behaviors may have affected the outcome.

Although President Trump and other Republican government officials continuously expressed their concerns about the WHO, President Joe Biden made it a priority to rejoin the Organization once in office.² When declaring that the US would rejoin the Organization, Dr. Anthony Fauci expressed his gratitude by stating,

I join my fellow representatives in thanking the World Health Organization for its role in leading the global public health response to this pandemic. Under trying circumstances, this Organization has rallied the scientific and research and development community to accelerate vaccines, therapies, and diagnostics; conducted regular, streamed press briefings that authoritatively track global developments; provided millions of vital supplies from lab reagents to protective gear to

¹ The World Health Organization, “No clear evidence...”.

² The White House, “FACT SHEET: The Biden Administration’s Commitment to Global Health”

health care workers in dozens of countries; and relentlessly worked with nations in their fight against COVID-19.³

In addition to Dr. Fauci's later sentiments, a group of scholars submitted a letter to *The Lancet* in support of Chinese health professionals, scientists, and other public health experts during the initial stages of the pandemic (February 19, 2020). As an act of solidarity, this group proved that not all observed China wholly as a threat to global health.⁴ They write,

We sign this statement in solidarity with all scientists and health professionals in China who continue to save lives and protect global health during the challenge of the COVID-19 outbreak. We are all in this together, with our Chinese counterparts in the forefront, against this new viral threat.

Although President Biden and Dr. Fauci did not echo the sentiments of former President Trump, Biden, like other member state officials, does wish to improve the WHO and the IHR 2005.⁵ This indicates a potential criticism of WHO's response to the pandemic and a possible principal-agent problem in that the US feels the Organization does not compensate for the country's weaknesses. Again, the U.S. remains a significant contributor of funds to WHO. With that in mind – as a basic tenet of the principal-agent theory posits –these relationships remain dependent on mutually assured benefits.⁶ Given that the US funds a large percentage of WHO, conventional wisdom anticipates that they expect the Organization to prioritize its goals over the aims of others.

³ US Department of Health and Human Services “Dr. Anthony S. Fauci Remarks at the World Health Organization Executive Board Meeting”.

⁴ Calisher, et al., “Statement in support of the scientists, public health professionals, and medical professionals of China combatting COVID-19”.

⁵ White House, “Fact sheet: The Biden Administration's commitment to Global Health. The White House”.

⁶ Graham, “International Organizations as Collective Agents”, 371.

Although former President Donald Trump remained committed to the idea that WHO was an ineffective player during the coronavirus pandemic because of China's relationship with the Organization, his history of removing the US from critical international legislation, using bellicose rhetoric, practicing confusing and ambiguous congressional behaviors, and consistently articulating his inherent distaste for China may have brought about an inappropriate and inaccurate view of WHO. Furthermore, Trump continuously downplayed the severity of the pandemic, which caused individuals to ignore necessary recommendations, thus beckoning the idea that Trump's frustrations may have been displaced. However, millions of individuals still perished during the pandemic.

According to a Reuters analysis, COVID-19 death rates in Democratic areas were, at one point, triple those in Republican areas (those that voted for Trump).⁷ Although this statistic may appear to connect to politics, Reuters posits, "the uneven impact reflects the disproportionate toll the infectious disease has taken in densely packed Democratic-voting cities like New York. Rural areas and far-flung suburbs that typically back Republicans have not seen as direct an impact."⁸ In other words, other factors such as population density contributed to the disparities in death rates between Democratic and Republican areas. Although these data do express a potential correlation, others find the Trump Administration to be largely at fault for the mismanagement of the virus. In a later Pew Research Analysis on the "changing political

⁷ Reuters, "Divided by COVID-19: Democratic U.S. areas hit three times as hard as Republican ones".

