

Truth and Propaganda About Coronavirus

By Vijay Prashad, Weiyan Zhu, and Du Xiaojun

Part 1: Growing Xenophobia Against China in the Midst of CoronaShock

Violent attacks against Asians in the United States has spiked as a consequence of the stigma driven by the Trump administration.

March 31, 2020

On March 25, the foreign ministers of the G7 states failed to release a statement. The United States—the president of the G7 at this time—had the responsibility for drafting the statement, which was seen to be unacceptable by several other members. In the draft, the United States used the phrase “Wuhan Virus” and asserted that the global pandemic was the responsibility of the Chinese government. Earlier, U.S. President Donald Trump had used the phrase “Chinese Virus” (which he said he would stop using) and a member of his staff was reportedly heard using the slur “Kung Flu.” On Fox News, anchor Jesse Watters explained in his unfiltered racist way “why [the virus] started in China. Because they have these markets where they eat raw bats and snakes.” Violent attacks against Asians in the United States has spiked as a consequence of the stigma driven by the Trump administration.

Quite correctly, the World Health Organization’s Director-General Tedros Adhanom Ghebreyesus called for “solidarity, not stigma” in a speech given on February 14, long before the virus had hit Europe or North America. Ghebreyesus knew that there would be a temptation to blame China for the virus, in fact, to use the virus as a weapon to attack China in the most repulsive way. His slogan —solidarity, not stigma—was intended to sharply demarcate an internationalist and humanist response to the global pandemic from a narrow bigoted and unscientific response to the virus.

Origins

SARS-CoV-2, which is the official name for the virus, developed in the way many viruses develop: through the transmission between animals and humans. There is as yet no firm consensus about where this virus developed; one suggestion is that it developed in the west end of the Hunan Wholesale Sea Food Market in Wuhan, in China’s Hubei

province, where wild animals are sold. A central issue is the expansion of agriculture into forests and hinterlands, where humans have a greater chance to interact with new pathogens, such as SARS-CoV-2. But this is not the only such virus, even though it is undoubtedly the most dangerous to humans. In the recent period, we have seen a range of panzootic avian flu such as H1N1, H5Nx, H5N2 and H5N6. Even though H5N2 was known to have originated in the United States, it was not known as the “American virus” and no-one sought to stigmatize the United States for it. The scientific name was used to describe these viruses, which are not the responsibility of this or that nation; the arrival of these viruses raises the more fundamental question of human encroachment into forests and the balance between human civilization (agriculture and cities) and the wilds.

The naming of a virus is a controversial matter. In 1832, cholera advanced from British India toward Europe. It was called “Asiatic Cholera.” The French felt that since they were democratic, they would not succumb to a disease of authoritarianism; France was ravaged by cholera, which was as much about the bacteria as it is about the state of hygiene inside Europe and North America. (When cholera struck the United States in 1848, the Public Bathing Movement was born.)

The “Spanish Flu” was only named after Spain because it came during World War I when journalism in most belligerent countries was censored. The media in Spain, not being in the war, widely reported the flu, and so that pandemic took the name of the country. In fact, evidence showed that the Spanish Flu began in the United States, in a military base in Kansas where the chickens transmitted the virus to soldiers. It would then travel to British India, where 60 percent of the casualties of that pandemic took place. It was never named the “American Flu” and no Indian government has ever sought to recover costs from the United States because of the animal-to-human transmission that happened there.

China and the Coronavirus

In an important article published in the medical journal The Lancet, Professor Chaolin Huang wrote, “The symptom onset date of the first patient [of SARS-CoV-2] identified was December 1, 2019.” Initially, there was widespread confusion about the nature of the virus, and whether it could be transmitted from human to human. It was assumed that the virus was one of the known viruses and that it was mainly transmitted from animals to humans.

