

THE BROOKINGS INSTITUTION

WEBINAR

AFTERSHOCKS:
PANDEMIC POLITICS AND THE END OF
THE OLDER INTERNATIONAL ORDER

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P R O C E E D I N G S

MS. MALONEY: Good morning and good afternoon and good evening to those of you outside the Washington area. I'm Suzanne Maloney, vice president and director of Foreign Policy at the Brookings Institution. I'm delighted to welcome you today to our book launch for "Aftershocks: Pandemic Politics and the End of the Old International Order," written by Thomas Wright, who is a senior fellow at Brookings and director of our Center on the United States and Europe; and Colin Kahl, who at the time of research and writing was teaching at Stanford University.

Colin is currently on leave from Stanford and serving as undersecretary of defense for policy at the Department of Defense. He completed work on the book before his government service and it is drawn entirely from open-source materials. Neither the book nor comments made at today's event necessarily reflects the views of the U.S. government or the Department of Defense.

"Aftershocks" offers a first draft of history of the COVID-19 pandemic and an account of the global impact and political shockwaves that followed. In writing Tom and Colin spoke to government officials from around the world to uncover what worked and what did not work in the international response to the coronavirus crisis.

What they found was deeply concerning. At a time when international cooperation was critical, nationalism, unilateralism, and great power rivalries prevented the international community from working together, resulting in the deaths of millions. Ultimately, the COVID-19 pandemic has unveiled profound vulnerabilities in the seven-decade-old international order and it calls into question the future of international organizations and institutions.

It is, therefore, my great pleasure to welcome a distinguished group of people to discuss "Aftershocks" and the post-COVID-19 world. We're thrilled that Susan Glasser of The New Yorker will moderate this expert panel discussion with Tom Wright; Rebecca Katz, who is professor and director of the Center for Global Health Science and

Security at Georgetown University Medical Center; and David Miliband, former U.K. foreign secretary and president and CEO of the International Rescue Committee.

In putting this event together we are grateful for the support of the Robert Bosch Stiftung. This event is part of the Brookings-Bosch Transatlantic Initiative, or BBTI, which aims to expand our network and work on how best to further transatlantic cooperation to address global challenges. We appreciate the support of the Bosch Stiftung in this effort and for the respect that they have always shown to the independence of our scholars and researchers.

Today's event, as always, reflects on the views of the speakers themselves.

Susan, the floor is now yours.

MS. GLASSER: Well, thank you so much, Suzanne, and thank you to Brookings. And most importantly, congratulations to Tom and Colin, I guess, who's not with us. Really, I found that this book, as Suzanne said, is a pretty invaluable contribution to how we're thinking not only about the pandemic, but more broadly about the international order, especially because we're still in the middle of it. And I think that having had, Tom, your ability to debrief officials internationally, not just here in the U.S., in real time is going to stand as a really valuable contribution, especially because these are decisions that are still being made.

And so I hope that our conversation today, especially with David and Rebecca, can get into some of the implications for where we are right now. Because, in fact, the book is titled *Aftershocks*, but we're still in the middle of the story as opposed to at the end of the story. So, that's one thing I'm sure that we can get at.

But, Tom, I'd love to start with you and a little bit of a conversation first before we bring in the rest of the panel just to help people understand your very provocative conclusions, as Suzanne pointed out. I think that, you know, the takeaway that this was not just a domestic crisis for 190 nations, but an international one that accelerated the unraveling of the previous international order is very important.

And I'm wondering what surprised you when you started to do these interviews. Right? Because we already had a sense that, you know, the Trump era certainly wasn't good for the international order, but what did you learn that you didn't expect to learn in doing the book?

MR. WRIGHT: Thanks, Susan. And thank you to David and Rebecca as well and to Suzanne. And it's great to be here and to talk about the book.

You know, we decided to write it really because I think it was evident right at the beginning that this was a monumental global crisis at the worst possible moment, you know, when there was nationalist sort of leaders, authoritarian leaders in power around the world. There was already very little cooperation. It had been a tough decade since the financial crisis. And in '08/'09, the world sort of came together to respond to that, and that wasn't happening this time. So, we wanted to try to document that, to talk to officials throughout the year and a quarter that we were writing it, to try to tell that story.

And I guess certain things were sort of confirmed for us. You know, China's sort of role in not really cooperating. We sort of knew that. We try to piece that together from U.S. Embassy officials and other foreign officials in Beijing.

The Trump administration was interesting, though, because they actually realized, some key officials in the government, earlier than we expected the gravity of the pandemic. But what happened was they sort of lost any ability to sort of shape the outcome in February. So, it was sort of an interesting trajectory.

And then the degree to which U.S.-China rivalry really dominated everything was another sort of big takeaway that we had an inkling of, but it was really striking just to talk to the officials and see it really play out.

I guess the other thing -- the two other things that sort of jumped out, one, there were some bright spots, you know, in the economic side. What the central banks did was quite extraordinary. Officials sort of describe it to us as correlation without coordination. So, you had no real discussions, no formal meetings, but the central banks individually did

the right thing sort of together and their actions reinforced each other. So, that was sort of interesting.