⁸ Reuters, "Divided by COVID-19: Democratic U.S. areas hit three times as hard as Republican ones".

geography of COVID-19 over the last two years”, they found that this concentration of death rates in Democratic areas has dropped.⁹ They write,

during this third wave – which continued into early 2021 – the coronavirus death rate among the 20% of Americans living in counties that supported Trump by the highest margins in 2020 was about 170% of the death rate among the one-in-five Americans living in counties that supported Biden by the largest margins.¹⁰

Given that COVID-19 death rate concentration sites began to exponentially shift after the availability of vaccines increased, many claim partisan influences are to blame.¹¹ In other words, the Pew Research Center writes, “among the large majority of counties for which reliable vaccination data exists, counties that supported Trump at higher margins have substantially lower vaccination rates than those that supported Biden at higher margins”. Death rates in counties with low-vaccination status (less than 40%) were approximately “six times as high as the death rates in counties where 70% or more of the adult population was vaccinated”.¹²

Approximately 82% of American voters claimed that the coronavirus was their “most important issue in choosing a president supported Biden”.¹³ Moreover, in a Pew Research Center Analysis, voters “expressed higher level of confidence in Biden than Trump across several domains, including handling the health impact of the coronavirus outbreak, making good foreign policy decisions, and selecting good Supreme Court nominees”.¹⁴ Around 57% of voters felt

⁹ Nadeem, R, “The Changing Political Geography of COVID-19 over the Last Two Years”.

¹⁰ Nadeem, R, “The Changing Political Geography of COVID-19 over the Last Two Years”.

¹¹ Nadeem, R, “The Changing Political Geography of COVID-19 over the Last Two Years”.

¹² Nadeem, R, “The Changing Political Geography of COVID-19 over the Last Two Years”.

¹³ Parker, “How Trump’s Erratic Behavior and Failure on the Coronavirus Doomed his Reelection”.

¹⁴ Atske, Views of COVID-19 Response by Trump, Hospitals, CDC, and Other Officials”.

they were at least somewhat confident in Biden to manage the pandemic.¹⁵ On the other hand, “half or fewer voters” expressed similar sentiments when asked about Trump in these areas.¹⁶

Another Pew Research Center analysis breaks down the views of COVID-19 response by the Trump Administration and other officials.¹⁷ They express that nearly 73% of Republicans found that Trump was “doing an excellent job (33%) or good job (41%)”. By comparison, only 6% of Democrats claimed Trump was doing an excellent or good job; 94% of Democrats express he only did a “fair (11%) or “poor (82%)” job.¹⁸ They posit that Trump’s ratings remained profoundly separated by partisanship. The American public was not alone in these thoughts. When discussing prospects for reelection, Ronna McDaniel, chairwomen of the Republican National Committee, stated, “If he [Trump] loses, it’s going to be because of covid”.¹⁹

Although the Trump Administration remained under fire for its COVID-19 response, they did illuminate objections held by other actors like countries and scholars. The Trump Administration may have accentuated and maintained the increasing competition between China and the US by accusing other actors, like the WHO, of inappropriate conduct. Moreover, the Trump Administration may have taken signals from American citizens. The Pew Research Center Posits that “while unfavorable views of China have increased among Democrats and Republicans over the past two years, there are...partisan differences in attitudes toward China,

¹⁵ Atske, Views of COVID-19 Response by Trump, Hospitals, CDC, and Other Officials”.

¹⁶ Atske, Views of COVID-19 Response by Trump, Hospitals, CDC, and Other Officials”.

¹⁷ Atske, Views of COVID-19 Response by Trump, Hospitals, CDC, and Other Officials”.

¹⁸ Atske, Views of COVID-19 Response by Trump, Hospitals, CDC, and Other Officials”.

¹⁹ Parker, “How Trump’s Erratic Behavior and Failure on Coronavirus Doomed his Reelection”.

with Republicans expressing significantly more negative attitudes.”²⁰ In other words, Republicans responded to their voters’ beliefs regarding China, its leaders, and its behavior.

