

VIII. Other Thematic Issues

PUBLIC HEALTH

Findings

- The People’s Republic of China (PRC) government and Chinese Communist Party’s public health response to the spread of the Omicron variant of coronavirus disease 2019 (COVID-19) continued to reflect Chinese leader Xi Jinping’s political priorities. The consequences were massive infection rates throughout China and the deaths of an estimated 1 million to 1.5 million people in December 2022 and January 2023 alone, following the abrupt discontinuation of the majority of the prevention and control measures associated with the zero-COVID policy on December 7, 2022. The Party’s rigid adherence to the policy’s implementation superseded putting in place a robust vaccination campaign, careful planning for the discontinuation of the policy itself, or coordination of the broader healthcare needs of the Chinese population.
- PRC authorities vastly underreported the number of deaths in China following the discontinuation of the zero-COVID policy. Moreover, in March 2023, the international scientific community also criticized the PRC government for not sharing data gleaned in January 2020 from the epicenter of the COVID-19 outbreak in Wuhan municipality, Hubei province.
- Numerous public protests against zero-COVID policy restrictions took place from October 2022 through January 2023. Observers pointed to anger and frustration with the PRC authorities’ pandemic measures as catalyzing the participation of “a broad range of contentious constituencies” in these protests.
- Official media messaging about the impact of the pandemic in China swerved between claims of China’s historic success in saving lives and disinformation that blamed “hostile powers” for developments that did not support uplifting propaganda. The Party also condemned “Western media” for undermining the official narrative of its “important contributions to the global fight against the pandemic. . . .”
- The PRC Mental Health Law reached its tenth year of implementation in May 2023, but key provisions—including the prohibition on the abuse of forcible psychiatric commitment and supporting the use of the principle of voluntary hospitalization—have not yet been achieved. Authorities’ use of forcible psychiatric commitment continued to be a tool of political repression.
- Individual and organized public health advocacy continues in China, but the personal and professional risks of organized public health advocacy that authorities deem politically sensitive or even threatening are evident in ongoing or new detentions this past year, including **Cheng Yuan**, co-founder of the advocacy organization Changsha Funeng; **He Fangmei** and **Li Xin**, advocates for the victims of defective vaccines; and **Ji Xiaolong**, who criticized senior officials in Shanghai municipality for the lengthy lockdown there in spring 2022.

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Recommendations

Members of the U.S. Congress and Administration officials are encouraged to take the following actions:

- Increase support to international technical assistance and exchange programs on emerging and zoonotic infectious diseases, and global public health preparedness and response. Strengthen information sharing, particularly drawing on the legal framework established in the International Health Regulations (IHR). Contribute to the international community's efforts to improve the IHR provisions and communications channels to effectively respond to public health emergencies.
- Call on the Chinese government to strengthen implementation of the PRC Mental Health Law (MHL) and stop using forced psychiatric commitment to retaliate against and silence persons with grievances against the government or persons who express opinions critical of authorities. Promote a human rights-based approach in developing an array of mental health services for a broader range of the Chinese population, many of whom suffered heightened levels of depression and anxiety as a result of harsh zero-COVID policy implementation.
- Urge the Chinese government to end the unlawful detention and official harassment of individuals in China who have shared opinions and information about COVID-19. Release or confirm the release of individuals detained, held in home confinement or a psychiatric facility, or imprisoned for exercising freedom of expression, such as **Zhang Zhan, Zhang Hai, Wu Yanan, Ding Yan, and Ji Xiaolong**.

