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ORDER FROM CHAOS

Let's end the COVID-19 blame game: Reconsidering China's role in the pandemic

Jamie P. Horsley Wednesday, August 19, 2020

According to U.S. Secretary of State [Mike Pompeo](#), “today we’re all still wearing masks and watching the pandemic’s body count rise because the CCP [Chinese Communist Party] failed in its promises to the world.” This was the most prominent recent example of the Trump administration [blaming](#) China, particularly the Chinese Communist Party, for the COVID-19 pandemic that surfaced in Wuhan, Hubei Province at the end of 2019. China, in turn, has [accused](#) the United States of mismanagement and failure to take the pandemic seriously.

The Chinese party-state did mishandle aspects of the initial outbreak. But based on what we now know about COVID-19’s early and asymptomatic transmission and many countries’ ineffective responses, it is not clear that greater transparency in the first weeks would have prevented its spread overseas. Given both this uncertainty and that COVID-19 is the most devastating global health and economic crisis [since World War II](#), the United States and China should end the blame game over the pandemic, collaborate to conquer it, and lay the groundwork for more effectively handling future outbreaks.

GROUND ZERO

Beginning [December 27](#), doctors in Wuhan reported several cases of an unusual pneumonia, seemingly [associated](#) with a wet market selling wild animals. Wuhan health authorities quickly investigated and, amid social media leaks, publicly [announced](#) details about the outbreak [on December 31](#), closing the suspect market on January 1. National health authorities [took control](#) over the investigation, and Chinese scientists rapidly [identified](#) a new coronavirus, preliminarily [confirmed](#) it as the cause of the atypical pneumonia, completely [sequenced](#) its genome in record time, [developed testing kits](#), and [published](#) multiple sequences through globally-accessible databases on January 11, thereby enabling health facilities around the world to detect cases and manage spread.

But Chinese authorities mismanaged public risk communication about the outbreak. They [did not immediately notify](#) the World Health Organization (WHO) as [required](#) of its member states, although the WHO [obtained](#) information on December 31 from other sources. Chinese authorities rebuffed requests for samples and offers to assist with epidemiological investigations [from the WHO](#) and [U.S. government](#). Initially focused on a [theory of animal-borne disease](#), they downplayed — though never denied — the possibility of highly-infectious human-to-human transmission. In [updates](#) during the outbreak’s first critical weeks, Wuhan officials advised residents to guard against seasonal infectious diseases by wearing masks, avoiding closed or crowded spaces, and seeing a doctor if experiencing fever or respiratory symptoms, but did not highlight increased potential risk from the outbreak.

Moreover, Chinese health authorities [prohibited](#) unauthorized disclosure by doctors and researchers, reported no new cases [for almost two weeks](#) while Wuhan held local political meetings, and censured individuals — including the posthumously [exonerated](#) “whistleblower” Dr. Li Wenliang, who died from the virus — for [sharing information](#) concerning its emergence and spread. Health experts continued to publicly characterize the risk of sustained human-to-human transmission as [low](#), even after a Wuhan-related case in Thailand [prompted](#) national health authorities to [convene](#) a January 14 teleconference with provincial officials that acknowledged internally the virus’ potential human-to-human transmission. Officials activated, but [did not publicize](#), a top-level public health emergency on January 15, despite concurrently strengthening containment measures in Wuhan and launching a nationwide case detection effort. By January 20, when China’s leaders [announced](#) a national offensive to contain the disease, and publicly [confirmed](#) its [spread](#) through human-to-human transmission, Wuhan hospitals were [overwhelmed](#), and the first U.S. case was [confirmed](#).

Beijing [insists](#) China acted with transparency and responsibility in its [fight](#) against COVID-19. After acknowledging the epidemic, authorities instituted daily COVID-19 briefings; periodically [updated](#) the U.S., the WHO, and other overseas counterparts; demanded timely information disclosure domestically; and collaborated on scientific [contributions](#) with other countries. Chinese leader Xi Jinping has, however, [conceded](#) “weak links” in, and [called for](#) improving, China’s public health emergency system, including early warning and [direct reporting](#) of infectious diseases and [ensuring](#) prompt and transparent epidemic information release. Regardless, Beijing’s initial understating of the possibility of human-to-human transmission, refusal of repeated offers of assistance from the U.S. and others, [early and continued non-disclosure](#) and [suppression](#) of relevant information, and [resistance](#) to calls for an independent investigation into the origins and development of COVID-19 in China both eroded international trust in China’s data and transparency and contributed to the downward spiral in U.S.-China relations.

