SARS outbreak the result of poor social conditions

Barry Mason 15 April 2003

An outbreak of a new influenza-type infection, Severe Acute Respiratory Syndrome or SARS, began in November last year in the Guangdong province of China.

Guangdong is adjacent to Hong Kong on China's east coast. From Guangdong the disease spread to Hong Kong, and then to other countries in the Far East and also to Europe and North America. The countries most severely affected are China, Singapore, Vietnam and Canada. But cases have also been reported in Taiwan, France, Germany, Italy, Ireland, Thailand and the United States, amongst others.

Whilst the disease was first recognised in November, Chinese officials imposed a news blackout and refused to notify world bodies responsible for disease control. There was no attempt to isolate the disease, no schools were closed and no advice was given on avoiding contact with the disease. Only this month did Deputy Chinese Prime Minister Wu Yi call for a national medical emergency strategy to be established. For the first time official information is being made available to the public. This response came after the director of the Chinese Centre for Disease Control and Prevention made statements regretting the lack of publicity about the outbreak.

It seems that even now a cover-up is taking place. A BBC Newsweb report of April 7 claims that official reports of 19 cases of SARS in Beijing are contradicted by health workers who say that there are more than a 100 cases in the city. A Chinese military doctor has contradicted the government claim that the rate of new cases in Guangdong is down by a half.

This cover-up reflects the concern of the Chinese authorities that nothing, not even a threat to human life, should interfere with the ongoing development of capitalist industry and inward investment. Guangdong along with most of the Chinese eastern seaboard has seen a dramatic industrialisation in recent years, as China has become a low-wage assembly platform for major transnational companies. The Guangdong province exports 40 percent of the world production of microwave ovens, for example.

The figures for growth in industrial production in January and February this year were up 17.5 percent compared to last year's figures for the same months. China's economy grew by 8 percent last year.

A tiny elite has benefited from this process while for the majority social conditions have deteriorated. The average annual income in China is a meagre \$700. Just 5 percent of population earn over \$5,000 per year and only 2.4 million people have assets of \$100,000.

Guangzhou, the major city of the Guangdong province, has seen a mass influx of workers and peasants from the western areas of China. Many peasants have had to abandon their land due to the 23 percent fall in agricultural prices since the introduction of a free market. They flock to cities like Guangzhou and become cheap labour for the factories and building sites there.

Wages are extremely low. The average wage for manufacturing workers is 60 cents an hour, compared to \$1.40 in Mexico.

In the midst of the process of urbanisation many people still try to scrape a living by raising animals to sell in the markets. They often live in close association with the animals they are raising. There are also numerous street markets with live animals for sale. Humans living in very poor conditions in close proximity to animals is a perfect environment for animal viruses to cross into the human population. It is thought this is how the SARS infection originated.

In Hong Kong overcrowded and unsanitary housing

has contributed to the spread of the disease. Experts now suggest that a whole apartment block was hit by SARS because cockroaches spread the infection from one apartment to another. Once the disease got to Hong Kong it was quickly able to spread to other areas of the world. Hong Kong's role as a major commercial centre means a large turnover of international travellers who have spread the disease.

Symptoms include high fever, headaches and body aches, usually followed in a few days with difficulties in breathing. SARS has proved fatal in about 4 percent of cases. To date there have been approximately 2,800 reported cases, of which more than 2,000 are in China/Hong Kong. Of the over 100 deaths, half have been in China.

According to a recent article published on the *Lancet* web site, the cause of the disease is thought to be a corona virus. Research was carried out on 50 patients with the disease in Hong Kong. Corona viruses are normally fairly benign and are responsible for the common cold. It is thought that this particular strain has mutated and jumped from an animal species to infect human beings.

A World Health Organisation (WHO) update on the status of the SARS epidemic posted on April 10 reports that Chinese laboratories have found corona virus in SARS patients, confirming the findings of the *Lancet* report and providing further evidence that the SARS infection originated in the Guangdong province of China. The report goes on to say that in Hong Kong the health authorities have said all contacts within the household of a SARS patient must confine themselves to their homes for a period of 10 days.

Singapore has had 19 confirmed cases, with 33 suspected. Most of the cases can be traced to a single Chinese man. In Vietnam there have now been a total of 62 cases to date. In Canada there have been 97 cases with 10 deaths, many of them from the Ontario area.

There have been hysterical forecasts, saying SARS represents a bigger threat to world health than AIDS/HIV. But with proper measures and treatment the disease is manageable. Its mortality rate of around 4 percent is not exceptional. It does, however, show the danger of such new epidemics developing and the inadequacy of the existing structures in dealing with future threats.

One of the great achievements of public health

measures in the Western nations made by the turn of the last century was to reduce many infectious diseases through such measures as providing clean water and introducing epidemiological procedures to track and prevent infection. Not only are public health measures under attack in the developed world as spending is slashed, but globalisation means the need for global public health provision is greater than ever.



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