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SETON HALL JOURNAL OF DIPLOMACY AND INTERNATIONAL RELATIONS

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<https://blogs.shu.edu/diplomacy/>

Seton Hall Journal of Diplomacy and International Relations is the official annual publication of the Seton Hall School of Diplomacy and International Relations at Seton Hall University. The Journal provides a unique forum for international leaders in government, the private sector, academia, and nongovernmental organizations to analyze and comment on international affairs.

Indexing: The Journal is indexed by Columbia International Affairs Online, Public Affairs Information Service, International Political Science Abstracts, America: History and Life and Historical Abstracts: International Relations and Security Network, and Ulrich's Periodical Directory.

Manuscripts: Address all submissions to the Editor-in-Chief. We accept both hard copies and electronic versions. Submissions may not exceed 6,000 words in length and must follow the Chicago manual of style. Submission deadlines are posted on our website.

Back Issues: Available upon request.

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COVID-19: A DISASTER DIPLOMACY PERSPECTIVE

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ABSTRACT

Disease has long been used in war and for peace. Consequently, some argue that addressing the COVID-19 pandemic provides an opportunity for health diplomacy, yet evidence is not provided regarding how and why it should or would succeed. This article adopts a disaster diplomacy perspective to summarize COVID-19 influencing or not influencing peace, cooperation, and diplomacy, focusing on the country-to-country level. It further analyzes whether any successes might contribute to rethinking and revitalizing diplomacy for a more peaceful future. Two main dimensions are detailed, pre-vaccine disease diplomacy and vaccine diplomacy. The conclusion is that a disaster diplomacy perspective indicates a more peaceful future is not likely to emerge from COVID-19 alone, especially not new and lasting diplomatic endeavors. Pandemic-related actions might sometimes work in tandem with ongoing peace, cooperation, and diplomacy.

DISASTER DIPLOMACY AND DISEASE OUTBREAKS

Disease has long been considered a weapon of war and a pathway to peace. In the fourteenth and fifteenth centuries, militaries lobbed dead bodies (assumed to be infected) into besieged cities to try to spread disease and force surrender.¹ Then, Europeans annihilated Indigenous populations in North and South America by infectious outbreaks, abetting the invasion and takeover of Indigenous lands.² In terms of peace, following the success of Edward Jenner's smallpox vaccine, his stature in the early nineteenth century led him to convince Austria, France, and Spain to release prisoners of war.³ After Fidel Castro took over Cuba in 1959, the country started providing medical staff and equipment to the world to seek and support allies and in exchange for goods such as oil after the USSR's collapse in 1991.⁴

Do such efforts create new cooperation and conflict rather than merely being part of existing processes? Within broader health diplomacy and medical diplomacy, this question of disease diplomacy intersects with studies of disaster diplomacy, namely how and why disaster-related activities create or fail to create new and lasting conflict and cooperation. Disaster diplomacy considers all disaster-related activities: (i) averting disaster through disaster risk reduction such as prevention, mitigation, planning, and preparedness, as well as (ii) dealing with a disaster such as response, recovery, and reconstruction. Numerous forms of diplomacy have been considered, including interstate bilateralism and multilateralism, paradiplomacy and protodiplomacy (so from non-sovereign authorities), intrastate diplomacy, and diplomacy from non-governmental parties, including the for-profit sector, non-profit groups, and individuals. Disease outbreaks are a form of disaster, so disaster risk reduction efforts are prevalent, such as the International Health Regulations alongside national and subnational endeavors to monitor for and respond to any concerns.

Many efforts at disease prevention and control have demonstrated considerable progress, including in conflict zones. Smallpox⁵ and rinderpest⁶ have been eradicated while Guinea worm disease (Dracunculiasis), polio, and others are close to eradication⁷, often remaining in areas of violent conflict. Disease diplomacy has achieved some impact during wars, though managing disease has never been shown to have directly ended a war. Indeed, when ceasefires were arranged for child vaccination drives in places such as Afghanistan and Liberia, the violence reignited after the ceasefire.⁸

COVID-19 emerged in Wuhan, China in late 2019 and was declared a pandemic on 11 March 2020. A prevention failure is evident, with the blame game ongoing over how the virus originated and why it was permitted to spread.⁹ This discourse is hardly conducive to the collaboration needed to accurately establish what occurred in Wuhan and how to apply the lessons learned. As some argued for the pandemic to be an opportunity for global¹⁰ and regional¹¹ health diplomacy, evidence is not provided for or against pandemic management strategies that might lead to greater peace, cooperation, or diplomacy.