Typically, Congress typically would depend on their signal to make appropriate decisions for the electorate.²¹ However, former President Donald Trump’s time in office was far from orthodox. A quick look into congressional interactions may suffice to best express how the former President acted in an untraditional manner. In George C. Edwards’ seminal work, “Changing Their Minds?”, the author outlines Trump’s inherent weaknesses that constantly prevented lawmakers and other government officials from exercising the power and strategy necessary for producing effective legislation. The author describes Trump’s negotiation processes with Congress as passive, confusing, inconsistent, and vague.²²

Moreover, Trump has a history of removing the US from binding international agreements and ventures, indicating his ineffectiveness as a domestic and global leader. For instance, in 2015, the former President continuously claimed that the Paris Agreement - which reduced carbon emissions and was formed by the Obama Administration - would decrease job opportunities and augment burdensome regulations on the US economy.²³ Because of his frustrations with the agreement, Trump withdrew the United States from the accord in 2017.²⁴

²⁰ Silver, Devlin, & Huang, “Negative views of both U.S. and China abound across advanced economies amid COVID-19”.

²¹ Edwards, “Changing their Minds?”, 210-220.

²² Edwards, “Changing their Minds?”, 210-220.

²³ McBride, “The Consequences of Leaving the Paris Agreement.”

²⁴ McBride, “The Consequences of Leaving the Paris Agreement.”

President Joe Biden reinstated the position of the US when elected on January 20, 2021.²⁵ The former President also terminated the Joint Comprehensive Plan of Action (JCPOA).²⁶ He posited that the deal with Iran was one of the “worst and one-sided transactions the United States has ever entered into.”²⁷ Terminating these critical agreements indicated Trump’s aversion to broader international cooperation. Moreover, it may have harmed the US's ability to lead international ventures, as the State Department COVID-19 Review implied.²⁸

Although the arrival of President Joe Biden brought relief to existing tensions between the WHO and the United States, the relationship remains rocky – primarily in terms of rhetoric. President Joe Biden, as well as a large population of the American people, claim the pandemic is widely over. Overt disagreements will continue to prevail; however, understanding how to ultimately approach such dilemmas is necessary for future success.

Future Research

The COVID-19 pandemic will not be the last health challenge for the WHO and its Member States. With increasing climate and health dilemma rates, determining how to approach such issues is imperative. In addition, reforming the WHO is a complicated process that must be handled impartially. A German government official claimed, “It must ... be ensured in future that

²⁵ Cameron, “U.S. secretary of State calls for more thorough investigation of Covid origins in China.”

²⁶ National Archives and Records Administration, “President Donald J. Trump is Ending United States Participation in an Unacceptable Iran Deal”

²⁷ National Archives and Records Administration, “President Donald J. Trump is Ending United States Participation in an Unacceptable Iran Deal”

²⁸ Woodruff-Swan, “State Department Covid review blasts 'void of U.S. international leadership' under Trump and Pompeo”.

the WHO can react neutrally and based on facts to global health events.”²⁹ Moreover, these countries denoted reform as a task that should stay far from US hands. “Nobody wants to be dragged into a reform process and getting an outline for it from a country which...left the WHO,” Of course, the countries’ sentiments about collectively reforming WHO has changed since President Biden rejoined the Organization.

In terms of analytical steps and because this is a piece of qualitative work, I believe a quantitative survey experiment could greatly complement the progression of this research. The COVID-19 pandemic remains a rather complex event. Placing the incident within the confines of the principal-agent model brings forth variables potentially ignored by previous research. Broad assumptions surrounding the effect of misinformation, disinformation, the Trump Administration’s rhetoric, and the “Filter Bubble Effect” help us further comprehend what occurred and how to move forward. Ultimately, this analysis argues that effectiveness and ineffectiveness remain multifactorial. In other words, the WHO remains imperfect; however, there are several other variables at play.

²⁹ Pollina, Rinke, & Guarascio, “Exclusive: Germany and France quit WHO reform talks amid tension with Washington

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VITA

Ms. Larson is a second-year master's student studying political science with a concentration in international relations at the Graduate School at Loyola University Chicago.