And the final thing was really just the global scope of the crisis, you know, that this is a crisis that everybody experienced in their own home, in their own town, in their own country. We were all focused on that aspect of it. But actually, you know, it was a global crisis with global repercussions and it left huge impacts on development, on democracy, on technology, on economics. And the title of the book is *Aftershocks*, but we believe that those aftershocks will be felt for many years to come. So, we're not out of the pandemic yet. But even when we are out of it, I think it will continue to shape that international order.

And just a final point is that, you know, the subtitle of the book is really to reflect the fact that we live in a world now in which the major powers cannot be assumed to work together and share challenges. And I think that's what makes this year sort of fundamentally different than maybe 5, 7, 10 years ago.

MS. GLASSER: Yeah. I think that was for me a big takeaway is just that our -- not only can they not be assumed to work together, but that our international institutions -- in particular, but not exclusively, the WHO -- were built on the expectation of some level of international cooperation that did not happen. And that the result was a weakness in the way that those public health systems internationally were designed. That was something that I thought was -- that I haven't seen elsewhere. And it must have been a real worrisome thing because it's very hard to go back and re-engineer anything in the international system now that you have a standoff between the U.S. and China and Russia.

MR. WRIGHT: Yeah, absolutely. And I think, you know, one sort of analogy I think that is sort of worrying, but probably relevant is after World War II, the world had the United Nations. There was great hopes for the United Nations, but it very quickly became bogged down in rivalry between the Soviet Union and the United States. I think what we're seeing is global public health governance for the first time really becoming

heavily constrained by geopolitical rivalry and becoming a zone of contestation and competition itself.

And so I think one worry that we had in the book was that if we look forward 5 or 10 years, maybe the story of that period won't be real reform. It will be sort of this clash between these superpowers and other countries lining up on either side.

MS. GLASSER: So, okay, let's talk for a second about the Trump administration and what they really did or didn't do. You have insight in the book that basically they really never saw it, maybe, you know, some individuals did, but they really never saw it as an opportunity for international diplomacy when it -- or leadership when it came to public health. But they saw it, A, through the lens of nationalism. What can we do for the United States? And then B, Trump and his top advisors turned very hawkish on China in a way that Trump, despite the rhetoric, had not actually been.

And so, what were the consequences of that sort of pivot to everything is about China as opposed to everything is about global diplomacy?

MR. WRIGHT: Yeah. I mean, there were some people who I think did think it was bigger than that, but, fundamentally, they saw it as emblematic of a broader China problem. Right? This originated in Wuhan, China covered it up, they weren't really cooperating, and now they were being assertive. And so for them, the overarching problem was China and the pandemic was one sort of piece of that. And they focused on responding to China whereas I think even some of them would acknowledge that the global public health piece of that thing got short shrift.

So, you know, for others, yes, you have to deal with China, but you've got to deal with the pandemic first. And you have to deal with those global public health pieces at least simultaneously, but probably first and then deal with the China piece a little bit later, maybe months later, not necessarily years later, because that's where the urgency is.

But instead we didn't see that happen and that really manifested itself most dramatically at the WHO, you know, where -- you know, the WHO had many problems, we

can get into those if everyone wants to, but it's sort of crazy to have as your primary objective sort of calling out or confronting China at the WHO at the start of a pandemic when that could conceivably wait again till the late summer, this year, next year to do that. But they really thought that was urgent because of this China sort of challenge.

MS. GLASSER: Well, and by the way, that's where your original reporting kicks into this. And, you know, as a journalist, I have to say I really -- you know, you guys did a great job of turning up some new information that sheds lights on this. We're talking about this in a kind of high altitude way so far, but the truth is, is that you've documented some things that haven't been documented that really helps us understand what we're talking about at a granular level, you know, how the Trump administration made decisions during this oftentimes without consulting their own officials. You have a great scene with the ambassador, the Trump appointed ambassador, to the WHO in the middle of trying to negotiate a way for the U.S. to stay in the WHO. And then, boom, Trump just announces, without even telling his ambassador, we're out.

What did you find in talking to these officials? Were they willing to speak with you? Was it different than what you had expected?

MR. WRIGHT: It was a bit easier after the election, to be honest, but yeah. No, they were and it was tough for us -- not tough, but we're grateful for them for talking to us because we're both critics, Colin and I, of Trump obviously. And we did sort of want to try to tell the story objectively and we tried to recount the different perspectives.

That particular moment you mentioned was really interesting because Donald Trump, it was the end of May 2020. He had just had a terrible phone call with Angela Merkel the night before in which he shouted at her because she was pulling out of the G7, which he desperately wanted to host as a sign that, you know, things were returning to normal.

He went in in a really bad mood. He was giving a speech on China. He thought the speech was lousy and didn't have enough juice to it. And at the last minute he

said I need to add more juice to this speech and so he said let's just pull out of the WHO. And so he put it into the speech. Andrew Bremberg, who was the ambassador to Geneva, was negotiating at that time with the WHO. This came as a thunderbolt. And that evening, Trump calls him and says, yeah, you know, basically keep negotiating, don't really intend to pull out. Just get me a great deal, I've given you leverage.

But at that point, of course, the world had sort of moved. So, there's lots of - and didn't want to sort of negotiate with him anymore because they'd seen that game one too many times. So, there's lots of sort of interesting moments. I'm sure there are many more that we didn't have, honestly, but it was just a sign of that sort of almost comedy of errors piece on President Trump's part that sort of defined that very troublesome relationship with the WHO.

