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“Dracunculus against the dragon”: Hungarian Prime Minister Viktor Orbán’s public vaccination as simultaneous enactment of public health and foreign policy

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ABSTRACT

This article examines performativity in Hungarian Prime Minister Viktor Orbán’s February 2021 public vaccination against COVID-19 with the Sinopharm BBIBP-CorV vaccine. Following a discussion of the concept of performativity as it pertains to the subject of our study, we contextualize the process of the procurement of the Sinopharm BBIBP-CorV vaccine by Hungary to situate the significance of this transaction, along with that of the performance under review, in the post-2010 evolution of broader Sino-Hungarian government ties. We then submit footage of PM Orbán’s vaccination to multimodal critical discourse analysis, identifying several noteworthy features of this performance. We also examine similar performances by other heads of state and government, offering evidence that – having gone beyond the purposes of public health messaging to constitute a simultaneous enactment of foreign policy (and more) – PM Orbán deviated considerably from the consensus norms of public vaccination that have emerged in the reference group. This further indicates that his public vaccination with BBIBP-CorV was both a peculiar instance of vaccine diplomacy and a “demand-driven” manifestation of Chinese influence in Hungary.

KEYWORDS

China; Hungary; foreign policy; public health; Sinopharm BBIBP-CorV; vaccination

Introduction¹

Performativity is usually interpreted related to words, spoken or written, and understood as an aspect of what communication achieves: it can constitute action itself, and it can carry a perlocutionary effect by causing the alteration of the behaviour of the receivers (as a „perlocutionary act;” Austin 1962, 101).

The study of communication has long acknowledged the importance of the non-verbal elements of human communication, too (McCornack and Ortiz 2017, Ch.6). Non-verbal signs and gestures help interpret or modify the meaning of verbal communication; in fact, while non-verbal communication is continuous, verbal communication is intermittent. Hence the performativity and possible perlocutionary aspects of non-verbal communication also need to be studied.

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Receiving vaccination in public, or making a recording of getting vaccinated, is a performance combining verbal and non-verbal elements. It may take place in front of an immediate audience of people present, and it may be recorded for a larger audience. Carrying a demonstration effect – interpreted in the field of economics originally as the emulation of the consumption habits of others (Duesenberry 1949, 19–31), and typically understood by now, more broadly, as an effect on the behaviour of others by what they observe as behaviour to be emulated – is a self-evident aim behind the public and/or recorded vaccination of well-known public figures. The concept of the demonstration effect thus neatly ties in with the concept of performativity, as it is a self-evident expectation that the perlocutionary aspects of a demonstration be strong and effective.

The concept of signalling, deriving from the field of international relations and diplomacy, and especially Strategic Studies, may also be usefully injected into this discussion. Signalling is often discussed in the field of Strategic Studies in a specific and overly narrow sense, in reference to „costly signals“ (Fearon 1993), which are intended to carry a deterrent effect by demonstrating to rivals a readiness to bear the costs of some (actual or prospective) action. In other words, signalling entails perlocution, too, with a view to altering the behaviour of key actors in audience. Extending this logic, signalling can, is, and should be, used in a much broader sense in political analysis: its essence is the act of performatively demonstrating the presence of specific intentions, with specific perlocutionary effects in mind. This may work in an endless number of contexts, in an endless number of ways. As Jönsson and Karin (1999, 151) point out, „the classic diplomatic dialogue can be seen as a system of signals“, extending beyond verblivity to body language. This is important during times of crises, where knowing „whether and how to signal“ (Ferris 2006, 693), along with interpreting other parties' potential signals, is a key challenge: „some signals stem from intelligence; others are sent to find it“ (Ferris 2006, 676).

When public figures undergo public and/or recorded vaccination, they signal that a specific vaccine, or vaccination in general, is beneficial, and that viewers should get vaccinated. This is, at its essence, public health messaging. However, when particular vaccine products are promoted this way, as in the case of Hungarian Prime Minister Viktor Orbán's recorded vaccination with the Sinopharm BBIBP-CorV vaccine, the signalling aspect is multi-layered. It alters the perlocutionary effect, indicating trust in the given vaccine product specifically, along with trust in the producer. When the producer is based in another country, this may constitute an important and hitherto little-studied aspect of vaccine diplomacy, which we wish to further explore in this article with a view to the case of PM Orbán's recorded vaccination.

A review of performativity and the felicity conditions of perlocution

In the second half of the twentieth century, language came into the spotlight with a view to its role in defining key issues of society. Many of the influential attempts to theorize its role referred back to the work of linguist Ferdinand de Saussure, who distinguished between *langue* as a socially shared set of abstract conventions, and *parole*, i.e. the different choices made by speakers implementing the use of language (de Saussure 1916). One of de Saussure's key contributions to theorizing language lies in what he calls semiology: the concept of the bilateral sign, which consists of „the signifier“ (in

linguistic form: a word; i.e. a sequence of sounds in speech, and of written signs in writing) and “the signified” (the meaning of the form; i.e. the concept of an element of reality behind it).

The juxtaposition of “the signifier” and “the signified” needs to be revisited in light of Derrida’s distinction of “representation” and “embodiment,” which, in turn, greatly contributed to the idea of what “embodiment” constituted for Fischer-Lichte (2009) and Butler (1990). Derrida pointed out that the performances of plays have an aspect “which could not be captured or written down in the customary language of words, and that even the spoken and written portions [of plays] will be spoken and written in a new sense” (Derrida 1999, 12). In Barad’s words (2003, 802):

a performative understanding of discursive practices challenges the representationalist belief in the power of words to represent pre-existing things. Performativity, properly construed, is not an invitation to turn everything (including material bodies) into words; on the contrary, performativity is precisely a contestation of the excessive power granted to language to determine what is real.