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Introduction

The People's Republic of China (PRC) government and Chinese Communist Party's public health response to the spread of the Omicron variant of coronavirus disease 2019 (COVID-19) continued to be shaped by Chinese leader Xi Jinping's political priorities. The consequences of political prioritization were massive infection rates throughout China and the deaths of an estimated 1 million to 1.5 million people from December 2022 through January 2023 alone, following the abrupt discontinuation of the majority of the prevention and control measures associated with the zero-COVID policy on December 7, 2022.¹ Under the policy, Chinese authorities concentrated resources on testing, tracing, and quarantine during the three years of the COVID-19 pandemic. Implementation of the policy in China at the start of the pandemic initially saved lives, but the "economically disruptive and ultimately socially damaging zero-COVID program" resulted in "the same, if not worse, health consequences in the end," according to public health expert Yanzhong Huang.² The Party's adherence to zero-COVID implementation superseded putting in place a robust vaccination campaign,³ careful planning for the discontinuation of the zero-COVID policy itself,⁴ or coordination of the broader healthcare needs of the Chinese population.⁵

International legal standards on public health include Article 12 of the International Covenant on Economic, Social and Cultural Rights, which proclaims the "right of everyone to the enjoyment of the highest attainable standard of physical and mental health" and the "prevention, treatment and control of epidemic...diseases."⁶ The International Covenant on Civil and Political Rights allows governments to impose some restrictions on freedom of expression in cases of public emergency, yet such restrictions must meet "standards of legality, proportionality, and necessity."⁷ Chinese citizens expressed pent-up dissatisfaction with the zero-COVID policy in numerous public protests that took place primarily from October 2022 through January 2023.⁸ Some citizens criticized the expansion of digital surveillance under the guise of pandemic prevention.⁹ International criticism also was unsparing: U.N. experts pointed to the Chinese government's record of COVID-related public health governance during reviews of China's treaty body obligations this past year.¹⁰ The World Health Organization and international scientists continued to raise questions about the lack of transparency with COVID-19-related data from Wuhan municipality, Hubei province, the epicenter of the pandemic outbreak. [For further information on how the COVID-19 pandemic intersected with other core human rights and thematic areas monitored by the Commission, see Chapter 1—Freedom of Expression, Chapter 2—Civil Society, Chapter 6—Governance, Chapter 11—Worker Rights, Chapter 17—Tibet, and Chapter 18—Xinjiang.]

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COVID-19

THE END OF THE ZERO-COVID POLICY

In October 2022, more than 200 million Chinese reportedly were under some form of lockdown as the PRC government sought to control the spread of COVID-19 throughout the country.¹¹ The zero-COVID policy, which was put into place in spring 2020, required residents in China to adhere to prevention and control measures that included the lockdowns of factories,¹² city districts, and entire municipalities;¹³ daily testing; contact tracing; and sudden collective quarantines when individual cases of infection were discovered in residential blocks and apartment complexes.¹⁴ With daily management of the policy left to local officials, urban neighborhood committees,¹⁵ and public health workers clad in white hazardous materials suits, implementation of the policy featured uneven and sometimes disproportionately harsh measures that left residents subjected to health, food, and employment insecurity.¹⁶ This past year also saw two of the lengthiest lockdowns in China during the past three years: these were in the Tibet Autonomous Region¹⁷ and in the Xinjiang Uyghur Autonomous Region,¹⁸ neither of which are Han-majority ethnic areas.

The risk of nationwide infection and death may have precluded considerations of ending the policy before the 20th National Congress of the Chinese Communist Party in October 2022 when Xi Jinping secured his third term as Party General Secretary.¹⁹ Official statements before and during the 20th Party Congress reiterated unswerving support of ongoing implementation of a policy that had become entwined with Xi's leadership.²⁰ Adjustments to the policy were announced on November 11, 2022,²¹ reflecting a perception that "the political imperative of sticking with zero-COVID was greatly reduced after the end of the party congress on October 22," as political scientist Minxin Pei observed.²² Xi reportedly continued to demand implementation of the modified policy even as the rate of infection rose.²³ Nationwide anti-lockdown protests at the end of November 2022,²⁴ economic pressure from leading regional officials in China,²⁵ and at least one reported letter from a business leader²⁶ contributed to the government's decision to end most of the policy's prevention and control measures on December 7, 2022,²⁷ including the use of the digital health code app, daily testing, and travel restrictions inside China.²⁸ Local governments and hospitals were not prepared for the policy change²⁹ or the onslaught of patients and need for beds, equipment, and medicine.³⁰ An estimated 80 to 90 percent of the Chinese population became infected with COVID-19 within one month of the zero-COVID policy's end.³¹