Dr. Zhang Jixian, director of the Department of Respiratory and Critical Care Medicine of Hubei Province Hospital of Integrated Chinese and Western Medicine, was one of the first doctors to sound the alarm about the novel coronavirus pneumonia outbreak. On December 26, Dr. Zhang saw an elderly couple who had high fever and a cough—symptoms that characterize the flu. Further examination ruled out influenza A and B, mycoplasma, chlamydia, adenovirus and SARS. A CT scan of their son showed that something had partially filled the interior of his lungs. That same day, another patient—a seller from the seafood market—presented the same symptoms. Dr. Zhang reported the four patients to China’s Center for Disease Control and Prevention of the Jiangnan District of Wuhan. Over the next two days, Dr. Zhang and her colleagues saw three more patients with the same symptoms who had visited the seafood market. On December 29, the Hubei Provincial Center for Disease Control and Prevention sent experts to investigate the seven patients at the hospital. On February 6, Hubei Province recognized the valuable work done by Dr. Zhang and her team in the fight to identify and reveal the virus. There was no attempt to suppress her work.

Two other doctors—Dr. Li Wenliang (an ophthalmologist from Wuhan Central Hospital) and Ai Fen (chief of the department of emergency treatment at Wuhan Central Hospital)—played a significant role in trying to break through the confusion to bring clarity toward the new virus. In the first days, when everything seemed fuzzy, they were reprimanded by the authorities for spreading fake news. Dr. Li died of the coronavirus on February 7. Major medical and government institutions—the National Health Commission, the Health Commission of Hubei Province, the Chinese Medical Doctor Association and the Wuhan government—expressed their public condolences to his family. On March 19, the Wuhan Public Security Bureau admitted that it inappropriately reprimanded Dr. Li, and it chastised its officers. Dr. Ai Fen was also told to stop spreading fake news, but in February she received an apology and was later felicited by Wuhan Broadcasting and Television Station.

The provincial authorities knew about the new virus by December 29. The next day, they informed China’s Center for Disease Control, and the following day, on December 31, China informed the World Health Organization (WHO), a month after the first mysterious infection was reported in Wuhan. The virus was identified by January 3; a week later, China shared the genetic sequence of the new coronavirus with WHO. It is because China released the DNA that immediate scientific work took place across the planet to find a vaccine; there are now 43 vaccine candidates, four in very early testing.

China’s National Health Commission assembled a team of experts from the Chinese Center for Disease Control and Prevention, the Chinese Academy of Medical Sciences,

and the Chinese Academy of Sciences; they conducted a series of experiments on the virus samples. On January 8, they confirmed that the novel coronavirus was indeed the source of the outbreak. The first death from the virus was reported on 11 January. On January 14, the Wuhan Municipal Health Commission said that there was still no evidence of human-to-human transmission, but they could not say with certainty that limited human-to-human transmission was impossible.

A week later, on January 20, Dr. Zhong Nanshan said that the novel coronavirus could be spread from human to human (Dr. Zhong, a member of the Communist Party of China, is a famous respiratory expert and a leading person in the fight against SARS in China). Some medical workers were infected by the virus. That day Chinese President Xi Jinping and Premier Li Keqiang instructed all levels of government to pay attention to the spread of the virus; the National Health Commission and other official bodies were told to begin emergency response measures. Wuhan went into full lockdown on January 23, three days after human-to-human transmission of this virus was established. The next day, Hubei province activated its Level-1 alert. On January 25, Premier Li assembled a coordinating group. He visited Wuhan two days later.

It is unclear if China could have done anything different as it faced an unknown virus. A WHO team that visited China from February 16 to 24 praised the government and the Chinese people in its report for doing their utmost to stem the spread of the virus; thousands of doctors and medical personnel arrived in Wuhan, two new hospitals were built for those infected by the virus, and various civic bodies went into action to assist families under lockdown. What the Chinese authorities did to stem the rise of the infections—as a major new study shows—was to put those infected in hospitals and those who had been in touch with them into quarantine. This targeted policy was able to identify those who had been in the chain of infection and thereby break the chain.

The World and China

The Indian state of Kerala's Health Minister K. K. Shailaja followed the rise of the cases in Wuhan and began emergency measures in this state of 35 million people in India. She did not wait. What China was doing taught Shailaja and her team how to respond. They were able to contain the virus in this part of India.