This article summarizes this topic from a disaster diplomacy perspective, focusing on the country-to-country level. The article further analyzes whether any successes might contribute to rethinking and revitalizing diplomacy for a more peaceful future.

PRE-VACCINE DISEASE DIPLOMACY

International aid for dealing with COVID-19 was prolific in the immediate weeks following the pandemic declaration. Disputes in management strategy occurred concurrently. China maneuvered itself as a donor^{12,13,14,15}, providing medical staff, equipment, cash donations, and loans to countries in Europe, Asia, and Africa—and then in early April to Russia and the USA. Taiwan also became a donor, sending personnel and equipment worldwide, including to the USA.

Despite being a recipient, Russia followed suit as a donor with high-profile aid to Italy, highlighting the Italian government's dissatisfaction with the European Union's (EU) COVID-19 response as Italy quickly became Europe's worst-affected country. Spain and Serbia also criticized the EU's response, with Serbia positioned diplomatically between the EU, Russia, and China, aiming to work with all three to gain from coronavirus diplomacy.¹⁶ Pacific Island countries sat within another triangle of aid: Australia, China, and the USA¹⁷, against the background of long-standing competitiveness among these states, with Taiwan also vying for influence around the region.¹⁸

Tensions rose elsewhere during the pandemic's initial stages. Iran was rapidly overwhelmed by COVID-19 cases and requested, for the first time, help from the International Monetary Fund. Despite Iran's stated need and claims that increased sanctions since 2018 contributed to their healthcare crisis, Iran refused aid offered by the USA.¹⁹ Even as Iranian leaders died of COVID-19, the government loudly continued to blame its national woes on the USA and Israel²⁰. By the end of March 2020, China and the USA were embroiled in a war of words over blame for COVID-19's spread.

This confrontational rhetoric soon influenced semantics surrounding the definition of pandemic aid. Some countries exporting pandemic-related supplies to the USA considered these deliveries to be humanitarian aid, while American officials indicated that these supplies were purchased, imported materials, and so did not classify as humanitarian aid. The two categories need not be mutually

exclusive since materials in short supply may be made available for purchase as a humanitarian gesture. Yet, the USA's insistence on not assuming, or being seen to assume, the role of a humanitarian aid recipient may have scuttled possibilities for reconciliation and improved relations based on aid. Meanwhile, some deliveries of purported aid from Russia seem to have violated sanctions at the time²¹ and included ventilators with documented problems including fire hazards.²²

A similar mixture of coronavirus diplomacy and lack of diplomacy appeared elsewhere. Israel was initially criticized for impeding support for Palestinians, with subsequent analyses suggesting improved and moderately successful cooperation regarding COVID-19 but not on wider topics.^{23,24} Cuba placed itself at the forefront of donating countries, most notably when sending doctors. While South Korea used its ability to donate and its originally successful response to the pandemic as part of public diplomacy and "nation branding"²⁵, North Korea perpetuated its isolation by shutting its borders and reporting a COVID-19 case total of zero.

The World Health Organization (WHO) was placed in a complicated diplomatic dance, with limited funds and staff trying to navigate the International Health Regulations. China's influence had to be weighed against the rest of the world's interests.²⁶ Reports on China's attempts to manipulate the WHO and influence investigations into COVID-19's origins led to accusations that China preferred saving face and appearing magnanimous rather than preventing outbreaks and fighting the pandemic.^{27,28,29}

Effective disaster diplomacy is not apparent in any of these instances. Where successes in COVID-19-related diplomacy are reported, they are short-lived and are not linked to lasting diplomatic impacts on other topics. Many pre-existing conflicts continued, with the pandemic serving as yet another motive for shunning good-faith diplomacy. That is, at the interstate level, countries continued along pre-determined diplomatic pathways, slotting disease-related actions into these pathways, rather than letting the directions deviate based on a disease-related disaster. Efforts to rethink and revitalize diplomacy to support a more peaceful future would need to recognize COVID-19's main lesson: An outbreak of a new disease, even at a pandemic level, is not a sufficient condition for supporting new, lasting, interstate diplomacy.