Performing is thus not merely a representation of action but action itself. It is capable of constituting as well as inducing change, be this in a formal theatrical or a non-theatrical setting. Fischer-Lichte (2009) distinguished linguistic performativity from theatrical performativity by introducing the notion of “embodiment” as a radical concept of presence, claiming that the actor has a “phenomenal body” as well as a “semiotic body” (Fischer-Lichte 2012, 112). The latter refers to body movements having a semiotic language, which is readable and understandable within a pre-agreed coding system. Phenomenal body and semiotic body may not split: “through the performer’s presence, the spectator experiences the performer and himself as an embodied mind in a constant process of becoming” (Fischer-Lichte 2012, 115).

Foucault, whose thought was greatly influenced by Derrida’s work on performativity, argues that performativity overturns the idea that a person’s identity is the source of their own secondary actions, such as speech, mimics, or kinesics (Jeffrey and Troman 2009). Instead, he views individual identity as continuously redefined through what are called speech acts in the wake of John L Austin’s work (reference to Foucault 1972, 83–84; see also Foucault 1978). Performativity is feeding from the power of language to constitute as well as induce change: language does not simply describe social relations but functions as a form of social action itself. The concept of performative language was therefore developed by Austin, who suggested that there is a difference between constative language, which merely describes relations in the public sphere, and performative language, which creates action in the social realm. For Austin, performative language included “speech acts,” such as promising, swearing, betting, leading a formal ceremony, signing declarations, and so on. He claimed that several conditions must be met in order for such utterances to function performatively (Austin 1962, 14–24).

Both Austin and Foucault had great influence on Judith Butler’s theorizing of the concept of performative identity. In her work, Butler redefined performativity to describe how the concept of gender is constructed based on constant performative acts (Butler 1990, 25–33). Performativity is, thus, also a process of subject creation.

The concept of performativity has been richly explored in anthropological studies (e.g. regarding rituals), and eventually infiltrated into other disciplines,

too, including Political Science (see Gardner 1983; Mas 2006; Cater and Cloke 2007; Lišková 2010; Mulcahy 2011; Schurr 2013, *inter alia*). In the late 1990s, critical theorists highlighted that even Economics should begin to consider performativity, or how the practices of economists and financial experts are not simply descriptive of the subject of their study but also serve to shape it (MacKenzie, Muniesa, and Siu 2007).

In a critical turn, questions were raised about the assumption of the performativity of speech itself, especially based on a simple objection: the plausible performativity of an action does not automatically imply that it will not be merely symbolic, artificial or meaningless. This brings us to the discussion of the case at hand. Performative actions dominate the public sphere, especially in times of crises, to the extent that while some of these actions will be, no doubt, highly impactful, others will sink into triviality.

In 2020, the COVID-19 outbreak brought a need for global action to which political leaders had to actively respond. Receiving vaccination in public or making a recording of getting vaccinated by heads of state and government (HoSG) is a performative act which can be analysed accordingly – for example, with a view to whether it serves the stated purposes of the act, or if it may serve other purposes or induce other effects, too, and how it does so.

These performances need to be examined in a multimodal approach, seeking to understand how verbal, non-verbal and other signs interact therein to make meaning, also informed by the consideration of the circumstances of the event of vaccination and its visual presentation by those performing and recording it. How did the vaccination take place, in what sort of setting, and who was physically present? What body language and figures of speech by the performers may be identified as significant choices from the available semiotic resources? How was their combined meaning shaped by choices editing the visual presentation thereof? Multimodal critical discourse analysis (Machin and Mayr 2012) is applied to answer such questions.

This approach has its own limitations, for instance in terms of epistemology. Semiotic codes of performative actions can often be interpreted in multiple ways, since the coding is not universal. Subjectivity may thus become a factor in the analysis unless an effort is made to minimize speculation about the intentions behind a performative act.

To be able to infer some of the deeper significance of Viktor Orbán's recorded vaccination, our study will therefore build on the contextualization of the event with reference to the post-2010 dynamics of Sino-Hungarian government ties, to see, subsequently, in a detailed multimodal analysis of PM Orbán's performance, if the signals identified in the recording may or may not fit durable patterns and trends of the relationship, suggesting intentionality behind their placement therein. We will also assess the recorded performance from a comparative perspective, through the analysis of similar performances by other HoSG, to see if aspects of Viktor Orbán's vaccination considered noteworthy really constituted deviation from this reference group. Both of the above tests (of contextual fit and comparative contrast) are necessary to carry out, to be able to offer valid evaluation of PM Orbán's recorded vaccination.

Hungarian PM Viktor Orbán's recorded vaccination, in context and comparison

For reasons to be elaborated on in this section, a particularly noteworthy case of performative vaccination was the recorded vaccination of Hungarian Prime Minister Viktor Orbán, on 28 February 2021, with the Sinopharm BBIBP-CorV vaccine, against the novel coronavirus disease (COVID-19). The event took place two days after Hungarian President János Áder had already received the same vaccine. Below, we present the context, the case and a comparative analysis.

Context: Sino-Hungarian relations, from engagement to inoculation

Upon accession to the European Union, Hungary was one of the first Central and Eastern European (CEE) countries to begin rapprochement towards China. The East Asian country was perceived as an indispensably important international partner. Since 2003, all Prime Ministers of Hungary have visited Beijing.

PM Orbán's post-2010 China policy was fundamentally different from policy under his first earlier term in office (1998–2002), when it was defined by a strong anti-communist stance and vocal criticism of China's human rights record. His right-wing government was willing to host the first China – Central Europe meeting in 2011. PM Orbán initiated a so-called "Eastern Opening" Policy in the same year, primarily to advance economic relations with China in the wake of the global financial crisis. The two countries even elevated bilateral relations to the level of a "comprehensive strategic partnership" in 2017. Over the past two decades, Hungary attracted the largest amount of investment from China in the CEE region, and the country may play an important role in the Chinese Belt and Road Initiative in the future, through the modernization of the Budapest – Belgrade railway line (Matura 2021a).