MS. GLASSER: Yeah. I want to bring in David and Rebecca, but first one other moment that I think sets the stage for our broader conversation. There's another moment in the book where you almost even can't believe this. Like one of the standard checklists, right, at the United Nations would be in the case of a global pandemic or some kind of global emergency you would run down the list and you would do what the French diplomats at the U.N. tried to do, which is to put a global ceasefire in conflicts into effect in order to focus on the emergency. And I found it just to be so revealing that the United States even ends up in at least temporary opposition to something as noncontroversial as that.

And you describe this moment, I think it's really good reporting, where even the U.S. ambassador to the United Nations, very controversial, seen as a political Trump kind of hack. And even Kelly Craft goes along and eventually agrees with the French on this resolution and, boom, is overruled that night and the U.S. withdraws support for something as anodyne as that.

Why would the U.S. do that in the middle of a global public health emergency?

MR. WRIGHT: Yeah. It's pretty I think clear that that was Pompeo we think. You know, it was definitely from the State Department that they had sort of overruled it. And it was over the most silly thing, that there was a reference to global health bodies and they felt that was maybe a reference -- a positive reference to the WHO, which they didn't want to make. And, you know, this, again, like the WHO made mistakes, but basically for the Trump administration and for Pompeo in particular, it was a way of sort of deflecting from their own praising China early on in the pandemic.

And it was also because sort of the mood had changed. You know, Pompeo actually negotiated sort of a settlement with the WHO for Trump before Fox News sort of torched it. Tucker Carlson got a leak of the document and managed to undermine it. And from that point, I think Pompeo just went sort of all-in and saw this as a means of advancing sort of the narrative on China. But it was a very sort of important moment. It eventually sort of came in in a partial way, but it shouldn't have been that difficult. And I think it just shows how hard sort of any diplomacy was during 2020.

MS. GLASSER: Well, that's a great pivot point to bring in David and Rebecca. David, you're the only one among us who's actually been a practitioner of high-level international diplomacy.

The United States that's described in Tom and Colin's book, does that bear resemblance to the United States that you knew and worked with? And what do you think the implications are when the U.S. won't even support kind of basic international measures in a crisis like this?

MR. MILIBAND: Well, thanks very much for having me on. Of course, it was much better in my day, you know. (Laughter)

But first of all, I do want to commend Tom and Colin on their book. I have spent part of the last year on the international Independent Panel on Pandemic Preparedness and Response. And certainly, what they have documented chimes very strongly with what we know, which is that this crisis, far from being a source of international

unity, has become a source of international division. And so, I really think they've done an excellent job.

And I hope Tom doesn't mind me saying, if you read their book alongside Adam Tooze's book, *Shutdown*, which looks at the economics of the last year and a half, there are some key complementarities of those two books. And I think Tom and Colin have done a really excellent job.

Secondly, I think we have seen what it means to have an American administration that is committed to a genuine reading of "America First." This was an isolationist administration. It was a transactional administration. It was a vehemently anti-multilateralist administration. And I think it was really important to recognize reading the book that every government has a first responsibility to its own citizens. But this was the Trump administration I'm talking about. The Trump administration had a view of international interdependence that was really utterly at odds with any rational reading of the health emergency that was presented, but, also, the economic emergency that was presented.

And if I have one quibble with the book it's that part of Tom's book talks about a post-COVID era. I'm afraid the failings of the last year and a half, I mean, I can't see a post-COVID era. I can see variants as far as the eye can see. I can see variants outstripping vaccines. Remember there's sort of parts of the world where the International Rescue Committee works, vaccination rates in the 20 countries of greatest humanitarian emergency are 2.4 percent at the moment. So the variants are winning the race.

And so I think we're going to be living with these consequences for a long time to come. And the international relations aspects of this I think are worth teasing out. Because many of us had a hope that the Biden administration would take issues like global public health, take issues like the climate crisis, and whatever is happening in competing or confronting with China on other issues, would be able to isolate these issues as ones where international cooperation is so essential. But obviously politics, not just policy, comes into

this. And so I think that this is a really important moment to try and divine some lessons from what's happened.

MS. GLASSER: So, that's an interesting question. Let me just quickly follow up on that. Do you think that the Biden administration, that there is a consistency or a through line in terms of a more nationalist approach even to public health that you're seeing from the Biden administration?

MR. MILIBAND: I don't think that's right way of putting it, to use the word "nationalist," especially in the light of the summit that happened this week. The Wednesday summit that President Biden convened and more particularly what he was willing to say not just about vaccines, but also about future pandemic governance is really important. If you'll give me just 30 seconds on that to jump on two hobby horses of mine.

One is that there's a real category error in viewing pandemics as a health issue. Pandemics are obviously a health issue, but they're also an economic issue, a national security issue, a social security issue. And so, it's absolutely right to say that the World Health Organization's underpowered and underfinanced and not independent enough. But you can't govern a pandemic just through a World Health Organization.

And that leads to my second point about the significance of the President's summit on Wednesday. He proposed and the Vice President spoke to this at the summit, the U.S. Vice President, he embraced one of the recommendations of the independent panel I was on, which just in all transparency wasn't a new recommendation. It had been recommended by the Kikwete commission after the Ebola crisis. Both our panels said you need a leader-level oversight and accountability for international pandemic preparedness and response. We recommended 20 to 25 global leaders.