VACCINE DIPLOMACY

As the search for COVID-19 vaccines and treatments began in 2020, so did calls to ensure that access to vaccines and treatments would be guaranteed worldwide. Large swathes of populations live far from formal health centers, accessible only by poor-quality transportation routes, and in locales prone to violence. Consequently, concerns were raised about adequate and equitable vaccine distribution. The logistical challenge of distributing vaccines that require cold storage, which many formulations do, was particularly prominent.³⁰ Past disease eradication efforts, described earlier, required years to render tangible effect, with several of these diseases remaining due to access and distribution problems in conflict zones.

Being aware of these challenges before the COVID-19 outbreak, world health authorities had already founded various groups to promote cooperation on disease surveillance and response. Aside from WHO, some examples include The Vaccine Alliance (GAVI), the Global Research Collaboration for Infectious Disease Preparedness (GloPID-R), and The Coalition for Epidemic Preparedness

Innovations (CEPI). CEPI, GAVI, and WHO joined forces in 2020 to create COVID-19 Vaccines Global Access (COVAX) with the stated goal of “working for global equitable access to COVID-19 vaccines”. Around three-quarters of the world’s countries representing about two-thirds of the world’s population had signed up to COVAX by the time vaccines were administered outside of clinical trials in late 2020.

COVAX hopes were short-lived.³¹ Vaccine diplomacy through multilateral collaboration soon gave way to vaccine nationalism. Countries ensured that they had adequate supplies and distribution for themselves, no matter the situation in the rest of the world. Meanwhile, the proposed two-stage distribution proposal—initially, equal distribution of a quantity of vaccine with subsequent allocation based on need—led to discussions regarding its fairness.³² Some argued that need should be the paramount concern. Equal distribution, as per the first stage, would not be equitable distribution, because (the recommendation was) the goals should actually be to minimize total harm and support those least able to help themselves. Yet Sharma et al. argue that the two-stage distribution approach would achieve these goals, given political realities of helping oneself before others. Even within countries, the goal of vaccine equity led to conundrums, such as Canada’s provinces and territories struggling to create fair systems of vaccine prioritization³³ while pressuring the federal government to focus on vaccinating Canada before exporting vaccines.³⁴

Instead of a coordinated international effort, many countries made independent decisions, rooted in self-interest, regarding the acquisition and distribution of vaccines they had developed, produced, or were able to acquire. Meanwhile, China has used its vaccines as an extension of its soft power, incorporating vaccines into its One Belt One Road initiative³⁵, to influence countries around the world and to deflect from its actions which helped lead to the pandemic.^{36,37} Russia has been accused of open belligerence by disparaging other vaccines to promote its own.³⁸ At the beginning of 2021, India announced itself as a premier vaccine diplomat³⁹ by distributing vaccines to other countries, only to suspend the operation in April 2021 to focus on domestic distribution.⁴⁰ At the time of writing, Cuba has not joined COVAX and instead works to create its own vaccine, which—if it succeeds—may eventually be distributed around the world as a component of a larger diplomatic strategy.⁴¹

Political calculations can be seen in certain countries declining proven, effective vaccines produced by geopolitical adversaries. Cuba declined offers of vaccine aid from the USA while accepting help from Bolivia, Canada, Mexico, and Russia. Despite being hard-hit by COVID-19 infections and deaths, when vaccines became available from the UK and the US, Iran refused to accept them—focusing instead on vaccines and support for domestic vaccine production from China, Cuba, India, and Russia.⁴² Irrespective of which vaccines were accepted, sanctions against Iran would inhibit distribution around the country.⁴³

As with pre-vaccine actions, disaster diplomacy is absent from vaccine-related actions. If interstate disaster diplomacy were desired, then countries would actively seek cooperation and mutual support for multinational measures against the pandemic while using these actions to reduce other tensions and work together on non-pandemic topics. It might mean ceding authority to international organizations for global coordination and decisions or perhaps giving concessions to other countries—such as diplomatic recognition, sovereignty over territory, or financial and trade compromises—in order to connect for countering the pandemic. With these deeds often being

politically unpalatable and with saving lives not typically being a priority over ideologies, disaster diplomacy, as usual, has not been desired and countries would rather go through worse pandemic experiences in order to avoid collaboration for everyone's benefit.