THE PARTY'S AUTHORITARIAN CONTROL OF PUBLIC HEALTH

The Party's authoritarian control of public health measures in fighting the COVID-19 pandemic in China raised many concerns with regard to human rights, media control, and governance, topics which were discussed at a Commission hearing on November 15, 2022.³² In one of the policy developments that reflects senior authorities' responses to the pandemic, the Party Central Committee and State Council issued an opinion on the medical health system

in March 2023.³³ The opinion contains provisions on epidemic prevention, based on lessons learned from COVID-19.³⁴ One provision reinforces the expanded use of grid management as a public health tool, a development during the COVID-19 pandemic in China,³⁵ which imposes “a responsibility system for community disease prevention and control areas” and a “grid-based grassroots disease prevention and control network.”³⁶ Another provision calls for improving the early warning system in detecting epidemics, epidemic prevention and control, and emergency response systems,³⁷ a system that authorities established following the severe acute respiratory syndrome (SARS) outbreak in 2003.³⁸ The primacy of Party leadership in the public health system, including hospital management, also features in the opinion.³⁹ The Party’s entrenchment in hospital management is essential to understanding the early spread of COVID-19: at the time of the COVID-19 outbreak in Wuhan municipality, Hubei province, local hospitals reported first to the Party, which gave “officials in Wuhan an opening to control and distort information about the virus,” and allowed the virus to spread, according to the New York Times.⁴⁰

LACK OF DATA TRANSPARENCY

PRC authorities’ lack of transparency about the consequences of the COVID-19 pandemic domestically and worldwide does not conform to international standards on access to information during a pandemic, including the right to information regarding accurate public health information and sharing data with scientists and public health professionals who aim to prevent future pandemics.⁴¹

World Health Organization (WHO) officials, multiple countries,⁴² and the international scientific community⁴³ questioned the accuracy of official data provided by the PRC government this past year. In February 2023, experts estimated that the number of deaths in China resulting from the end of the zero-COVID policy likely ranged from 1 million to 1.5 million.⁴⁴ In contrast, the official number of confirmed deaths from the start of the pandemic through February 2023 was 83,150.⁴⁵ PRC authorities later reported to the WHO a total of 121,490 confirmed deaths from COVID-19 from January 20, 2020, through July 5, 2023.⁴⁶ PRC official estimates only included individuals who died in a hospital, using a “narrow definition of what counts as a COVID-19 death,” as the New York Times put it.⁴⁷ One source of regularly reported data from the Ministry of Civil Affairs, that provides the number of marriages, divorces, and cremations, was not reported for the fourth quarter of 2022 or the first quarter of 2023, which observers interpreted as an attempt to suppress the numbers on deaths once the zero-COVID prevention and control measures were discontinued in the fourth quarter of 2022.⁴⁸ Additionally, few data are available on the prevalence in the Chinese population of long COVID⁴⁹—a condition that includes a range of symptoms following the initial infection and that can last for months or years.⁵⁰

Another ongoing concern during the COVID-19 pandemic is that PRC authorities have withheld scientific data gathered from the outbreak epicenter of Wuhan municipality, Hubei province, from the international scientific community. This concern came into sharp relief this past year when previously unavailable data was

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used in a research paper by Chinese Center for Disease Control and Prevention (CCDC) scientists.⁵¹ The information was raw sequencing data obtained in January 2020 from the wet market in Wuhan that remains a focus of COVID-19 origins research.⁵² The data were found posted on an international genomic data platform in March 2023, but reportedly were subsequently removed at the request of the CCDC scientists.⁵³ WHO Director General Tedros Adhanom Ghebreyesus subsequently commented, “These data could have—and should have—been shared three years ago.”⁵⁴

Language about Public Health Risks Deleted from Amended PRC Wildlife Protection Law