That's now official U.S. Government policy as of Wednesday. I think that's significantly important. There's also a financing recommendation that they've put on the table. So, I think it would be wrong to say that there is continuity between the Trump administration and the Biden administration.

But I think it's equally right not to chide the administration, but to reflect that the pandemic issues, that the climate issues, they're not insulated from the wider context of an emerging U.S. view of the kind of threat China poses. And I think that's -- I mean, Europeans -- I'm a European obviously, although I live and work in the U.S. I'm still a European even though I'm a Brit, despite Brexit.

The Europeans like to say that there can be rivalry with China alongside cooperation with China. And that's something that I think is very hard to separate in the American mind at the moment, and we may come back to that.

MS. GLASSER: I think that's an important thing to come back to.

Rebecca, you obviously spent a lot of time thinking in your professional career about what it would take for the United States to be prepared to deal with something like COVID-19. And, you know, Tom and Colin's book documents what happened when it actually happened, which is to say which parts of the U.S. plans and preparedness do you think need to be rethought as a result of what actually happened?

MS. KATZ: Wow, that's a fun question. I think -- well, before that, let me also just take a moment to congratulate Tom and Colin.

I think that, you know, we always knew pandemic preparedness was political. We hoped it wasn't partisan. This pandemic, though, has been clearly both and I think this book really very nicely lays out the challenges as well as some of the solutions for building a better system.

I also want to echo David's comment. This is truly a complex transnational threat and we need to treat it like one and we never have, in part because the community -- you know, to your question about what needs to be done, there's actually been a tremendous amount of thinking around what could and should be done in the pandemic preparedness space for decades. But it was a really small community and these were not issues that were necessarily elevated up to the highest levels of decision-making or, again to David's point, financed at an appropriate level.

And these are -- a lot of the recommendations that you're hearing swirling now, again, they're not necessarily new, but they've never received attention. And we're having a different level of dialogue today than we've ever had before.

And I think the thing to -- and to Tom's earlier points, I would note that the global public health governance regime writ large, though, was never all that strong. I mean, it was fine. It was fine for smaller outbreaks, smaller epidemics. Even that, you know, there was an iterative process where every time there was an outbreak larger and larger, the global community would come together, figure out what went wrong, try to improve things incrementally.

But a little bit like, you know, if we take a Katrina flood example, we had a system that was built and a budget for it around occasional rainstorms, not a flood. And we knew the levee wouldn't hold. Right? Like there's nothing that was totally unanticipated from the global health governance side of things that hadn't been discussed, again discussed within a very small community, but discussed. So, we -- you know, I remember discussions with colleagues in the early fall of 2019, around whether we were headed toward a system where there might be a global split in health governance between like a Geneva model and a Beijing model, particularly around thinking around things like information sharing and access of benefits sharing, and fearing that we were heading towards a system where countries may have to pick corners.

There was lots of discussions around fears that nations might nationalize manufacturing the pandemic. There may be a reason why some countries had stockpiles for influenza and some didn't. And that could probably be linked directly to where there was manufacturing capacity.

So, you know, and we all recognized that there were gaps in the international health regulations. In fact, for five or six years, colleagues and I have been calling for revisiting them and making changes to make them more fit for purpose. So, we knew it wasn't perfect. We knew it needed attention. And there was always this fear of

where the cracks were for that 100-year flood, right, so as we were talking about the true pandemic.

And we really hoped, though, for leadership, for coordination, for massive mobilization of resources in the case of an event. And clearly, we never anticipated, as Colin and Tom describe, the confluence of an America that wouldn't lead, a China that wouldn't cooperate, or honestly, to be on the positive side, a scientific and regulatory community that stepped up like never before. And, you know, we are able to have the conversations like those that were had at the summit this week because we have medical countermeasures, which is amazing. Right?

I mean, and I think we need to -- there's never enough. There's never, as David mentioned, there's not enough equity in vaccine distribution yet. There's this massive push to try to figure out how to fix that. But we actually -- we can jump past the fact that we have a vaccine. We have many vaccines. We have the manufacturing capacity to create enough of them for the global population. It's just about leadership now and a commitment to move forward and treat this like the crisis it is.

I think, you know, to the question on where do we go next, I think there's a lot of discussion. The IPPPR has certainly put forward ideas. The U.S. Government has put forward a set of priorities in terms of thinking about what the global health security regime should look like going forward. But to me I think it's a combination of how do we strengthen the existing organizations that we have?

So, you know, the book actually had a lot of recommendations around specifically strengthening the WHO, but thinking about all the IOs and what the need to be able to effectively operate; thinking about the systems and the platforms, particularly around diagnostics and research and development and supply chain, but also thinking about the norms and standards. Right?

So, how do we fix our governance regimes, our international agreements? How do we ensure that the countries are able to sufficiently build capacity to prevent, detect,

and respond to public health emergencies? And that's money. That's a lot of money and it's money that we haven't been willing to put forward. So, you know, are we moving towards an innovative financing solution?

And then also to this idea of, you know, whether it's called a Global Health Threats Council or something else, the need for transparent, accountable oversight. And some type of governance that addresses the fact that these are complex issues.

MS. GLASSER: Well, you know, there's a lot to unpack there, Rebecca, but I'm struck by the sort of chronicle of a disaster foretold element of this. You know, as you said, a small community, but a community nonetheless understood actually clearly what at least the fault lines or the potential failures were.