In fact, as is standard for disaster diplomacy, countries seemed to follow two prominent, not mutually exclusive, strategic pathways to avoid disaster diplomacy. First, vaccine nationalism emphasized the need for states to vaccinate their populations before assisting others. Second, vaccine diplomacy offered vaccines as a route toward promoting one's political interests rather than supporting other countries to address their own needs. These statements are made without judgment, but rather as a reflection of pandemic geopolitics.⁴⁴ Understandably, governments sometimes choose first to serve the people to whom they are purportedly accountable, electorally or not. It is also a premise of first aid to ensure that any responder is safe before assisting someone else, in order to avoid even more casualties.

The result is that, due to vaccine nationalism, vaccine diplomacy was both ineffective and possibly damaging to many expressed goals of global vaccine equity and fairness. Given the ethical predicaments inherent in any discussions of equality, equity, justice, fairness, and other terms—with so much depending on definitions and philosophical assumptions—it is unsurprising that global vaccine distribution has not been a model of what many sought. This is especially the case given that any “goals of global vaccine equity and fairness” are easily challengeable based on both ideologies and practicalities of self-help, with many arguing in an aid context that helping others over the long-term means retaining some forms of selfishness.⁴⁵ Otherwise, the act of helping others without being fully ready for it or really understanding contexts might harm oneself and others, leading to a vicious cycle of everyone depending on aid.

Consequently, cooperative international efforts based on COVID-19 response and vaccination have yet to offer an effective model for rethinking and revitalizing diplomacy for a more peaceful future. Instead, diplomatic battles carry on along pre-pandemic lines. COVID-19 aid and vaccines have become new mechanisms, among the many already existing, for manufacturing national interests and for fomenting conflict with other countries with which hostility already exists. This result conforms to the disease diplomacy patterns observed for other diseases which have vaccines, especially those slated for, or having completed, eradication. COVID-19 vaccination cannot yet be shown to be a sufficient condition for supporting new, lasting diplomacy at the interstate level.

WHAT NOW FOR COVID-19 DIPLOMACY?

Thus far, no evidence emerges from a disaster diplomacy perspective that the COVID-19 pandemic could lead to new, lasting, interstate peace, cooperation, or diplomacy. Instead, pandemic-related actions end up enfolded within ongoing diplomatic processes, being used for pursuing pre-defined diplomatic interests rather than for pushing parties along new directions or being actively applied to create new directions. Does the global response to COVID-19 favor diplomatic successes, failures, or both? Much depends on the desired goal.

Suppose the expectation is that countries will come together and help each other during this pandemic (or disease outbreaks more generally) to build new, lasting relationships for future diplomacy. This expectation seems to be misplaced since, at the country-to-country level, disaster

diplomacy has not been shown to lead to peace, cooperation, or diplomacy through efforts to manage and end the COVID-19 pandemic. Instead, disaster diplomacy could become a distraction by striving for two incompatible goals simultaneously—ending the pandemic and ending the conflict—rather than working on them as separately as possible.

A crucial question follows: should any expectation exist that the diplomacy surrounding the global management of a pandemic would achieve any broader diplomatic goals outside of disease eradication or living with the disease? An answer may come from a baseline ethical principle of humanitarian aid to “do no harm”.⁴⁶ This narrows the goal to the specific humanitarian actions rather than pushing for extensive positive outcomes beyond a strict humanitarian imperative. Many groups professing humanitarian principles such as neutrality, impartiality, independence, and nonpartisanship might thus steer away from involvement in peace and conflict issues while dealing with a disaster. While these principles are heavily critiqued⁴⁷, humanitarian successes do result when trying to or pretending to implement them. Analyses for smallpox⁴⁸ and rinderpest⁴⁹ intimate that the eradications succeeded because the focus was on a strictly medical outcome rather than entangling the work in broader conflict resolution or prevention. Efforts toward global, cooperative COVID-19 actions should consider that disease management has historically succeeded by focusing on a narrow set of goals relating to disease eradication and not linking this work with broader diplomatic interests.