The United States was informed about the severity of the problem early. On New Year's Day, Chinese Center for Disease Control officials called Dr. Robert Redfield, head of the U.S. Centers for Disease Control and Prevention, while he was on vacation. "What he heard rattled him," wrote the New York Times. Dr. George F. Gao, the head of the

Chinese CDC, spoke to Redfield days later, and Dr. Gao “burst into tears” during the conversation. This warning was not taken seriously. A month later, on January 30, U.S. President Donald Trump took a very cavalier position. “We think it’s going to have a good ending for us,” he said of the coronavirus. “That I can assure you.” He did not declare a national emergency till March 13, by which time the virus had begun to spread in the United States.

Others around the world were as cavalier. They were like the French politicians of 1832 who felt that France would not be affected by “Asiatic cholera.” There was no such thing as Asiatic cholera in 1832, but only cholera that would harm people with poor hygienic systems. In the same way, there is no such thing as a Chinese virus; there is only the SARS-CoV-2. The Chinese people showed us the way to confront this virus, but only after some trial and error on their part. It is time to learn that lesson now. As the WHO says, “test, test, test,” and then carefully calibrate lockdowns, isolations, and quarantine. Chinese doctors who developed expertise in fighting the virus are now in Iran, Italy, and elsewhere, bringing the spirit of internationalism and collaboration with them.

On March 4, Dr. Bruce Aylward, who led the WHO team to China, was interviewed by the New York Times. When asked about the Chinese response to the virus, he said, “They’re mobilized, like in a war, and it’s fear of the virus that was driving them. They really saw themselves on the frontlines of protecting the rest of China. And of the world.”

Part 2: How China Learned About SARS-CoV-2 in the Weeks Before the Global Pandemic

In the early weeks when the virus emerged in Wuhan, the Chinese government neither suppressed evidence nor did their warning systems fail.

April 6, 2020

The World Health Organization (WHO) declared a global pandemic on March 11, 2020. Dr. Tedros Adhanom Ghebreyesus, the director-general of the WHO, said at the press conference on that day that this was “the first pandemic caused by a coronavirus.” He said, “In the past two weeks, the number of cases of COVID-19 outside China has increased 13-fold, and the number of affected countries has tripled.” From March 11 onward, it became clear that this virus was deadly and that it had the capacity to tear through human society with ease. But this was not always so clear.

On March 17, Kristian Andersen of the Scripps Research Institute in California and his team showed that the new coronavirus strain, SARS-CoV-2, had a mutation in its genes known as a polybasic cleavage site that was unseen in any coronaviruses found in bats or pangolins and that there is a likelihood that the virus came to humans many years ago, and indeed not necessarily in Wuhan. Dr. Chen Jinping of the Guangdong Institute of Applied Biological Resources, along with colleagues, had earlier published a paper on February 20 noting that their data did not support the claim that the new coronavirus in humans evolved directly from a pangolin coronavirus strain. Zhong Nanshan, a noted epidemiologist, said that “although the COVID-19 first appeared in China, that does not necessarily mean it originated here.”

Scientific studies will continue and will eventually give us a conclusive understanding of this virus. For now, there is no clarity that it emerged directly from the Wuhan market.

The Western media have consistently made scientifically unfounded claims about the source of the virus, even when Western scientists were urging caution. They were certainly not listening to the doctors in Wuhan or to public health experts in China.

When doctors in Wuhan first saw patients in their hospitals in December, they believed that the patients had pneumonia, although CT scans showed severe lung damage; the patients were not responding to the typical medical treatment. Doctors were alarmed by the situation, but there was no cause to imagine that this was going to escalate into a regional epidemic and then a global pandemic.

The doctors and hospitals in Wuhan eventually came to grips with the evidence before them, and as soon as it became clear that this was an unfamiliar virus and that it spread rapidly, they contacted China's national Center for Disease Control (CDC) and then the WHO.

You would not know this if you only read Western newspapers, notably the New York Times, which suggested in a widely circulated report that the Chinese government had suppressed information about the epidemic and that the Chinese warning system did not work.

Our investigation finds neither of these arguments to be true. There is no evidence that the Chinese government systematically suppressed information; there is only evidence that a few doctors were reprimanded by their hospitals or the local police station for divulging information to the public and not using the established protocols. There is also no evidence that the Chinese direct reporting system was faulty; instead, there is only evidence that the system, like any system, could not easily adjust to unknown or unclassified outbreaks.