But I think a lot of this does seem go to David's point that it's not the health part per se that broke down. It's the geopolitics and the leadership part and the fact that it wasn't purely understood as not just a health crisis.

And so, Tom, let me ask you, thinking about the book and you started out with the idea that this was a geopolitical crisis as well as a public health one, but where did you end up? I mean, you know, David has this interesting proposal. Your book has many other proposals about what could be done looking at institutions and organizations and this leadership question going forward.

But I'm struck that David and his group want to create a leaders council. Well, we have the G7, we have the G20. It's not that world leaders don't know how to call each other. Right? It's that they didn't want to or they had domestic politics in mind or, you know, how did you come out thinking about institutions like the G7 and the G20 as a result of seeing how Trump was so not interested in using them or how the Chinese wouldn't cooperate even if they had?

MR. WRIGHT: Yeah, I really liked David and the committee's proposal for a global health council. I think that the advantage it has is that even if the leaders aren't fully cooperative, it socializes them to at least talking about it on a regular basis. It sends signals

within the bureaucracies, particularly in China, I think, where it's increasingly talked down, so that Xi Jinping is seen as making a statement or endorsing something. I think that has a positive effect.

But more broadly, though, I mean, obviously I agree, Susan, with the premise I think of the question because the answer to preparing for a future pandemic can't just be let's sort of fix the world and having like leadership. You know, that's -- because we might not have that. You know, we might have -- there could be a President Trump again or a President DeSantis who sort of plays it down. China could be just the way it is now. We could (inaudible) narrow in different sort of places around the world.

So, we need to really work within our own system to be sort of more liked and more cooperative. But we also need to plan for the possibility that the world will be as messed up in the next pandemic as it was this time, and to try to have redundancies. And, you know, we don't really have many new -- I would say, as David and Rebecca said, most of these proposals have been around for a while. But I think one area when we do try to push that may be a little bit, is just that the United States needs to work with China, but it also needs a backup plan if that fails.

And I do think there's scope for a group of like-minded countries to come together and to commit to higher levels of transparency and cooperation, to spend more on global public goods themselves without necessarily the rest of the world going along. And to try to sort of set a higher standard that may the next time also allow them to cooperate more rapidly in the event of a future pandemic.

But I don't see this geopolitical rivalry of nationalism going away anytime soon. And I think the most important thing is to prepare for that eventuality even though we try to avert it and we all work really hard to try to ensure it. That's not the case. It could still be the conditions that shape the next pandemic.

MS. GLASSER: So, Tom --

MR. MILIBAND: Susan, can I come in with a point?

MS. GLASSER: Yes, please.

MR. MILIBAND: And I'm very much with Tom about his realism on this. I just think one coda that's important for an American audience is that partly because of Brexit, but this isn't really a Brexit point, the crisis, the pandemic has actually made the 27 European countries come closer together. It is quite interesting that the --

MS. GLASSER: Yes, it is impressive.

MR. MILIBAND: Right. The world's most advanced system of multilateralism really has had pretty significant breakthroughs on the economic front. I mean, the degree of future bond issuance and economic support, the socialization across the 27 of somewhat economic risk, fiscal support for countries like Italy, I think is pretty significant.

I think it gets also significant that the missteps of the European Union in respect to vaccines, and they didn't do as well as the U.S. or the U.K. in terms of sharp elbows, forgetting the contracts for the vaccines. So, Europe was in the earlier part of this year, and we're four, six, eight weeks behind in the vaccine race, has actually caught up now. And there hasn't been political cost to the European Union.

So, I think that Tom's right that there are going to have to be coalitions of the willing in respect of pandemic governance going forward. We can't just throw all of our eggs in global basket. But it is interesting to me that Europe should be coming out of this with strengthened mutual commitments rather than weakened, despite the fact that the "nationalism" that you and Tom has spoken about has been a feature of the last year and a half, two years.

MS. GLASSER: Yeah, I'm so glad we got the Europe point in here. But let's turn now to China and let's talk about China. Because every single one of you in different ways has raised the issue of a future where rather than there being more cooperation, there's a future that we've sort of already seen a version of where there's less cooperation and more adversity built into an international system that, therefore, is less and

less effective.

So, what does that mean in terms of, A, where we are right now and, B, you know, the lessons that you take away? Tom, why don't you start us out quickly on that in terms of like how much of an actual problem was it beyond the very beginning of the thing?

You document in this book and others have documented well that one of the things that happened was like China took advantage of this moment once they got through the initial lockdowns to undertake an enormous crackdown inside of the country, in Hong Kong. And where was the West? It was distracted. You know, it didn't make the kind of noise that would have occurred had this not been happening in the middle of the pandemic. And now China has essentially gobbled up Hong Kong's democracy.

What are some other examples of how China took advantage of this moment that we need to think about as we look forward to future crises?

MR. WRIGHT: Yeah, I can start off. I mean, I think there was an assertive foreign policy in Hong Kong, Taiwan, in Europe as well, and just to focus on the global public health needs. You know, I think what worries me about where we're headed from here with China are sort of two things.