On the other hand, palpable disaster diplomacy successes for COVID-19 might be arguable in the humanitarianism manifest in many countries’ actions to help others deal with the coronavirus. Irrespective of some donor grandstanding when providing assistance, many recipients needed and used the donated medical equipment and personnel, showing immense gratitude for it. While hospitals from Delhi to New York City were being overwhelmed, relevant incoming aid did contribute as a stopgap measure, saving some lives during the worst periods, but without averting or curtailing the wider catastrophe. That some countries were willing to provide such support—and to reach out to others with whom they have political enmity, geopolitical tension, and sometimes sanctions—could be accepted as a humanitarian success, however small and short-lived. These successes must be acknowledged alongside the failures of some governments declining aid, others blaming their enemies for their difficulties, and the lack of tangible, sustainable outcomes in country-to-country peace, cooperation, or diplomacy.

Deeper aspects of disaster diplomacy, beyond country-to-country interactions, are problematic to monitor. For instance, short-term academic analyses may have difficulty noting newly formed individual-to-individual or organization-to-organization links that yield mutually beneficial actions much later. Given the devastating disruption of the pandemic and responses to it, the presence and ripple effects of any such small-scale diplomatic outcomes are hard to trace. As an analogy, for Cuba-USA disaster diplomacy on weather and climate science, Glantz describes information sharing between the two countries for monitoring and warning about storms. These interactions were conducted one-to-one between scientists who knew one another. Their efforts were perhaps successful precisely because individuals worked together, effectively bypassing their governments and avoiding political animosity. Once Cuba and the USA can reconcile openly, and at higher levels, the two countries will find that a strong precedent already exists to foster continuing science diplomacy, especially disaster-related scientific collaboration.

Consequently, a straightforward lesson from COVID-19 diplomacy is to avoid assuming that a pandemic can or must create long-term peace or other forms of enduring interstate cooperation. Hope might exist that a global calamity would bring together country leaders to solve the challenges and prevent a recurrence, but the evidence does not support this hope. In contrast, a history of failures repeats itself to some extent.

Middle East Respiratory Syndrome (MERS) was first identified in 2012 but was never declared a pandemic, so the previous coronavirus pandemic was Severe Acute Respiratory Syndrome (SARS) from 2002 to 2004. SARS was first identified in southwest China, similarly to COVID-19, albeit about 1,000 kilometers apart. China's initial response to SARS helped the virus spread by delaying reports, limiting information flow, and impeding international investigations.⁵⁰ All of these actions are stated as having been repeated for COVID-19.⁵¹ Similarly, Cuba's long history of medical diplomacy has been successful with countries already sharing its ideology, while making limited inroads into novel diplomacy with others such as the USA. This dynamic continued to play out during COVID-19, with countries already aligned politically with Cuba sharing the bulk of inter-state aid. Thus far, few new diplomatic links have been created during the pandemic.

Disaster diplomacy approaches have not yet worked for COVID-19 and do not seem likely to succeed, in terms of new and lasting pandemic-based cooperation or in terms of any pandemic-based cooperation leading to further reconciliation and collaboration in other areas. With this conclusion, matching all other disaster diplomacy case studies so far, the next lesson to explore is whether targeted actions and active efforts could make disaster diplomacy do better. If the desired goal is to springboard off the pandemic to generate more stability and peace globally, how might disaster diplomacy offer a reimagining of diplomacy? The best route might be slowly and carefully.

A place with a long history of violent conflict continuing now might not be suitable for new COVID-19-inspired diplomacy. Some examples from among many are North Korea's isolationism and weaponization, Myanmar's genocide against the Rohingya, the Taliban's takeover of Afghanistan, Russia's occupation of part of Ukraine followed by invading the rest of the country, Morocco's occupation of Sahrawi, Iran's refusal to recognize Israel, and the wars in the Democratic Republic of Congo, Syria, and Yemen. These conflicts do not preclude international COVID-19 vaccination efforts and other measures to end the pandemic. Still, these contemporary activities seem to be unfavorable conditions from which to grow new, lasting peace and cooperation through coronavirus diplomacy.