The Chinese medical system, like other systems, has a rigorous procedure to report such things as health care emergencies. Medical personnel report to their hospital administration, which then reports to the various levels of CDC and the Health Commissions; they can also use the internet-based direct reporting system. It did not take long for the medical personnel to report the problem, and even less time for a high-level investigation team to arrive in Wuhan. This is what our investigation found.

Did the Chinese Government Suppress Information?

Dr. Zhang Jixian, director of Respiratory and Critical Medicine at the Hubei Provincial Hospital of Integrated Traditional Chinese & Western Medicine, saw an elderly couple on December 26. Their ailment bothered her. She arranged CT scans of the lung of the couple's son who otherwise appeared healthy; the result, however, "showed ground glass opacity." Uncertain about the causes, Dr. Zhang reported the situation to Xia Wenguang, the vice president of the hospital, as well as other departments of the hospital; the hospital promptly told Jiangnan District Center for Disease Control and Prevention. This took place within 24 hours.

More patients arrived at the Hubei Provincial Hospital on December 28 and 29. The doctors still did not know more than that these patients presented symptoms of pneumonia, and that they had significant lung damage. It became clear to them that

the immediate location for the spread of the virus was the South China Seafood Market. On December 29, as the cases increased, the hospital's vice president Xia Wenguang reported directly to the disease control department of the provincial and municipal Health Commissions. That day, the disease control department of the municipal and provincial Health Commissions instructed Wuhan CDC, Jinyintan Hospital and Jiangnan District CDC to visit the Hubei Provincial Hospital for an epidemiological investigation. On December 31, an expert group of the National Health Commission arrived in Wuhan from Beijing. In other words, officials from Beijing arrived in Wuhan within five days of the first sign of a problem.

The day before the expert group arrived from Beijing, one doctor—Dr. Ai Fen—expressed her frustration at the mysterious virus with some medical school classmates. Dr. Ai Fen saw a test report of unidentified pneumonia. She circled the words “SARS coronavirus” in red, photographed it, and passed it on to a medical school classmate. The report spread among doctors in Wuhan, including Dr. Li Wenliang (a Communist Party member) and seven other doctors who were later reprimanded by the police. On January 2, the head of Wuhan Central Hospital Supervision Department warned Dr. Ai Fen not to release information outside the channels of the hospital.

The reprimands received by these doctors are offered as evidence of suppression of information about the virus. This is not logical. The reprimands took place in early January. By December 31, a high-level team arrived from Beijing, and on that day, the WHO had been informed; China's CDC and the WHO had been informed before these two doctors were reprimanded.

On February 7, 2020, the National Supervision Commission decided to send an investigation team to Wuhan to investigate the situation. On March 19, 2020, the team published the results of their investigation and held a press conference to share their findings. As a result of the investigation, the Wuhan Public Security Bureau issued a circular to revoke the letter of reprimand issued to Dr. Li Wenliang. On April 2, Dr. Li Wenliang and 13 others who died in the fight against the virus were honored by the government as martyrs (this is the highest honor given by the Communist Party and the People's Republic of China to its citizens).

There is no evidence that local officials were afraid to report the epidemic to Beijing. There is no evidence that it took “whistleblowers,” as the New York Times put it, to shine a light on the issue. Dr. Zhang was not a whistleblower; she followed the established protocol, which led to information being passed on to the WHO within days.

China's Early Warning System

In mid-November 2002, a SARS outbreak broke out in Foshan, Guangdong Province, China. Doctors could not easily understand what was going on. Eventually, in mid-February China's Ministry of Health wrote an email to the WHO Beijing office "describing 'a strange contagious disease' that has 'already left more than 100 people dead'" in one week. Also mentioned in the message was "a 'panic' attitude, currently, where people are emptying pharmaceutical stocks of any medicine they think may protect them." It took eight months to contain this SARS outbreak.