In the wake of the outbreak of COVID-19 in Wuhan, the National People’s Congress (NPC) Standing Committee banned the consumption of terrestrial wildlife in February 2020, a prohibition that lasted through June 2022.⁵⁵ Revisions to the PRC Wildlife Protection Law (WPL) were among several legislative projects added to the list of NPC legislative priorities in spring 2020, which aimed to improve public health.⁵⁶ During this same period, an international health guideline by the WHO and co-authoring organizations released in 2021⁵⁷ along with other scientific publications have emphasized the risks to public health from the sale of wildlife for human consumption.⁵⁸ During the WPL revision process, Chinese experts highlighted the need to incorporate public health concerns in the law,⁵⁹ but even though the first draft of the amended WPL in October 2020 contained language about the “prevention of public health risks,”⁶⁰ neither the second draft in September 2022 nor the final version included that language.⁶¹ The final version of law also loosened some COVID-19 restrictions on wildlife farming.⁶² According to the South China Morning Post, “environmentalists say [the WPL] is riddled with loopholes and will encourage the commercial breeding and use of wildlife.”⁶³ [For more information on the PRC Wildlife Protection Law, see Chapter 13—The Environment and Climate Change.]

PANDEMIC-RELATED PROTESTS

Collective and individual public protests related to the zero-COVID policy and its abrupt end were a significant development in China this past year. Observers pointed to anger and frustration with the Chinese government’s pandemic measures as catalyzing the participation of “a broad range of contentious constituencies” in these protests.⁶⁴ Intersecting human rights concerns were reflected in the protests, such as the right to health⁶⁵ when workers protested inadequate medical care when COVID-19 broke out at Foxconn’s “iPhone City” in October 2022,⁶⁶ the critique of censorship⁶⁷ by university students and urban residents who held blank sheets of paper during the White Paper protests in November 2022,⁶⁸ and protests linked to economic and food insecurity⁶⁹ resulting from the lengthy lockdowns in Lhasa municipality, Tibet Autonomous Region, in October 2022⁷⁰ and in Guangzhou municipality, Guangdong province, in November 2022.⁷¹ The protests across China that emerged from vigils for the victims of a deadly fire in Urumqi municipality, Xinjiang Uyghur Autonomous Region,

on November 24, 2022, drew comparisons with the historical phenomenon of Chinese citizens' leveraging public mourning as a platform for freedom of expression and assembly.⁷² Additionally, the discontinuation of the zero-COVID policy resulted in factories throughout the country that had produced COVID-19 testing materials ceasing production and leaving workers unpaid, which sparked worker protests in January 2023.⁷³

Despite the control of information and restrictions on journalists during the pandemic,⁷⁴ individual protests were reported, such as a cinematographer in Shanghai municipality, who used a loudspeaker to broadcast nonsensical zero-COVID slogans in his neighborhood, based on phrases he reedited from official propaganda.⁷⁵ In Beijing municipality, an artist tagged eight COVID-19 testing sites with graffiti in August 2022 with the words "I'm numb after three years,"⁷⁶ and a protester draped a large banner over Sitong Bridge in October 2022 that criticized the policy and Xi Jinping.⁷⁷

THE COVID-19 PANDEMIC AND MENTAL HEALTH IN CHINA

The COVID-19 pandemic and the zero-COVID policy contributed to deteriorating mental health for many age groups and communities in China.⁷⁸ An editorial in the *Lancet*, an international medical journal, predicted the "shadow of mental ill-health adversely affecting China's culture and economy for years to come."⁷⁹ Similarly, Winnie Yip, a public health researcher at Harvard University, identified the broad psychosocial needs of the Chinese population, exacerbated by the COVID-19 pandemic, as a critical issue the Chinese government will have to address in its efforts to improve the public health system in coming years.⁸⁰ While individuals in many countries experienced psychological stressors during the COVID-19 pandemic, the zero-COVID policy exacerbated these stressors with isolation at home (including being locked into one's apartment or home), a sense of dread of being transferred at any time to quarantine centers, inadequate access to medical care, widespread food and employment insecurity, and other forms of social disruption.⁸¹ Reports of suicide in China were linked to the zero-COVID policy.⁸² The Ministry of Health did not release comprehensive data about the number of suicides reportedly because the statistics are considered a "state secret."⁸³