Instead, linking pandemic management with fostering lasting reconciliation could be most suited to instances that already have a strong baseline from which to work. In this model, improving and strengthening existing attempts at diplomacy are sought over entirely new and ambitious diplomatic endeavors. Instructive examples include the duos of China and Taiwan and the United Kingdom and EU, who share long-standing, though at times tenuous, diplomatic ties. Improved diplomatic inroads may be made through COVID-19-inspired diplomacy despite the pairs' history of jockeying for political positioning on the international stage while exemplifying the other as an enemy to shore up domestic support.

The China-Taiwan relationship is particularly intriguing because while Beijing's One China policy is not likely to soften in the near-term, many previous examples of China-Taiwan disaster diplomacy

already exist.⁵² Additional examples of pre-existing diplomatic endeavors which may benefit from COVID-19-inspired diplomacy include talks with Iran on nuclear power and Arctic access negotiations with Russia. Examples where much deeper analysis would be required to determine the possible impact, or lack thereof, of COVID-19 diplomacy would be Israel's occupation of several territories, interactions between China and Hong Kong, and internal strife in Lebanon and Ethiopia.

In the end, a disaster diplomacy perspective indicates that a more peaceful future is not likely to emerge from COVID-19. Pandemic-related actions might sometimes work in tandem with pre-existing diplomatic pursuits, but new and lasting ones should not be expected, at least not at the interstate level. For a complete picture, much more than disaster diplomacy must be examined since any perspective has limitations in addition to its advantages.