PM Orbán's interest in building a relationship with China goes beyond pure economic considerations related to the transactions involved and seems to carry implications as a performative enactment of his political vision and identity. He has mentioned China several times as an example of a "successful," "illiberal" and "work-based" society, describing it as a model alternative to Western democracy (Orbán 2014). Furthermore, the post-2010 Orbán governments have never said a word about Beijing's human rights record and have a track record of blocking and vetoing EU mechanisms aimed against problematic policies of the PRC (Benner et al. 2018). In the context of political clashes with the EU, PM Orbán decided to enhance cooperation with Beijing apparently in the hope that Chinese support might provide Hungary with political leverage in its relations with the West. Orbán repeatedly used potential cooperation with China as a trump card in his relations with Western European countries and EU institutions, for example when he bluntly told German business leaders: "If the European Union cannot provide financial support, we will turn to China" (Budapest Business Journal, 2018).

This is noted by Chinese diplomacy, too. Giving a signal concerning the closeness of the relationship with Hungary by way of some unconventional and performative diplomatic action, senior Chinese diplomat Wang Yi even joined Hungarian foreign minister Péter Szijjártó to eat *lángos* (fried flatbread, typical Hungarian food) ordered at the

window counter of a small restaurant by the river Danube, in the presence of journalists, during the last leg of his early-2023 European tour (Siklós 2023).

The cordial relationship between the right-wing governing party of PM Orbán (Fidesz: *Fiatal Demokraták Szövetsége*, i.e. Young Democrats' Alliance) and the Chinese side seems all the more remarkable when the attitude of Hungary's other political parties is taken into consideration. A 2020 public opinion survey (Karasková, Bajerova, and Matura 2019) found that the main division runs between the governing party and its opposition, rather than between right-wing and left-wing or liberal parties in this regard. Fidesz and its leaders have stopped criticizing China, established party-to-party relations with the Communist Party of China, and depicted the PRC as a model for their nascent illiberal regime. As of 2021, even at the grassroots level, Fidesz voters tend to have the most positive views about China, in sharp contrast with their generic anti-communist sentiments (Matura 2021b).

Unlike with many other European countries' bilateral ties to China, the COVID-19 pandemic has not changed the friendly atmosphere of Sino – Hungarian governmental relations. Official comments never blamed Beijing for the outbreak of the pandemic. On the contrary, the Hungarian government has emphasized the massive amounts of medical equipment “sent” from China to Hungary, with over one-hundred flights commissioned by the Hungarian government in the course of 2020. In fact, at least 95% of the items in question were purchased by the Hungarian government, although the shipments also included smaller donations by various Chinese actors. According to foreign minister Szijjártó, the amount of equipment ordered by Budapest totalled 3.3 million test kits, 148.7 million masks and 47.8 million other PPE (Personal Protective Equipment) by mid-April 2020 (Szijjártó 2020). Official Hungarian government statements – and, consequently, most of the media coverage – never used the words “bought” or “purchased” when referring to these items arriving from China, nor have prices ever been mentioned (Matura 2020).

In March 2021, the Hungarian government even shared footage of PM Orbán personally welcoming a shipment of BBIBP-CorV at Ferihegy airport, inspecting the cargo in the belly of the transport aircraft that delivered it to Budapest (Magyarország Kormánya 2021). Yet, in spite of this strongly pro-China communication of the Hungarian government, public sentiment towards China significantly deteriorated in Hungary in the meantime. This may have triggered attempts by the government to boost public trust in the Chinese-made Sinopharm BBIBP-CorV vaccine, and, simultaneously, to stress the achievements of PM Orbán's China policy.²

Already prior to the recorded vaccination with BBIBP-CorV, as well as over the course of the months ensuing it, the Hungarian government, including PM Orbán personally, repeatedly made significant gestures promoting this particular vaccine product, emphasizing its advantages in explicit juxtaposition with the claimed deficiencies of the EU-led procurement of “Western” vaccines.

Over the course of late 2020, the Hungarian leadership regularly blamed the EU for the slow progress of vaccine procurement. Hungarian Ministry of Foreign Affairs and Trade (MFAT) state secretary Menczer declared:

if the antidote is found first in the East, then neither the Brussels lobby nor the lobby of multinational pharmaceutical companies will prevent us from bringing the vaccine to Hungary. The health of the Hungarian people comes first (Menczer 2020)

PM Orbán also criticized “Brussels” on several occasions for “messing up” vaccine procurement. In March 2021, he said “Brussels has messed up vaccine procurement, and if Hungary had not ordered vaccines from the East, we would be in big trouble now” (Orbán 2021a). This contradicted data published by his government that, already by that time, more “Western” vaccine doses had arrived in Hungary than from the “East” (Government of Hungary 2021). It is also worth noting that PM Orbán had to be aware of the fact that the EU procurement was planned from the very beginning to deliver large quantities of vaccines by April 2021.

Against this backdrop, on 29 January 2021, in one of his regular Friday appearances in public *Radio Kossuth*, PM Orbán declared that he trusts „the Chinese vaccine” the most, as „the Chinese know this virus the best – they know it since the longest time” (Infostart 2021).

Once the status of a favourite was extended to BBIBP-CorV, government communication consistently sought to back it up with evidence in the face of criticism concerning the absence of comprehensive trial data about BBIBP-CorV’s safety and efficacy.