PROPAGANDA AND DISINFORMATION

This past year, official media messages about the impact of the pandemic in China swerved between claims of China's historic success in saving lives and disinformation that blamed "hostile powers" for developments that did not support the uplifting propaganda. At the 20th Party Congress in October 2022, Xi Jinping and other senior Party officials emphasized the correctness of the zero-COVID policy and affirmed its continuation.⁸⁴ The Party's "decisive victory" would later be broadcast in Party media outlets, such as *People's Daily* and *Seeking Truth (Qiushi)*, to shape a post-pandemic narrative.⁸⁵ The Party condemned "Western media" and the U.S. Government specifically for undermining the PRC official narrative of its "important contributions to the global fight against the pandemic. . . ." ⁸⁶ When the zero-COVID policy was discontinued, officials accused "Western media" of insulting "China's adjustment of

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its pandemic prevention and control policies.”⁸⁷ PRC officials also blamed “hostile forces,” including foreigners, for instigating anti-lockdown (White Paper) protests in November 2022.⁸⁸ Moreover, PRC officials continued to repeat and insinuate through disinformation that the United States is the origin of SARS-CoV-2, the virus that causes COVID-19.⁸⁹

Tenth Anniversary of the PRC Mental Health Law

FORCED PSYCHIATRIC COMMITMENT AND INVOLUNTARY HOSPITALIZATION

The PRC Mental Health Law (MHL) reached its tenth year of implementation in May 2023, but key provisions in the MHL—including the prohibition of the abuse of forcible psychiatric commitment⁹⁰ and stipulating the use of the principle of voluntary hospitalization⁹¹—have not yet been achieved.⁹² PRC authorities’ use of forcible psychiatric commitment (*bei jingshenbing*) has been a tool of political repression and “stability maintenance.”⁹³ Civil Rights & Livelihood Watch (CRLW), an NGO in China that has long monitored forcible psychiatric commitment,⁹⁴ reported seven cases of forcible psychiatric commitment in 2022, five of which involved petitioners who sought resolution to grievances such as an injury from a defective vaccine and miscarriages of justice.⁹⁵ The other two cases involved zero-COVID policy criticism:⁹⁶ **Wu Yanan**, an assistant professor of philosophy at Nankai University in Tianjin municipality, had expressed support to anti-lockdown protesters in November 2022 before being forcibly committed,⁹⁷ and **Ding Yan**, a restaurant operator in Nanjing municipality, Jiangsu province, posted a public letter to Xi Jinping in which she criticized COVID-19 measures.⁹⁸

Chinese experts have documented high rates of involuntary hospitalization for persons with mental health disorders since the MHL went into effect, a trend that many found to be inconsistent with the principle of voluntary hospitalization in the MHL and limitations in using involuntary hospitalization only when an individual is at risk of self-harm or harm to others.⁹⁹ In a book-length study released in 2023, a researcher found that “given the vagueness in the MHL, the practice of taking a person to a mental health facility for diagnostic assessment against his or her will, even without any evidence of harm or dangerousness, appears to be generally tolerated in both medical practice and legal proceedings . . .”¹⁰⁰ In an editorial to *The Lancet Psychiatry*, experts based in Shanghai municipality urged a shift toward a rights-based approach in the provision of mental health services in China, and specified the need for greater clarity in voluntary treatment and involuntary admission criteria; “alternatives to coercion”; the establishment of monitoring mechanisms; and involving persons with mental health disorders “proactively and meaningfully . . . in all processes related to their care.”¹⁰¹ The U.N. experts who reviewed China’s compliance with the Convention on the Rights of Persons with Disabilities (CRPD) in August 2022 were critical of the MHL’s authorization of involuntary psychiatric commitment, condemning it as a form of deprivation of liberty and security of the person under Article 14 of the CRPD.¹⁰²