TRANSPARENCY AND HINDSIGHT

Earlier transparency by China’s health authorities about COVID-19 and earlier willingness to take measures to inhibit its transmission might have slowed its spread and [saved lives](#), especially [within Wuhan](#), which [bore](#) the brunt of China’s COVID-19 infections and deaths. A retrospective [study](#) estimates that, if China had taken such measures three weeks before Wuhan’s [lockdown](#) on January 23 — by which time [four million travelers](#) had already departed Wuhan for Chinese New Year — infections could have been reduced by 95%, and by 66%, if taken just one week earlier.

However, greater initial transparency from China would not necessarily have prevented the worldwide spread of the disease. With relatively few confirmed patients in the first weeks and not yet understanding that up to 80% of COVID-19 [cases](#) are asymptomatic, pre-symptomatic, or have mild symptoms, it seems unlikely that officials would have restrained people without suspicious symptoms from traveling, or have locked down Wuhan, before the outbreak exploded in late January.

Moreover, retrospective studies indicate the virus was silently circulating abroad before Wuhan doctors first detected it, including in France by November 16 and in Italy by December 18. Doctors who re-tested samples from respiratory patients in France speculate that “the virus dispersed sporadically after the first case in mid-November,” accelerated during year-end holiday events, and took off in epidemic proportions after a late February religious gathering. A similar pattern of slow spread with limited detection, followed by acceleration and explosion, played out in the U.S. and other countries.

More importantly, while some countries performed well, many other countries, including the United States, did not adopt aggressive testing, contact tracing, social distancing, and other measures that China successfully deployed to contain spread outside Wuhan, even after Chinese authorities and scientists confirmed human-to-human transmission on January 20, locked Wuhan down on January 23, and warned in a January 24 Lancet paper of a “novel coronavirus outbreak of global health concern.”

China’s political environment, which emphasizes social stability and control of information and speech through the CCP’s comprehensive leadership, was a likely factor in official reluctance to admit the possibility of human-to-human transmission or permit public discussion of the evolving disease. Politics may also explain why no new cases were reported during Wuhan’s political meetings in mid-January. Other parts of the story reportedly include near-universal scientific and bureaucratic caution, marginalization and lack of autonomy of scientific and medical expertise, and concern about prematurely precipitating a public panic, triggering economic impacts and disrupting China’s family-oriented national holiday.

BEYOND BLAME, TOWARDS COOPERATION

China certainly mishandled information about COVID-19 in the early days. But the U.S. government also mishandled information it had. Despite all the evidence by the time of the Wuhan lockdown, the U.S. government downplayed the threat and failed to prepare for the near-certain spread of the disease here. The fact that the United States suffers the worst COVID-19 outbreak in the world is in large part the result of our own leaders’ actions and inactions. Blaming China without also blaming ourselves is not an honest reckoning.

The more important point, however, is that the blame game has been and remains a serious distraction from the essential and difficult work needed to control this terrible disease. The COVID-19 pandemic is incredibly complex, as are the political, economic, and social factors at play in China’s and other countries’ responses. A full, official reckoning — covering China’s conduct when COVID-19 first emerged and the United States’ failure to combat COVID-19 as effectively as it could have — must wait until the pandemic subsides.

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Meanwhile, rather than engaging in mutual accusations, the U.S. and China [should call a truce](#) and [work together](#) through diplomatic and private channels to develop effective COVID-19 diagnostics, treatments, and vaccines. In line with China's call to depoliticize the pandemic and [let the scientists figure out](#) how COVID-19 emerged, a joint U.S.-China investigation of the origin of the pandemic, preferably coordinated with or as part of the [WHO initiative now under development](#) with China, might remove COVID-19 from the list of issues driving the two countries apart. Such cooperation is [supported](#) by a majority of the American public, despite a [rise in unfavorable sentiment](#) toward China, and would be welcomed by the [scientific](#) and [international](#) communities.

We are all trying to figure out how this new and insidious disease impacts our bodies, societies, and economies, and what a [post-COVID-19 world and world order](#) will look like. We can learn much from the successes and failures of China and the rest of the world dealing with COVID-19, as well as the re-opening process. Going forward, the United States and the world will greatly benefit if the U.S. and China work together to strengthen public health systems and to better address future pandemics.