When a piece authored by a Chinese team of authors, including several authors directly associated with the firm Sinopharm, appeared on 13 April 2021 in the „Correspondence” section of the medical journal *The Lancet*, claiming that BBIBP-CorV generates strong neutralizing antibody response against new variants of SARS-CoV-2, MFAT state secretary Tamás Menczer posted on his Facebook page that „the world’s leading medical journal took a stand in support of Sinopharm’s vaccine” (quoted in Szász 2021). On 25 April, inappropriately presented data was published on the government’s Facebook page on post-vaccination infections and deaths that gave a false sense of comparison across vaccine products (Kormányzat Facebook 2021). The so-called “comparative table” failed to control for a number of critical variables, such as the overall number of vaccine recipients by vaccine type, their age and comorbidities, and the time elapsed from their vaccination. The implications favoured the Gamaleya Institute’s Russian-made Sputnik V vaccine, along with, to some extent, the Chinese-made Sinopharm BBIBP-CorV vaccine; showing less infections and deaths among BBIBP-CorV recipients than among those who received Pfizer/BioNTech’s Comirnaty or the Moderna vaccine. In early May, the Hungarian government commented in a cherry-picking manner about a WHO Evidence Assessment that cited a lack of evidence and „low” and „very low” confidence, respectively, regarding the efficacy and safety of BBIBP-CorV for recipients above the age of 60 (WHO 2021, 16). The Hungarian government’s communication focused solely on the WHO approval of the emergency use of BBIBP-CorV. Minister of Human Resources Miklós Kásler talked about the WHO’s „confirmation that the Hungarian government made a good decision in using the Sinopharm vaccine,” also referring to the „futile debates” of the „anti-Eastern-vaccines opposition” (Magyar Kormány 2021).

Speaking once again in his regular appearance in *Radio Kossuth* on 30 April 2021, PM Orbán also sought to allay fears that vaccination with vaccines unapproved by the European Medicines Agency may not be accepted as satisfactory immunization by

other EU countries. He stated: „It is rubbish that it will not be possible to travel with the Chinese vaccine. I was vaccinated with that, I will travel,” curiously omitting mention of the implications of his privileges as head of government in this respect (Presinszky 2021).

Certain government measures even interacted with the relative availability of different vaccine products. While the WHO was still evaluating the evidence assessment of its experts concerning BBIBP-CorV, an online registration system for vaccinations was launched, where time slots could be reserved by pre-registered users for vaccination at first only with Sinopharm’s BBIBP-CorV, AstraZeneca’s Vaxzevria and the Sputnik V vaccines (Koronavirus.gov.hu 2021).

The Hungarian political opposition was persistently and vocally critical of the effort to promote the “Eastern” vaccines, especially BBIBP-CorV. Independent and opposition media covered this in-depth. A full review of the reactions is beyond the scope of this article. To highlight how performativity is always shaped by the interpretations of a performance, too, in a particularly telling example, the politically left-liberal periodical *Élet és Irodalom* ran a short piece pointing out that „Dracunculus against the dragon,” a phrase used by PM Orbán to promote the Sinopharm vaccine, is a line from the highly popular Hungarian tale *Süsü, a sárkány* [Süsü the Dragon], wherein it belongs to a charlatan who is trying to sell an ineffective product as antidote to the threat of dragons (ÉS 2021).

The low popularity of BBIBP-CorV showed in public opinion surveys, too. An end-January 2021 poll by Medián found that, whereas 84% of the respondents at the time were ready to take up „American or European” vaccines, only 27% showed a readiness to take up BBIBP-CorV (Koroknai 2021). Asked about which vaccine they would prefer, only 1% of the respondents mentioned Sinopharm’s vaccine in a mid-January poll by Pulzus Kutató (Szepesi 2021). Well into the vaccination campaign, a May poll by IDEA found that even government supporters preferred the Sputnik V and Pfizer/BioNTech Comirnaty vaccines to BBIBP-CorV, while opposition supporters strongly dis-preferred BBIBP-CorV to all other available vaccines (Böcskei and Andrea 2021).

Fears regarding the Hungarian public’s scepticism may have been well-grounded: as of early October 2021, 60 per cent of Sinopharm vaccine doses were still awaiting administration, stockpiled in warehouses. The government therefore decided to send Sinopharm vaccines worth EUR 12 million as a donation to other countries, acknowledging that another batch of vaccines worth EUR 83 million will expire and may prospectively have to be disposed of. Meanwhile, a total of 15.7 million vaccine doses had arrived through EU procurement, more than double the combined amount of vaccine doses from China (5.2 million) and Russia (2 million) (Haszán 2021).

Interestingly, by the time the IDEA poll’s results were released (June 2021), the Hungarian government published a new „comparative table” on post-vaccination infections and deaths, this time showing Sinopharm in the worst position – although once again without controlling for key variables (Telex 2021). Meanwhile, private-sector testing seemed to confirm what was suspected based on reports and data from Serbia and the United Arab Emirates, too: that BBIBP-CorV elicited weaker antibody response in older vaccinees (.hu 2021; hvg.hu 2021).

PM Orbán could not have known in advance how Sinopharm will perform relative to other vaccines. For just this reason, his readiness to go to great lengths to argue its safety and efficacy in the absence of comprehensive trial data implies that he took an arbitrary

decision to treat BBIBP-CorV as a fully equivalent and possibly superior means of vaccination, only to see these publicly voiced expectations prove wrong in the light of the available data.

Case at hand: the performance of PM Orbán's recorded vaccination

To examine the recording in question, as it was presented to the public (Híradó 2021; Orbán 2021b), the analysis needs to take into consideration the multimodality of the material at hand. It is a product of purposeful communication, where any or all elements may be arranged purposively, including spoken language, body language and imagery, and they “combine to make meaning” (Machin and Mayr 2012, 1). A considerable amount of literature is available on multimodal discourse analysis (including Kress and Leeuwen 2001; Machin and Mayr 2012; Hart 2020). To the end of a basic overview of the contents of the recording, we rely here on Machin and Mayr's guidance. We are thus interested in attempting to reveal important choices made by the creators and performers regarding both language, gestures and images used (Machin and Mayr 2012, 9–15), concerning, in particular: what is foregrounded (Machin and Mayr 2012, 2); images used to convey a message as a substitute for language (Machin and Mayr 2012, 9); semiotic choices placing an issue in a particular discursive framework (Machin and Mayr 2012, 20), for example with a view to the role of metaphors and analogies in this regard (Machin and Mayr 2012, 165); along with the presence of noteworthy modals in language (Machin and Mayr 2012, 187–192).