Targeting Public Health Whistleblowers and Advocates

Reports about the death of elderly physician Jiang Yanyong on March 11, 2023, recalled the pattern of PRC political sensitivity to public health emergencies and official repression of public health whistleblowers.¹⁰³ In April 2003, Jiang took a considerable personal and professional risk by exposing the severity of the severe acute respiratory syndrome (SARS) outbreak; his assessment of SARS not only contradicted official statements at the time,¹⁰⁴ but also challenged PRC official secrecy and misinformation.¹⁰⁵ In subsequent years, authorities detained him after he wrote in 2004 about his hands-on experience in treating injured students and bystanders at the time of the PRC's violent suppression of the Tiananmen Square pro-democracy movement on June 4, 1989;¹⁰⁶ they prevented Jiang from traveling abroad to receive human rights awards;¹⁰⁷ they would not allow lawyers and a political reformer to visit him;¹⁰⁸ and ultimately they censored information in China about his death¹⁰⁹ and funeral.¹¹⁰ International media outlets observed parallels between Jiang and Li Wenliang,¹¹¹ the physician in Wuhan municipality, Hubei province, who had posted some of the earliest information about the COVID-19 outbreak via social media in December 2019, and then anonymously revealed the story of his official reprimand to a Chinese media outlet in late January 2020.¹¹² Li subsequently revealed his identity before his death from COVID-19 in February 2020.¹¹³ An October 2022 investigative report in the *New York Times* revisited the circumstances of his death, highlighting the political sensitivities that remain.¹¹⁴ External medical practitioners—whom the *New York Times* had review the records of Li's medical care in the last weeks of his life at Wuhan Central Hospital—did not find any evidence that politics compromised the quality of Li's care.¹¹⁵ Nevertheless, as the *New York Times* noted, the official announcement of Li's death contained not only misinformation about the actual time of his death but also misleading information about the use of a life-saving medical technology.¹¹⁶ Furthermore, hospitals in Wuhan have restricted medical doctors' access to the records of COVID-19 patients from the initial outbreak.¹¹⁷

During this reporting period, the Commission continued to monitor the detention of public health advocates, including the following:

- **Cheng Yuan**, the co-founder of the anti-health discrimination NGO Changsha Funeng, continued to serve a five-year prison sentence for alleged “subversion of state power” at Chishan Prison in Hunan province, where prison authorities reportedly have subjected him to abusive conditions of forced labor.¹¹⁸ [For more information on forced labor in Chishan Prison, see Chapter 14—Business and Human Rights.]
- The detentions of **He Fangmei** and **Li Xin**, wife and husband advocates for victims of defective vaccines, in Huixian county, Xinxiang municipality, Henan province, in October 2020, have been linked to official retaliation against their advocacy.¹¹⁹ Authorities reportedly are keeping two of their three children, including a 7-year-old daughter with disabilities ascribed to a defective vaccine, at a psychiatric hospital despite

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He's explicit request to place the children with her elder sister.¹²⁰

- **Ji Xiaolong**, another defective vaccine activist, was criminally detained in August 2022 by authorities in Shanghai municipality in connection with his criticism of Shanghai officials' management of the COVID-19 lockdown in spring 2022.¹²¹ Ji reportedly called for the resignation of Li Qiang, Shanghai Party Secretary during the lockdown,¹²² who was appointed China's Premier in March 2023.¹²³

Notes to Chapter 12—Public Health

¹Dake Kang, “Ignoring Experts, China’s Sudden Zero-COVID Exit Cost Lives,” *Associated Press*, March 24, 2023.

²Yanzhong Huang, “China’s Hidden COVID Catastrophe,” *Foreign Affairs*, February 16, 2023.

³Smriti Mallapaty, “Can China Avoid a Wave of Deaths If It Lifts Strict Zero COVID Policy?,” *Nature* 612, (December 8, 2022): 8.

⁴Raffaele Huang and Liyan Qi, “China Missed a Window to Be Better Prepared for Covid-19 Surge,” *Wall Street Journal*, December 1, 2022.