NOTES

- ¹ Vincent J. Derbes, "De Mussis and the Great Plague of 1348," *JAMA* 196, no. 1 (1966): 59-62.
- ² Henry F. Dobyns, "Disease Transfer at Contact," *Annual Review of Anthropology* 22 (1993): 273-291.
- ³ Nicolau Barquet and Pere Domingo, "Smallpox: The Triumph over the Most Terrible of the Ministers of Death," *Annals of Internal Medicine* 127, no. 8 (1997): 635-642.
- ⁴ Julie M. Feinsilver, "Fifty years of Cuba's medical diplomacy: from idealism to pragmatism," *Cuban Studies* 41, no. 1 (2010): 85-104.
- ⁵ Joel G. Breman and Isao Arita, "The confirmation and maintenance of smallpox eradication," *The New England Journal of Medicine* 303, no. 22 (1980): 1263-1273.
- ⁶ David M. Morens, Edward C. Holmes, A. Sally Davis, and Jeffery K. Taubenberger, "Global Rinderpest Eradication: Lessons Learned and Why Humans Should Celebrate Too," *The Journal of Infectious Diseases* 204, no. 4 (2011): 502-505.
- ⁷ Christopher Bodimeade, Michael Marks, and David Mabey, "Neglected tropical diseases: elimination and eradication," *Clinical Medicine Journal* 19, no. 2 (2019): 157-160.
- ⁸ Peter J. Hotez, "Vaccine Diplomacy," *Foreign Policy*, May/June (2001): 68-69.
- ⁹ Bernadette Nadya Jaworsky and Runya Qiaoan, "The Politics of Blaming: the Narrative Battle between China and the US over COVID-19," *Journal of Chinese Political Science* 26 (2021): 295-315.
- ¹⁰ Sanaz Taghizade, Vijay Kumar Chattu, Ebrahim Jaafariipooyan, and Sebastian Kevany, "COVID-19 Pandemic as an Excellent Opportunity for Global Health Diplomacy," *Frontiers in Public Health* 9 (2021): article 655021.
- ¹¹ Tania Sawaya, Tala Ballouz, Hassan Zaraket, and Nesrine Rizk, "Coronavirus Disease (COVID-19) in the Middle East: A Call for a Unified Response," *Frontiers in Public Health* 8 (2020): article 209.
- ¹² Anna Kobierecka and Michal Marcin Kobierecki, "Coronavirus diplomacy: Chinese medical assistance and its diplomatic implications," *International Politics* 58 (2021): 937-954.
- ¹³ Bartosz Kowalski, "China's Mask Diplomacy in Europe: Seeking Foreign Gratitude and Domestic Stability," *Journal of Current Chinese Affairs* 50, no. 2 (2021): 209-226.
- ¹⁴ Denny Roy, "China's Pandemic Diplomacy," *Asia-Pacific Issues* 144 (2020): 1-8.
- ¹⁵ Raj Verma, "China's diplomacy and changing the COVID-19 narrative," *International Journal: Canada's Journal of Global Policy Analysis* 75, no. 2 (2020): 248-258.
- ¹⁶ Danica Šantić & Marija Antić, "Serbia in the time of COVID-19: between 'corona diplomacy', tough measures and migration management," *Eurasian Geography and Economics* 61, no. 4-5 (2020): 546-558.
- ¹⁷ Denghua Zhang, *China's Coronavirus 'COVID-19 Diplomacy' in the Pacific*, In Brief 2020/10 (Canberra: Department of Pacific Affairs (DPA), Australia National University, 2020).
- ¹⁸ Anne-Marie Brady, ed., *Looking North, Looking South: China, Taiwan, and the South Pacific* (Singapore: World Scientific, 2010).
- ¹⁹ Amirhossein Takian, Azam Raoofi, and Sara Kazempour-Ardebili, "COVID-19 battle during the toughest sanctions against Iran," *The Lancet* 395, no.10229 (2020): 1035-1036.
- ²⁰ Kasra Aarabi, "Iran Knows Who to Blame for the Virus: America and Israel," *Foreign Policy*, <https://foreignpolicy.com/2020/03/19/iran-irgc-coronavirus-propaganda-blames-america-israel>
- ²¹ Jeremy Kuzmarov, "Trying to Unbalance Russia: The Fraudulent Origins and Impact of US Sanctions on Russia," in *Sanctions as War*, eds. Stuart Davis and Immanuel Ness (Leiden: Brill), 290-305.
- ²² Maureen Heraty Wood, Mark Hailwood, and Konstantinos Koutelos, "Reducing the risk of oxygen-related fires and explosions in hospitals treating Covid-19 patients," *Process Safety and Environmental Protection* 153 (2021): 278-288.
- ²³ Lior Lehrs, "Conflict and cooperation in the age of COVID-19: the Israeli-Palestinian case," *International Affairs* 97, no. 6 (2021): 1843-1862.
- ²⁴ Song Niu and Nianci Li, "Israel's Measures and Its Cooperation with Palestine to Fight COVID-19," *Asian Journal of Middle Eastern and Islamic Studies* 14, no. 3 (2020): 396-409.