One, we don't -- there's no sort of sense that there's a period of reflection in China where the regime is sort of acknowledging that it made errors that need to be corrected in the future. Right? And that was -- with SARS there was that. I mean, there were reforms after SARS that were quite important: the strengthening of the Chinese CDC, different measures for relaying information rapidly to Center authorities, a little bit more cooperation, network cooperation, with the international community.

My sense is that the Chinese government believes this was a tremendous sort of success. You know, they suppressed virus quickly compared to this terrible sort of Western response; that the U.S. is, you know, in decline, accelerated by the pandemic. And there's no real -- certainly, I think the WHO would say as well, there's no sort of sense that something needs to be fixed there.

The other sort of piece of it is just what Xi Jinping is doing, you know, the pandemic has sort of allowed China to become more closed-off from the world. And so does that continue? You know, I mean, it's been -- he has been very isolated. Hasn't traveled abroad in 600 days or more. The country also is more isolated. And that's sort of inconceivable without the pandemic. You know, without the pandemic there's just normal path dependencies there. I mean, there's continued interaction even if relations begin to worsen.

So, yeah, I am sort of concerned about where we're headed.

MS. GLASSER: So, Rebecca, you pointed out that there was already, even before this began, a concern that there might emerge a kind of Beijing model of public health and then a Western or a Geneva model. Where does that stand right now from your perspective?

MS. KATZ: Yeah. You know, I really don't know. I think -- and that's maybe part of the problem. I think, you know, I think as Tom mentioned and points out in the book, there's -- that what happened in China post SARS is really kind of a revolution in how they thought about public health, about how they reorganized their disease surveillance and information sharing. There were still some pieces that were definitely very China-oriented, very Chinese in their thinking and not necessarily how other countries would have thought about this, but there was much more of a commitment towards being part of a global system and early warning.

I think we are in the middle of fighting a pandemic, but there continues to be emerging biological threats all the time. And there are multiple new strains of influenza that are constantly being monitored. If the country decides it's not in their best interest to be sharing that information, then that kind of defeats the entire purpose of early warning and being able for the rest of the global community to prepare and react.

So, I think that remains a major question and concern in trying to figure out how to -- you know, what are the carrots and the sticks for ensuring information sharing

around new biological events?

I think the other thing is from the summit this week there were a couple of principles that were laid down around -- just specifically around the cooperation in vaccine distribution. And one of them was around donating, not selling; another around committing to go through COVAX. And then a third on transparency.

And I'm not sure where China's going to fall on three of those. And I think that there's going to have to be a lot of thinking around how does one ensure that such a major player in this global response -- you know, one, what is the importance of them aligning? Can we go forward with two different systems? I don't know and I leave that to others to try to figure out.

But then, also, monitoring each of those. You know, if China continues to sell instead of donate, what does that mean? If they don't go through COVAX, and they have made commitments to COVAX, but like if they continue to kind of cut bilateral deals does that undermine the system or does it -- you know, are we just increasing the size of the response? I don't remember the numbers. I don't really know yet.

MS. GLASSER: David, let me ask you about international institutions and how they did, and especially the WHO. The U.S. had a very scathing critique of Tom's book. Add some additional I think material to that bill of particulars. It's not a good look, particularly if we don't have independence and if have people slavishly misleading the public in order to curry favor with leaders in Beijing. You know, we wouldn't stand for that in any other situation. What do we do about that?

MR. MILIBAND: So, three quick points. First, we can't forget in any of this discussion 2,000 Americans dying every day at the moment because of COVID. And as long as that's the case, as long as this country fails to vaccinate its own people, as long as it fails to curb the disease, its soft power globally and its ability to lead globally is going to be significantly undermined.

Second -- not least because of the focus that the home front takes.

Secondly, the WHO is one-third funded by governments around the world. It's -- the second biggest funder is the Gates Foundation. And honestly, that's a ridiculous situation for all the world's leading international health organizations. I mean, the clue is in the name, international, nations. It's meant to be a coalition of nations. It's a U.N. institution.

And so, I think my diagnosis is that the WHO is underpowered, underfinanced, and not independent enough. And there are a range of ways in which that could be fixed in policy terms, but there's obviously a bigger political picture here.

And that leads to my third point. The game of how -- of geopolitics of COVID, we're only in the third or fourth inning. And we see that in third countries around the world, across Africa, across Latin America, in the Middle East. China made some fast starts, and notably in the Middle East with some traditional American allies. But people are realistic about the way the Chinese are engaging. And I think there's a long way to go in pandemic diplomacy. Who's really helping who? How much value is there from the help? And what is being demanded in return?

And I would really flag to you that an America that has no ambassadors appointed, an America that is struggling to have a policy agenda for large parts of the world, an America that is not yet putting together its coalition building in a clear enough way is going to struggle to take on a very organized Chinese global engagement notwithstanding Tom's, I think, important point about the isolation that COVID requires or the lack of travel that it mandates.

Having said that, a U.S. that addresses those points in a thorough-going way, that does recognizes what interdependence means, that recognizes the sums involved in global vaccine distribution and redistribution are small. An America that does those things could actually be on the front foot quite quickly because people are not starry-eyed about Chinese engagement. And I think it's important that we don't talk ourselves down in that respect.

MS. GLASSER: Tom, in your book there's some suggestion, and we see it

now in the tensions between even the Biden administration and the Europeans, but there's some suggestion in your book that the Europeans really continued to have a different view of China's role, not just in the pandemic, but more broadly. And then that is likely to remain a friction point between the United States and Europe or some time to come.