⁵“Challenges Confronting China’s Healthcare System Post-COVID: A Conversation between Winnie Yip and William Hsiao,” Critical Issues Confronting China Series, Fairbank Center for Chinese Studies, Harvard University, March 29, 2023; *COVID-19 and China’s Authoritarian Public Health Control, Hearing of the Congressional-Executive Commission on China*, 117th Cong. (2022) (testimony of Yanzhong Huang, Senior Fellow for Global Health, Council on Foreign Relations and Professor, School of Diplomacy and International Relations, Seton Hall University).

⁶International Covenant on Economic, Social and Cultural Rights (ICESCR), adopted by U.N. General Assembly resolution 2200A (XXI) of December 16, 1966, entry into force January 3, 1976, art. 12(1), (2)(c); United Nations Treaty Collection, Chapter IV, Human Rights, International Covenant on Economic, Social and Cultural Rights, accessed July 15, 2023. China signed the convention on October 27, 1997, and ratified it on March 27, 2001. See also Office of the U.N. High Commissioner for Human Rights, CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12), adopted at the Twenty-second Session of the Committee on Economic, Social and Cultural Rights, August 11, 2000, para. 16.

⁷International Covenant on Civil and Political Rights (ICCPR), adopted by U.N. General Assembly resolution 2200A (XXI) of December 16, 1966, entry into force March 23, 1976, art. 19; United Nations Treaty Collection, Chapter IV, Human Rights, International Covenant on Civil and Political Rights, accessed July 15, 2023. China has signed but not ratified the ICCPR. Daphne Eviatar, “Human Rights Guidelines for the Fight Against COVID-19,” *Just Security* (blog), March 27, 2020; U.N. Human Rights Council, Disease Pandemics and the Freedom of Opinion and Expression, Report of the Special Rapporteur on the promotion and protection of the right to freedom of opinion and expression, David Kaye, A/HRC/44/49, April 23, 2020, paras. 16, 20, 63(e–f).

⁸William Hurst, “Chinese Protesters Are Out in Record Numbers. What Changed?,” *Monkey Cage*, *Washington Post*, November 28, 2022; Xinlu Liang, “Chinese Migrant Workers Protest amid Covid-19 Lockdowns in Guangzhou,” *South China Morning Post*, November 15, 2022; “Yixuoshengmen de kangzheng shike” [The moment of struggle for medical students], *Labor Bulletin (Gonglao Xiaobao)*, December 14, 2022; Xiaoshan Huang and Gu Ting, “Angry Workers Clash with Police in Chongqing after Test-Kit Maker Fires Thousands,” *Radio Free Asia*, January 9, 2023.

⁹Frederik Kelter, “As China Doubles Down on ‘Zero-COVID,’ Some Have Had Enough,” *Al Jazeera*, October 13, 2022; Patricia M. Thornton, “Grid Meets Web: How COVID-19 Extended the Party-State’s Social Control Capacity at the Grassroots,” *China Leadership Monitor* 76, June 7, 2023.

¹⁰U.N. Committee on Economic, Social and Cultural Rights, Concluding Observations on the Third Periodic Report of China, Including Hong Kong SAR, China, and Macao SAR, China, adopted by the Committee at its 30th Meeting (3 March 2023), E/C.12/CHN/CO/3, March 22, 2023, E/C.12/CHN/CO/3, March 3, 2023, paras. 76–85.

¹¹Ryan McMorro, Sun Yu, Gloria Li, Hudson Lockett, and Primrose Riordan, “China Lockdowns Reach Record Level as Coronavirus Cases Soar,” *Financial Times*, November 22, 2022; Bruce Haring, “China Locks Down More Than 232 Million, Isolates Macau Hotel as ‘Zero-Covid’ Policy Continues,” *Deadline*, October 30, 2022.

¹²Eli Friedman, “Escape from the Closed Loop,” *Boston Review*, November 28, 2022.

¹³Yvette Tan, “China Covid: Millions Back in Lockdown as Beijing Doubles Down on Zero-Covid,” *BBC*, October 28, 2022.