- ²⁵ Seow Ting Lee and Hun Shik Kim, "Nation branding in the COVID-19 era: South Korea's pandemic public diplomacy," *Place Branding and Public Diplomacy* 17 (2021): 382-396.
- ²⁶ Theodore M. Brown and Susan Ladwig, "COVID-19, China, the World Health Organization, and the Limits of International Health Diplomacy," *American Journal of Public Health* 110, no. 8 (2020): 1149-1151.
- ²⁷ Bartosz Kowalski, "China's Mask Diplomacy in Europe: Seeking Foreign Gratitude and Domestic Stability," *Journal of Current Chinese Affairs* 50, no. 2 (2021): 209-226.
- ²⁸ Denny Roy, "China's Pandemic Diplomacy," *Asia-Pacific Issues* 144 (2020): 1-8.
- ²⁹ Raj Verma, "China's diplomacy and changing the COVID-19 narrative," *International Journal: Canada's Journal of Global Policy Analysis* 75, no. 2 (2020): 248-258.
- ³⁰ Melinda C. Mills and David Salisbury, "The challenges of distributing COVID-19 vaccinations," *EClinicalMedicine*, 31 (2021): article 100674.
- ³¹ Mark Eccleston-Turner and Harry Upton, "International Collaboration to Ensure Equitable Access to Vaccines for COVID-19: The ACT-Accelerator and the COVAX Facility," *The Milbank Quarterly* 99, no. 2 (2021): 426-449.
- ³² Siddhanth Sharma, Nisrine Kawa, and Apoorva Gomber, "WHO's allocation framework for COVAX: is it fair?," *Journal of Medical Ethics*, forthcoming (2021): <http://dx.doi.org/10.1136/medethics-2020-107152>
- ³³ Finlay A. McAlister, Tracey Bushnik, Alexander A. Leung and Lynora Saxinger, "Informing COVID-19 vaccination priorities based on the prevalence of risk factors among adults in Canada," *Canadian Medical Association Journal* 193 (2021): E617-E621.
- ³⁴ Stephen Brown, "Canada's COVID-19 vaccine fix," *Canadian Foreign Policy Journal*, forthcoming (2022): <https://doi.org/10.1080/11926422.2021.1936099>
- ³⁵ Michael H. Glantz, "Climate-related disaster diplomacy: A US-Cuban case study," *Cambridge Review of International Affairs* 14, no. 1 (2000): 233-253.
- ³⁶ Jon Cohen, "China's vaccine gambit," 370, no. 6522 (2020): 1263-1267.
- ³⁷ Seow Ting Lee, "Vaccine diplomacy: nation branding and China's COVID-19 soft power play," *Place Branding and Public Diplomacy*, forthcoming (2021): <https://doi.org/10.1057/s41254-021-00224-4>
- ³⁸ Peter J. Hotez and K.M. Venkat Narayan, "Restoring Vaccine Diplomacy," *JAMA* 325, no. 23 (2021): 2337-2338.
- ³⁹ Jyoti Sharma and S.K. Varshney, "India's vaccine diplomacy aids global access to COVID-19 jabs," *Nature India* (17 February 2021): <https://www.nature.com/articles/nindia.2021.31>
- ⁴⁰ Oxford Analytica, "India will not revive vaccine shipments until 2022," *Expert Briefings* (2021): <https://doi.org/10.1108/OXAN-DB263283>
- ⁴¹ Luke Taylor, "Why Cuba developed its own covid vaccine—and what happened next," *BMJ* 374 (2021): article 1912.
- ⁴² Mohammad Heidari and Hamid Jafari, "Challenges of COVID-19 Vaccination in Iran: In the Fourth Wave of Pandemic Spread," *Prehospital and Disaster Medicine* 36, no. 5 (2021): 659-660.
- ⁴³ Ibid.
- ⁴⁴ Marco Hafner, Erez Yerushalmi, Clement Fays, Eliane Dufresne, and Christian Van Stolk, *COVID-19 and the cost of vaccine nationalism* (Santa Monica, California: RAND Corporation, 2020).
- ⁴⁵ Tony Vaux, *The Selfish Altruist* (London: Earthscan, 2001).
- ⁴⁶ Mary B. Anderson, *Do No Harm: How Aid Can Support Peace—Or War* (Boulder, CO: Lynne Rienner, 1999).
- ⁴⁷ Fiona Terry, *Condemned to Repeat? The Paradox of Humanitarian Action* (Ithaca, New York: Cornell University Press, 2002).
- ⁴⁸ Frank Fenner, "Global Eradication of Smallpox," *Reviews of Infectious Diseases*, 4, no. 5 (1982): 916-930.
- ⁴⁹ Jeffrey C. Mariner, James A. House, Charles A. Mebus, Albert E. Sollod, Dickens Chibeu, Bryony A. Jones, Peter L. Roeder, Berhanu Admassu, and Gijs G. M. van 't Klooster, "Rinderpest Eradication: Appropriate Technology and Social Innovations," *Science*, 337, no. 6100 (2012): 1309-1312.
- ⁵⁰ Amena Ahmad, Ralf Krumpal, and Ralf Reintjes, "Controlling SARS: a review on China's response compared with other SARS-affected countries," *Tropical Medicine and International Health* 14, no. 1 (2009): 36-45.
- ⁵¹ Michael T. Osterholm and Mark Olshaker, "Chronicle of a Pandemic Foretold," *Foreign Affairs* 99 (2020): 10-24.
- ⁵² Drew Thompson, "The Geopolitics of Cross-Strait Disaster Relief," *China Brief*, 9, no. 18 (2009): 1-6.

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