In the recording of PM Orbán's vaccination, the setting of the vaccination is presented only via interior shots of a corridor and rooms at a regular vaccination point that should not be too dissimilar to where ordinary people (the audience) stood to receive their vaccination – an exterior shot of the actual venue, the building of the Hungarian Army Medical Centre, is not part of the footage. Much of the visual contents is denotative rather than connotative (2012, 50), and, accordingly, much of the vaccination setting is ordinary, reflecting the everyday conditions of medical work there, albeit certainly nearer the cleaner and more modern end of the spectrum of possibilities.

A series of scenes showing hand sanitization procedure and brief medical examinations preceding the vaccination (body temperature measurement and auscultation with a stethoscope) confirm the identity of the people around the PM as health workers carrying medical authority, supporting well the overall purpose of the recording. The examination with the stethoscope takes place with PM Orbán pulling up his shirt, revealing part of his upper body – the body of an ordinary patient submitting to the procedure as instructed. Having been declared healthy, PM Orbán raises his hands in a gesture mimicking a goal celebration – a reminder of his widely known love of football (Rényi 2021) and a means of reaffirming his individual identity even as he fulfils the role of patient, maintaining a personal engagement with his prospective audience.

The viewers can see the moment when the small syringe used to administer BBIBP-CorV is applied to the PM's left upper arm, in the deltoid muscle, following the cleaning of the skin surface. Once the vaccination is complete (including the application of medical tape to the site of inoculation), PM Orbán fist-bumps the doctor for a farewell greeting, demonstrating compliance with the public health guidance in place at the time (avoiding a handshake).

The footage is regularly interrupted by cuts, e.g., around the key moment of the vaccination itself. After he is offered „the Chinese vaccine,” Orbán is heard saying: „Dracunculus (a.k.a. tarragon) against the dragon” (in the original Hungarian: „Sárkány ellen sárkányfű;” translated to English as „Fight fire with fire” in subtitles to PM Orbán’s original Facebook post). In the original Hungarian, this brief remark carries multi-layered meaning. Tarragon as a herb is a traditional remedy (e.g. with digestive and anti-inflammatory properties). Allusion to it may connect the speaker more effectively to ordinary people of simple means. Further, it persuasively brings into play an analogy for vaccination, which implies that to cope with the threat (virus or dragon), one needs to internalize something essentially connected to it (inactivated virus particles or dracunculus). The analogy transports us from the source domain of medical science (for laypeople, hard to access and more difficult to trust) to the target domain of everyday, common-sense precaution. At the same time, it is also, beyond the above, reference to receiving a Chinese-made vaccine against a Chinese-associated threat (with the dragon associated with China as symbol). The use of BBIBP-CorV is thereby verbally – by the semiotic resource chosen – underscored, underlining that the speaker is involved in performatively demonstrating a belief in the overall benefits of this particular vaccine product as an essentially Chinese product.

The impact of this may be only moderately affected by the subsequent response of the medical doctor present, that “The best vaccine in my view is the one that’s already administered to the patient.” The latter remark does not directly challenge PM Orbán’s allusion to Sinopharm’s surmised relative efficacy; implying instead that all available vaccines are effective in preventing disease. As such, it underlines the importance of a fast vaccine roll-out, which was one of the central arguments in favour of importing the “Eastern” vaccines to begin with. The remark is thus synergistic with the Hungarian government’s communication. The authority of the PM’s allusion to BBIBP-CorV is further shielded by the modality of the doctor’s statement limiting the certainty implied (“in my view”). Presumably, this was largely in deference to the authority of the exceptional patient, the PM, on the part of the doctor.

The visual material, i.e. the camerawork and the cut applied to it, attempts to amplify the effect of the mention of the Sinopharm vaccine by providing a zoomed-in – and thus decisively foregrounded – static image of the box containing the Sinopharm BBIBP-CorV vaccine vial just when preparation for the administration of the vaccine begins and the use of the „Chinese vaccine this time” (sic!) is announced by the medical doctor present as a matter of formal procedural detail, as though the particular vaccine product used would have been an unforeseen element of the vaccination. Unlike the otherwise regular surroundings (with objects lying around on various surfaces), this undermines the spontaneity of the recording, as this is an edited and strategically placed element of the footage, in a non-dynamic shift of focus.

To sum up, while the footage shows a fairly regular vaccination procedure, with the PM wearing a mask, and with multiple appropriately qualified people (health workers) present, lending credibility to the public health messaging aspect of the performance, the lack of independent media presence, cuts to the footage, and, in particular, the recommendation of a specific vaccine product, work to weaken this credibility. Significantly, the latter feature of the recording may well have served purposes other than public health in light of its contextual fit with the general trends of Sino-Hungarian government relations.

This is remarkable, given that the stakes at the time were high. Prime Minister Viktor Orbán's government made obtaining the Sinopharm vaccine a central element of its mass vaccination strategy and, consequently, a key piece of its broader pandemic response strategy – at the same time, it attached great importance to building relations with the People's Republic of China. Therefore, the performance in question can be accurately said to have aimed at hitting two birds with one stone.