In its aftermath, the Chinese government set up a direct reporting system to catch any health emergencies before they go out of control. The system works very well for clearly defined infectious diseases. Dr. Hu Shanlian, a professor of health economics at Fudan University, describes two such incidents. As part of the polio eradication expert group, his team found two cases of polio in Qinghai. The local government reported the cases to the central government, and it began emergency immunization as well as gave children a sugar cube vaccine to effectively control the imported poliomyelitis. As well, he reports about the two cases of plague in Beijing that came from the Inner Mongolia Autonomous Region. "Diseases like these," he wrote, "can be quickly absorbed from the direct reporting system."

Well-known ailments such as polio and plague can easily be entered into an early warning system. But if the doctors are confounded by the virus, the system cannot easily work. Dr. Ai Fen, who forwarded some clinical records to her colleagues, said that the direct reporting system is very effective if the ailment is commonplace, such as hepatitis and tuberculosis. "But this time it was unknown," she said. Dr. Zhang Wenhong of Shanghai said that the direct reporting system "is more powerful than those in most countries in the world for known pathogens [such as MERS, H1N1] or pathogens that do not spread quickly and have limited human transmission [such as H7N9]." If confronted with a new virus, the medical personnel and the direct reporting system are bewildered.

The most effective way to proceed when there is no clarity about the infection is to inform the disease control department in the hospital. This is exactly what Dr. Zhang Jixian did, and her superior, the head of the hospital, contacted the local CDC, who contacted China's national CDC and the National Health Commission of China. Within five days of Dr. Zhang's alarm, the WHO was informed about a mysterious virus in Wuhan.

Since January 21, the WHO has released a daily situation report. The first report highlights the events from December 31 to January 20. The first bullet point of that report says that on December 31, the WHO China Country Office was informed that there were “cases of pneumonia unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China.” The Chinese authorities isolated a new type of coronavirus on January 7, and then on January 12 they shared the genetic sequence of the novel coronavirus for use in developing diagnostic kits. Precise information about the virus’s form of transmission would not come until later.

The direct reporting system was updated on January 24, 2020, with the information about the novel coronavirus. It has now learned from experience.

Facts and Ideology

Florida Senator Marco Rubio accused the WHO of “servility to the Chinese Communist Party.” He wrote that the United States will open “investigations into the WHO’s unacceptably slow decision-making on whether to declare a global pandemic and into how China has compromised the integrity of the WHO.” U.S. funds for the WHO are in the balance. Characteristically, Rubio offered no facts.

Was the WHO slow in declaring a global pandemic? In 2009, the first known case of H1N1 was detected in California on April 15; the WHO declared a global pandemic on June 11, two months later. In the case of SARS-CoV-2, the first known cases were detected in January 2020; the WHO declared a global pandemic on March 11—one and a half months later. In the interim, the WHO sent in investigation teams to Wuhan (January 20-21) and to Beijing, Guangdong, Sichuan, and Wuhan (February 16-24); their investigation, before the declaration, was thorough. The timeframe for the WHO declaration is similar, even faster in 2020 than it was in 2009.

Whether it is the New York Times or Marco Rubio, there is an urgency to conclude that China’s government and Chinese society are to blame for the global pandemic, and that their failures not only compromised the WHO but caused the pandemic. Facts become irrelevant. What we have shown in this report is that there was neither willful suppression of the facts nor was there a fear from local officials to report to Beijing; nor indeed was the system broken. The coronavirus epidemic was mysterious and complex, and the Chinese doctors and authorities hastily learned what was going on and then made—based on the facts available—rational decisions.

(These are the first two articles in a three-part series, which will be fully available here.)

Vijay Prashad is an Indian historian, editor and journalist. He is a writing fellow and chief correspondent at Globetrotter, a project of the Independent Media Institute. He is the chief editor of LeftWord Books and the director of Tricontinental: Institute for Social Research. He has written more than twenty books, including *The Darker Nations: A People's History of the Third World* (The New Press, 2007), *The Poorer Nations: A Possible History of the Global South* (Verso, 2013), *The Death of the Nation and the Future of the Arab Revolution* (University of California Press, 2016) and *Red Star Over the Third World* (LeftWord, 2017).

Du Xiaojun works as a translator and is based in Shanghai. His research is in international relations, cross-cultural communication, and applied linguistics.

Weiyan Zhu is a lawyer based in Beijing. She is interested in social and political issues.

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