¹⁴*China’s Zero COVID Policy and Authoritarian Public Health Control, Hearing of the Congressional-Executive Commission on China*, 117th Cong. (2022) (testimony of Yanzhong Huang, Senior Fellow for Global Health, Council on Foreign Relations and Professor, School of Diplomacy and International Relations, Seton Hall University).

¹⁵Ryan McMorro, Sun Yu, Gloria Li, Hudson Lockett, and Primrose Riordan, “China Lockdowns Reach Record Level as Coronavirus Cases Soar,” *Financial Times*, November 22, 2022; Patricia M. Thornton, “Grid Meets Web: How COVID-19 Extended the Party-State’s Social Control Capacity at the Grassroots,” *China Leadership Monitor* 76, June 7, 2023.

¹⁶See, e.g., Robert Barnett, “In Tibet, Officials’ Pursuit of Zero-COVID Sent Tens of Thousands into Mass ‘Isolation’ Facilities,” *ChinaFile*, Asia Society, November 1, 2022; Lily Kuo, Lyric Li, Vic Chiang, and Pei-Lin Wu, “Shanghai’s Covid Siege: Food Shortages, Talking Robots, Starving Animals,” *Washington Post*, April 15, 2022; Phoebe Zhang, “Officials Apologise after Covid Lockdown Causes Food Shortages for Hundreds of Thousands in Chinese City,” *South China Morning Post*, September 8, 2022; “China Covid Lockdowns Leave Residents Short of Food and Essential Items,” *BBC*, September 12, 2022.

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Control, Hearing of the Congressional-Executive Commission on China, 117th Cong. (2022) (testimony of Rory Truex, Assistant Professor of Politics and International Affairs, Princeton University).

²⁰ Minxin Pei, “The Sudden End of Zero-Covid: An Investigation,” *China Leadership Monitor* 75, March 1, 2023; Yuen Yuen Ang, “The Problem with Zero: How Xi’s Pandemic Policy Created a Crisis for the Regime,” *Foreign Affairs*, December 2, 2022; Nectar Gan, “Xi Jinping Sends Warning to Anyone Who Questions China’s Zero-Covid Policy,” *CNN*, May 6, 2022.

²¹ Ryan Woo and Tony Munroe, “China Shortens Quarantines as It Eases Some of Its COVID Rules,” *Reuters*, November 11, 2022.

²² Minxin Pei, “The Sudden End of Zero-Covid: An Investigation,” *China Leadership Monitor* 75, March 1, 2023.

²³ Minxin Pei, “The Sudden End of Zero-Covid: An Investigation,” *China Leadership Monitor* 75, March 1, 2023.

²⁴ Chris Buckley, “After Xi’s Coronation, a Roar of Discontent against His Hard-Line Politics,” *New York Times*, updated June 20, 2023.

²⁵ William Zheng, “How Political and Economic Pressure Led to Beijing’s Abrupt U-Turn on Zero-Covid,” *South China Morning Post*, January 10, 2023.

²⁶ Keith Zhai, “Letter from Apple Supplier Foxconn’s Founder Prodded China to Ease Zero-Covid Rules,” *Wall Street Journal*, December 8, 2022.

²⁷ Laney Zhang, “China: Management of COVID-19 Downgraded,” *Global Legal Monitor*, Library of Congress, January 6, 2023.

²⁸ Laney Zhang, “China: Management of COVID-19 Downgraded,” *Global Legal Monitor*, Library of Congress, January 6, 2023; Dake Kang, “Ignoring Experts, China’s Sudden Zero-COVID Exit Cost Lives,” *Associated Press*, March 24, 2023.

²⁹ Xiaoshan Huang, Chingman, Gu Ting, and Gulchehra Hoja, “Chinese Hospitals Seek Ventilators, Medical Supplies amid Ongoing COVID-19 Wave,” *Radio Free Asia*, December 20, 2022; Yanzhong Huang, “China’s Hidden COVID Catastrophe,” *Foreign Affairs*, February 16, 2023.

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