The signalling aspect of this may have been directed not only towards Hungarian audiences. The readiness to stake so much of one's legitimacy on ties with the PRC and the efficacy of a PRC-based vaccine product was probably not lost on the leaders of the PRC, either. What we can show in this regard is that the Chinese party-state media outlet *Global Times* did report on PM Orbán's vaccination with BBIBP-CorV in an article dated 1 March 2021 (GT 2021b). A propaganda piece also saw publication on the same day, describing how "netizens swarmed online after the posts of Orban being administered the vaccine, with many thanking the government for adopting China's vaccines" (GT 2021a). This was followed by a report dated 3 April 2021 about Hungary's granting of a Good Manufacturing Practice certificate (as a "1st EU GMP certificate") to Sinopharm's vaccine product (GT 2021c). Still in April, another article reported on a phone conversation between Chinese President Xi Jinping and PM Orbán wherein the two leaders stressed their "close cooperation on vaccines" as showing a "high level of mutual political trust" (GT 2021d). This may suggest that the Chinese party bureaucracy followed the matter closely.

Hungary's provision of access to an EU country consequently must have been seen as an opportunity to promote BBIBP-CorV globally, as a product of Chinese science and, as such, as a "scientific object of material diplomacy" (see Ito 2021, and, in particular, Adamson 2020, 265). In turn, Hungary's granting of market access to this vaccine product, combined with PM Orbán's performance, was itself only partly a means to achieve prospectively improved public health outcomes, and partly a diplomatic gift.³ As such, the case constitutes an intriguing example of a "demand-driven" (as opposed to a "supply-driven") manifestation of Chinese influence in Hungary (see discussion of this concept by Ghincea, Volintiru, and Nikolovski (2021).

Comparison: recorded and/or public vaccinations by other HoSG

To be able to tell if any of the above-highlighted features of PM Viktor Orbán's recorded vaccination were truly unique or if they deviated to any major extent from the emerging consensus norms of public and/or recorded vaccination by other HoSG and other key health officials, we reviewed 30< performances by relevant leaders and officials – to thus have an adequate basis for the comparison of these performances (Marton, Matura, and Somogyvári 2022).

We originally intended to review performances by leaders of European Union countries only, but the search was eventually expanded beyond the EU to identify more examples of performances – particularly for the months of January – February, since these may have affected PM Orbán's performance due to proximity in time. We also expanded the search beyond HoSG in some cases to collect data about more of the highly salient and norm-setting early vaccinations (such as Dr. Anthony Fauci's vaccination in the U.S.). We have also found, and included in our data, „non-performances,” i.e. where only social media

announcements were made by certain leaders. These do not fully lack either a performative or a performance-like aspect, especially in those cases where pictures were shared accompanying the verbal messaging on the subject.

The fully enacted and recorded vaccination performances reviewed, a total of 30, feature more than 30 leaders and officials, as on some occasions multiple vaccinees received their vaccine doses at once. In evaluation of the available footage from these instances of public and/or recorded vaccination, we applied a point-scoring system whereby we gave an additional point for each of the following attributes of these performances, noted as being relevant in the case of PM Orbán's recorded vaccination: (1) MMR: Multiple Media Representatives present (as a sign of reasonably free access for the press); (2) MPIF: Multiple People In the Frame(s), i.e. when more than two people were visible in the frame(s) of the shared footage; (3) MW: Mask-Wearing observed; (4) PRO: Procedure, i.e. if at least some elements of the regular vaccination procedure were followed in the course of the administration of the vaccine; (5) UC: uncut or mostly uncut footage shared; (6) NOVR: No particular Vaccine Recommended by anyone present.

We argue the relevance of the above not only related to what we highlighted as key features of PM Orbán's recorded vaccination, but as relevant evaluation standards of the credibility of public health messaging, based on the following arguments: MMR acts as a safeguard of procedural transparency and guarantees the potential availability of UC footage; MPIF acts to elicit trust in viewers given the visibility of additional witnesses to the process; MW demonstrates that the person undergoing vaccination takes the risk of infection seriously; PRO indicates that the performance is not extraordinary in every respect and demonstrates to viewers what is to be expected by prospective vaccine recipients; UC may elicit trust by creating procedural transparency; while NOVR makes it clear that the intended demonstration effect is aimed at encouraging vaccination in general, not just vaccination with a particular vaccine product (which could be to the detriment of other vaccine products). We were thus able to grade performances on a scale of prospective effectiveness (in terms of having the expected perlocutionary/demonstration effect with a view to public health) from 0 to 6 (0 being least effective; 6 being most effective).

A noteworthy finding is that most public vaccinations have been carried out either in the presence of reporters making their own recordings or in live televised events (see [Figure 1](#)). Further, continuous footage has typically been shared from these occasions, rather than just edited footage interrupted by frequent cuts. There have been only a few cases where particular vaccines were somehow recommended. Such was the case of President-elect Joseph Biden and Vice-President-elect Kamala Harris. Biden, a recipient of the Pfizer/BioNTech vaccine, pointed out Moderna as „hitting the road” in the future, while Harris mentioned being a recipient of the Moderna vaccine. There have also been a few cases where mask-wearing was neglected, e.g. in the case of PMs Benjamin Netanyahu of Israel and Narendra Modi of India. An effort to make all regular procedural elements of vaccination a visible part of these performances was not entirely evident across most of the cases studied here, but many of the HoSG concerned received vaccination at public vaccination points, and in some cases regular procedural details were even – theatrically — overemphasized, for a full demonstration to prospective vaccine recipients of what to expect.