Can you help us understand that more?

MR. WRIGHT: Yeah, just on Europe, I mean, I totally agree with David's point actually on Europe. And I think it was sort of an extraordinary of odyssey for Europe. Right? Because they have all this integration, but the one area that's sort of exempted traditionally has been health policy, which has always been a domestic competency. So -- and they were very, very slow I think to realize, you know, that the threat posed by the pandemic, slower, in fact, than some of the people in the Trump administration.

And those first few months were terrible. I mean, it got to the point I think where the leaders really did think this posed an existential threat to the EU, and they recovered. And then they also regressed again over the summer because they thought we'd conquered this and it's over, but didn't really put the money into vaccines and had sort of a bad sort of focus there. And then it came back. And, you know, more people have died in the EU than have died in the United States. I mean, just for population it's roughly sort of the same. Right?

So, it's not a -- it wasn't a good pandemic for the EU. But they did, I think, learn lessons continuously during this. Right? I think this is -- you know, gets to sort of David's point is that there was real sort of learning in progress. And hopefully, you would imagine that they will be more effective the next time, you know, as a result.

That is much more problematic here I think for political reasons. You know, it's not clear if the country collectively will learn that lesson. And China, of course, it's not really happening.

On the China piece of it, you know, Europe -- if China had handled this differently, it could have driven a wedge between the U.S. and Europe I think (inaudible) by

positioning itself as more responsible, more cooperative. But they played their hand so badly in Europe, I think, that we saw this evolution in China policy in Europe where they became sort of tougher and more skeptical.

Now, there's still a difference with the U.S. You know, they are worried, but they do want to continue sort of cooperation as people do here, too. But I think they don't recognize as much that that would be quite difficult in terms of if there's a spillover coming from China that makes that cooperation sort of hard. So I think that will sort of continue.

But I actually think the U.S. and Europe are fairly united on the need for reform of the WHO, you know, for stronger sort of rules and independence and funding. So, I'm pretty sort of hopeful there, I think. But, yes, the China piece of it, I think, is a -- it's not a fundamental difference, but there are definitely differences of emphasis and policy.

MS. GLASSER: So, first of all, I want to mention to the audience that if you have questions, you can go ahead and submit them to us either, you know, at Brookings on Twitter or via email. And we'll try to get to a few of those in this.

Rebecca, I'm really thinking of David's point, which is an important point that should not be lost in this conversation, which is that 2,000 Americans are dying every day. And while it's important to talk about international institutions, we also probably haven't fully grappled with the extent of the incredible failure that has led to the United States being in that situation right now after the vaccines. And it's human nature perhaps to pat ourselves on the back for this great achievement of medical science, but let's be real, one of the biggest geopolitical threat in some ways is the fact that the United States, even 18 months into this pandemic, hasn't got its act together.

So, what can you tell us about how the heck we're supposed to do that? I mean, it's sort of pointless to talk about WHO governance when American can't, you know, have a governance that works on a public health threat like this in its own country.

MS. KATZ: Yeah. I mean, I think that there is a lot of different narratives that are out there around where we are in the pandemic and what's happening. And it truly -

- you know, even within the United States, it kind of depends on what community you live in is what your opinion is about what's happening outside.

I think, at least in my conversations with colleagues around the world, I think there is a -- these numbers, people don't realize just what is happening in the United States. And we are a donor nation. We are out to save the world. And we have some real problems at home.

And part of this is due to the fact that we've never sufficiently invested in public health. We don't have a community health workers. We don't have the army of contact tracers still. You fly into the United States, you're basically saying, you know, here's a pamphlet of "COVID and You" and go on with your day, where other countries have made real efforts at their -- to put full systems in place. And now some of that's getting better, but there is still a real challenge around how do we respond, how different the response is across the country, and that some communities and some cities and some states have been so forward-leaning and others have really not. And that's more about politics than anything else.

And, you know, we have this dual challenge of trying to fix our own backyard and truly build up sufficient public health capacity, at the same time trying to export assistance around the world. But the challenge here is not access to medical common measures. Right? You can walk into any drugstore on the corner and get a vaccine. And, in fact, you know, the drugstores are begging you to take it.

In the countries that David cited, you still can't get it. And so there's real different challenges, yeah, even in different communities around what the real problem is and how do we solve it.

MS. GLASSER: So, David, I want to ask you, it's often talked about in terms of sort of this amorphous soft power, right? This question that the United States, well, it has a harder time in the world because the world can see what's happening here at home. But can you help to make that a little bit more concrete for us? What are the international

consequences of American failure? If we can't figure out how to get Mississippi to go along with public health measures, how can we get any other country in the world on board?

MR. MILIBAND: Well, I think, first of all, if you're not sorting out Mississippi, you're struggling for bandwidth to sort out Mauritania or anywhere else.

Secondly, we do face a global situation where rivals of the U.S. are keen to point out U.S. misdeeds, hypocrisy, and weakness. And I can assure you there is a lot of coverage around the world of the situation here and of the challenges that you're facing in persuading people to take vaccines, never mind to cope in your hospital system.

Having said that, people around the world, they're focused on their own problems. They're not focused on your problems. And when America comes with good intent, with competence, with allies, and with a sense of investment in global affairs, then there's a ready response. And there's much less suspicion of the U.S. than there is of China, but China sometimes comes bearing larger gifts. And it bears gifts in a strategic, patient way.