DATE	PUBLIC FIGURE (POSITION, NAME, COUNTRY)	VACCINATION CHARACTERISTICS, CODING
2020.12.18	Vice-President Mike Pence, wife Karen Pence and Surgeon-General Dr. Jerome Adams (USA)	MMR, MPIF, MW, PRO, UC, NOVR
2020.12.19	Prime Minister (PM) Benjamin Netanyahu (Israel)	MMR, MPIF, PRO-, UC, NOVR
2020.12.21	President-elect Joseph Biden (USA)	MMR, MW, PRO, UC
2020.12.22	Director of the National Institute of Allergy and Infectious Diseases and the Chief Medical Advisor to the President, Anthony Fauci (included due to salience) (USA)	MMR, MPIF, MW, PRO, UC, NOVR
2020.12.27	PM Andrej Babiš (Czechia)	MMR, MPIF, MW, PRO, UC, NOVR
2020.12.27	President Zuzana Čaputová (Slovakia)	MMR, MPIF, MW, PRO, UC, NOVR
2020.12.27	PM Kyriakos Mitsotakis (Greece)	MMR, MPIF, MW, PRO, UC, NOVR
2020.12.28	President Nikos Anastasiades (Republic of Cyprus)	MMR, MPIF, MW, PRO, NOVR
2020.12.29	Vice-President-elect Kamala Harris (USA)	MMR, MW, PRO, UC
2021.01.07	President Zoran Milanović, followed by members of the Croatia government (Croatia)	MMR, MW, PRO, UC, NOVR
2021.01.08	PM Lee Hsien Loong (Singapore)	MMR, MPIF, MW, PRO, UC, NOVR
2021.01.13	President Joko Widodo (Indonesia)	MMR, MPIF, MW, PRO, NOVR
2021.01.16	PM Florin Cîțu (Romania)	MMR, MPIF, MW, PRO, UC, NOVR
2021.02.11	President Egils Levits, PM Arturs Krišjānis Kariņš (Latvia)	MMR, MPIF, MW, PRO, UC, NOVR
2021.02.17	President Cyril Ramaphosa (South Africa)	MMR, MPIF, MW, PRO, UC, NOVR
2021.02.21	PM Scott Morrison (Australia)	MMR, MPIF, MW, PRO, UC, NOVR

Figure 1. Public and/or recorded vaccinations reviewed, chronology, and performance characteristics. MMR: Multiple Media Representatives present; MPIF: Multiple People in the Frame(s); MW: Mask-Wearing observed; PRO: Procedural elements observed; UC: Uncut; NOVR: No specific Vaccine Recommended (Marton, Matura, and Somogyvári 2022).

2021.02.24	PM Muhyiddin Yassin (Malaysia)	MMR, MPIF, MW, PRO, UC, NOVR
2021.02.28	PM Viktor Orbán (Hungary)	MPIF, PRO, MW
2021.03.01	PM Narendra Modi (India)	MMR, MPIF, PRO, NOVR
2021.03.19	PM Jean Castex (France)	MMR, MPIF, MW, PRO, UC, NOVR
2021.03.19	President Borut Pahor, PM Janez Janša, Parliament Speaker Igor Zorčič (Slovenia)	MMR, MPIF, MW, UC, NOVR
2021.03.22	PM Ingrida Šimonytė (Lithuania)	MMR, MW, UC, NOVR
2021.03.30	PM Mario Draghi (Italy)	MMR, MW, MPIF, PRO
2021.04.24	PM Justin Trudeau (Canada)	MMR, MPIF, MW, PRO, UC, NOVR
2021.04.27	PM Stefan Löfven (Sweden)	MW, PRO, UC, NOVR
2021.05.01	PM Eduard Heger (Slovakia)	MMR, MPIF, MW, PRO, NOVR
2021.05.06	PM Xavier Bettel	MMR, MPIF, MW, PRO, NOVR
2021.05.09	PM (Taoiseach) Micheál Martin (Ireland)	MMR, MPIF-, MW, PRO, UC, NOVR
2021.06.05	Chancellor Sebastian Kurz (Austria)	MW, PRO-, NOVR
2021.07.21	(former, already) PM Boyko Borisov (Bulgaria)	MMR, MPIF, MW, PRO, UC, NOVR

Figure 1. (Continued).

The average score of the vaccination performances was 5.24, i.e. quite high, with the results tightly packed, showing that the abovementioned evaluation standards have been consistently and convergently identified as relevant by those staging these performances. Based on this, our criteria appear to constitute emerging consensus norms. In the sample, there was but one recorded vaccination, that of Austrian Chancellor Sebastian Kurz, which scored a 3-minus (given frequently cut footage, featuring few people, with no media representatives present; scoring points for mask-wearing, for not recommending a particular vaccine product, and an additional point with a minor deduction for the way regular procedural elements of vaccination were demonstrated).

Discussion

Problematically from the point of view of maximizing the perlocutionary effect of Prime Minister Orbán's demonstration, his recorded vaccination scored only 3 points, with deductions resulting from the frequently cut footage, multiple media representatives not being present, and due to the explicit promotion of Sinopharm's BBIBP-CorV.

Points were scored for the demonstration of regular procedural elements of vaccination, for the visible presence of multiple people in the frames of the footage, and for mask-wearing.

When we consider the chronology of the vaccinations hereby studied (see [Figure 1](#)), PM Orbán's vaccination stands out even in comparison with Chancellor Kurz's recording. His performance came much earlier, when the stakes, at the beginning of mass vaccination, were comparatively higher. Early public/recorded vaccinations (17 instances) registered an even higher average effectiveness score than the overall sample (5.52 points). In the month of February, beside Latvia's leaders, three non-European heads of state or government carried out performances that might have influenced the nature of PM Orbán's vaccination due to their proximity in time – all of these performances scored 6 points. Moving farther back in time, January saw two 5-point and two 6-point performances, with one of the 5-pointers, the vaccination of President Joko Widodo of Indonesia, covered from multiple camera angles, thus not qualifying as UC, even though this aspect arguably made it *more*, rather than less, effective. The nine "early-bird" performances of December 2020 averaged 5.33 points. Even if the scale used here to measure the effectiveness of these performances is not necessarily a valid ratio, interval or ordinal scale, and even if the arguments regarding the relevance of specific effectiveness elements may be debated, the data above is indicative of major deviation from the consensus norms of public vaccination emerging from the practices of HoSG, as observed by 28 February 2021, when PM Orbán chose to undergo his recorded vaccination.

Because of this, and partly, possibly, because of other reasons, PM Orbán's performance did not promote BBIBP-CorV particularly effectively, apart from some effect among supporters of his government, as evident from the above-cited IDEA poll indicating greater acceptance of BBIBP-CorV among them. This, however, was not enough to make BBIBP-CorV the primary vaccine of choice even amongst PM Orbán's constituency, making the impact of his performance limited and selective at best. It is difficult to assess the counterfactual question of whether a performance conforming better to the above consensus norms might have made a major difference in this respect, but the limited effort to maximize trust-evoking procedural transparency is compatible with the interpretation that the diplomatic signalling aspect of this performance may have been a priority at the time of the recording.

Some remarks may be due concerning the non-performances identified. Cases include Polish President Andrzej Duda, Polish Prime Minister Mateusz Morawiecki, German Chancellor Angela Merkel, French President Emmanuel Macron, Spanish Prime Minister Pedro Sanchez, Portuguese Prime Minister António Costa, Estonian Prime Minister Kaja Kallas and Dutch Prime Minister Mark Rutte, among others. Reasons for choosing to do a non-performance may have included the low level of vaccine hesitancy in a country (not requiring a major intervention from its leaders) or the high level of public trust in leadership (not requiring a visual demonstration of their actions).⁴

More specific reasons played a role, too: French President Macron had COVID in December 2020 and thus did not have the chance to partake in public vaccination at the time when Prime Minister Jean Castex underwent it (in March 2021). Chancellor Merkel and other German politicians feared that early public vaccination in their case may be interpreted by the public as „jumping the queue“ and so they refrained from doing it (Thurau 2021).

With a view to the above, the announcement of a non-performance (e.g. on Twitter) is not necessarily less credible in delivering a message in favour of vaccination. The performance of public vaccination may be either meaningless in some cases, or may even be counterproductive, sowing doubt in audiences, should certain details of such performances be questioned by the public at large or by specific segments of it.

Conclusion

The article conceptualized performativity as an important aspect of both verbal and non-verbal communication and, accordingly, as an important aspect of performances in the world of politics, broadly understood. Public and/or recorded vaccination by HoSG in the context of an ongoing pandemic is a high-stakes performance, let alone when the aims behind it include not only public-health-related messaging but also additional objectives connected to other policy areas, such as foreign policy.

As we have shown, PM Viktor Orbán's vaccination with the BBIBP-CorV vaccine in February 2021 was exactly such an instance of a recorded performance, whose execution incorporated signals sent about the People's Republic of China, as well as, quite possibly, directly towards its leadership. We identified these signals' presence in the way the footage of PM Orbán's vaccination was cut and edited as well as in the verbal elements of PM Orbán's communication, as heard in the available footage of the vaccination. Confirming the importance of these signals, we have shown that the gesture therein can be seen as part of a consistent pattern of similar gestures in the direction of Beijing that preceded the pandemic as well as continued once it was underway. We have also demonstrated that PM Orbán's recorded vaccination considerably deviated from the emerging consensus norms of public and/or recorded vaccination by HoSG, most notably in recommending a particular vaccine product.

In light of this, we propose that Hungary's granting of market access to Sinopharm's BBIBP-CorV – giving it access to a market within the European Union – combined with PM Orbán's publicized acceptance of this product, may have served to improve prospective public health outcomes, but it was also, at the same time, a diplomatic gesture. As such, it was manifestation of a hitherto understudied form of vaccine diplomacy.

Notes

1. The authors would like to thank the reviewers of this article for their highly valued comments.
2. The Sputnik V vaccine, the other "Eastern" vaccine product approved for emergency use in Hungary (without approval by the European Medicines Agency) was also regularly promoted in various ways. It may be hypothesized that the reason why this promotion did not include a public and/or recorded vaccination similar to that of PM Orbán may have been the perceived need to counteract the down-trending public sentiment specifically towards China. While President Áder and PM Orbán were no longer available as recipients for vaccination with Sputnik V once they were vaccinated with BBIBP-CorV, the issue – beyond the scope of the present study – of why neither of them was "reserved" for a demonstration of vaccination with Sputnik V may be interesting to explore.
3. It may be interesting to raise the question of why Hungary purchased BBIBP-CorV at a relatively high price of 30 Euros per dose (plus Value Added Tax), that is, a price higher

than the per-dose price of other vaccines procured by Hungary through the EU-led procurement process or even the per-dose price some other users of the Sinopharm vaccine were offered (Németh 2021). We argue that it is at least possible to explain this as being compatible with the concept of diplomatic gift (from Hungary to China). To give a signal to third parties about trust in the Sinopharm vaccine truly usefully from Beijing's perspective, which was the essence of the gift-like aspect of this transaction, the transaction-as-demonstration had to feature buying at the market rate. A further relevant detail in interpreting this, that should be pointed out, is that the Hungarian government did not purchase directly from the Chinese manufacturer but from a Hungarian for-profit intermediary, Danubia Pharma Kft., that was tasked with sourcing and supplying the required amount of vaccine doses from China (Jandó 2021). Chinese-made medical ventilators were procured in a similar arrangement, through Foucardinal Tanácsadó Kft. as an intermediary (Segesvári 2022). Quality also proved to be an issue in that case, and the overall quantity procured was always questionable with a view to the capacities prospectively required, even in the eventuality of a very large epidemic wave. Performativity may have been an aspect of this as regards the importance for political leadership at the time of being seen as doing something to manage the crisis and prevent the loss of life.

4. With a view to the same consideration, a low score for a fully enacted public vaccination due to its lack of conformity with the emerging consensus norms of public vaccination may also reflect the low level of stakes involved (i.e. there being little vaccine hesitancy or a high level of public trust in leaders and institutions). This was, however, not the case in Hungary, as the above-cited polls measuring low public confidence in the Sinopharm vaccine show.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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