They use a phrase in Pakistan, which I'm sure, Susan, you know well. Pakistanis talk about China as an all-weather friend in comparison to a fair-weather friend. And, of course, it's motivated by China's own interests. But around the world Chinese diplomacy, sometimes Chinese money, often Chinese investment does carry a sense that it's there for all seasons. And I think there's a very important lesson for the West in this, that the way we engage is going to really condition the kind of exercise of soft and hard power. And in that context, the combination of the Afghanistan -- or the end of the Afghanistan engagement, or at least military engagement, and the COVID, it's all part of the geopolitical story. And it would be wrong to be myopic in thinking that around the world issues of health or pandemics is separated from other lessons in geopolitics that are going on around the world.

MS. GLASSER: Yeah. So, Tom, in your reporting and thinking for the book, you know, how did you come to view the interplay or the lack thereof between

American foreign policy and what was happening here at home? I'm struck by you have another good mini scoop in the book where you point out that one of the reasons for the departure and the resignation of the head of USAID, Mark Green, at the beginning of the pandemic was because we didn't even include that agency in a seat at the table on the COVID Task Force.

And I know from our own reporting for our book that even the senior State Department officials were initially included only because they saw it as purely an issue of getting Americans evacuated and back to the United States, figuring out what to do with those cruise ships, and that one that was done, they were like, okay, you don't need to come to the COVID Task Force anymore because it's not an international issue anymore, which is extraordinary when you think about the conversation we're having.

So, Tom, tell us a little bit about that as you thought about the book.

MR. WRIGHT: Yeah. Look, I think the impulse early on was just to focus on it domestically and to focus on it as narrowly as possible. I think obviously that's changed with the Biden administration, but even with the Biden administration, you know, their natural priority is domestic as it needs to be in a democracy, and other countries have the same thing, also. And that might have meant early on there was an overly focused response, you know, at home and some of the international piece waited a little bit. And that's, I think, just a feature of the world we're in. But we all know that this is a global threat and if it thrives anywhere, then it will come back.

And I know we're just about out of time, but I would just sort of -- one thing I would like to mention is I do worry about the world becoming divided into sort of safe and unsafe zones, you know; that because we're all sort of focused on our domestic piece of it, that we could end up basically turbocharging global inequality. And we do it for public health reasons, but it cuts along socioeconomic and ethnic and national and geopolitical lines. And this year that we're in, I think, now where we have an internationalist president here, it's really about the type of world we want to have for the next sort of couple of decades. Right?

And the choices that are made now I think really will define that.

MS. GLASSER: So, we are, as you said, almost out of time. But I want to give Rebecca and David a quick shot at their final thoughts here. Rebecca, why don't we start with you. What is one thing you would like us all to take away from thinking about Tom's book and the geopolitics of global health right now?

MS. KATZ: Oh, gee, it's hard to just say one thing, but I think that the one thing is that we have people like Tom who are thinking about the geopolitics right now. I mean, we always thought that one of the best things that might come of the pandemic is that every smart person in the world was singularly focused on this one event and that we would hope coming from that we would see real innovation and the multidisciplinary approaches to a space that had really been a very small community of experts. And to me this book and this discussion is an example of what it means to have the real experts in the room. And I'm hoping that this changes the level of dialogue and the types of engagements we can have. And to that I'm extraordinarily thankful.

MS. GLASSER: Well, thank you so much, Rebecca. And, David, in addition to the fact that we all clearly need to download and look at the report of your commission, what else would you leave us with today?

MR. MILIBAND: I think that the most striking thing to me is that this pandemic has been the most full-frontal warning of the dangers of neglecting interdependence. I mean, for the IMF to say if you spend \$59 billion on vaccines, you'll save \$9 trillion down the road, I mean, it couldn't be more present how we are being warned. Because COVID is not an isolated incident. We're going to have more of this, whether it be in the climate space or in the biological threat space.

And my takeaway is it's not too late to do something about it. There's still room for the geopolitics to be shaped. And we need the president every month engaging in the kind of summitry that he's been doing this week, every week, every month, forging the coalitions of the willing to try and push this agenda forward because I think there's a lot in

flux. COVID hasn't yet -- it's shaken the kaleidoscope, but it hasn't yet settled it. And so I think that's the hopeful side of this, that there's a lot to play for still.

MS. GLASSER: Tom, early innings, that's the line from David and I think from this for me. What do you think?

MR. WRIGHT: I couldn't agree more. You know, I think I'll just leave that. I think, you know, this pandemic is a warning because, as David said, the next one could be more lethal. It may not spare younger people. You know, this is really, as all the excellent work Rebecca and others have done on it, this is a warning to us to prepare for the next time. And the question is whether or not we'll listen to that and not just in global public health, but in other transnational threats, also.

MS. GLASSER: So, I want to thank you and congratulate you, Tom and Colin in absentia. The book is *Aftershocks*. If you haven't already read it and picked it up, I really strong urge you to do so.

David Miliband, Rebecca Katz, and especially to Brookings and all of you sharing some of your time on yet another Zoom, we hope to have an in-person book launch one of these days. But congratulations again to Tom. And thank you to everyone for a really great and, I think, provocative conversation today. Thanks again.

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