

The World Health Organization comes under new US attack for its relationship to China

Benjamin Mateus**9 June 2020**

Last Wednesday, June 3, the Associated Press provided a detailed account of how China, during the initial critical days in late December and early January, delayed releasing important information on the coronavirus to the World Health Organization (WHO).

Wasting no time, US officials immediately used the AP report for a new round of China-bashing. Senator Rick Scott, Republican from Florida, and Representative Ami Bera, Democrat from California and chairman of a US House Foreign Affairs subcommittee, issued statements to the press effectively condemning the UN agency's relationship with China and insisting that this may have altered the course of the pandemic.

Other imperialist politicians joined in the chorus. Canadian Prime Minister Justin Trudeau said, "The World Health Organization remains a truly important ally ... but there are many questions that need to be answered going forward." China hawks among right-wing British politicians called the report "shocking." Additionally, a Trump administration spokesman declared, "The WHO's complicity with China to cover up the source of the virus violated the organization's own regulations."

On May 29, President Trump, during remarks delivered in the Rose Garden, said that the United States "will today be terminating our relationship with the WHO," just 11 days after having written a letter to the Director-General issuing an ultimatum. The letter's conclusion sets a mid-June deadline for the WHO to "commit to major substantive improvements" or the cutoff of funds will become permanent and the US will withdraw from the WHO.

At a WHO briefing in Geneva after the AP report was released, several journalists in succession pressed the panel on these revelations. Director-General Tedros Adhanom Ghebreyesus remained silent. Dr. Mike Ryan, the executive director of WHO's health emergencies program, issued a cautious and apparently prepared statement, to the effect that "our leadership and staff have worked night and day in compliance with the organization's rules, regulations to support and share information with our member states equally and engage in frank and forthright conversations with governments at all levels. That's what I would like to say."

Whatever the defects in the Chinese response in the early days of the outbreak, the revelations are being politicized to redirect onto China the blame for the mass deaths, the global economic downturn, and the deliberate impoverishment of the population while trillions of dollars have been pumped into the financial markets and the pockets of the super-rich. This campaign is also aimed at tarnishing the reputation of the WHO so as to render ineffective any criticism it might make of the ongoing "back-to-work" campaign.

The timeline of events in Wuhan

It is therefore necessary to review the timeline again with the new information provided by the AP exposé.

In the latter weeks of December, in Wuhan, a city of 11 million in central China, a mysterious pneumonia-like viral illnesses not responding to standard flu treatment led to concerns on the part of health officials that this might be caused by a novel viral pathogen, given China's recent history with SARS. On December 27, Vision Medicals, a gene technology company based in Guangzhou, was able to piece together most of the genome. The significant similarity to the SARS virus raised concerns about a similar outbreak. The company immediately forwarded the findings to Wuhan health officials and the Chinese Academy of Medical Sciences. By December 30, internal memos within Wuhan's health administration were warning of the unusual viral pneumonia, and these warnings found their way into social media, leading to a clampdown by Chinese authorities.

Dr. Shi Zhengli is a Chinese virologist and director of the center for Emerging Infectious Diseases at the Wuhan Institute of Virology (WIV), also better known as the "Bat Woman" for her extensive work on coronaviruses. After being informed by colleagues that two patients had potentially been infected with a novel coronavirus, she hurriedly returned from a conference in Shanghai—this according to an article published in *Scientific American* in March. By January 2, her lab had decoded the entire genome, and on January 5, her team had isolated the virus. According to Dr. Shi, an exhaustive search of the lab records did not identify any matched sequences with the isolated virus.

On December 31, when there were 27 recognized infections, the state television CCTV, as well as three international news agencies, Reuters, Deutsche Welle, and *South China Morning Post*, had picked up the story, with one headline reading: "China investigates SARS-like virus as dozens struck by pneumonia."

According to the WHO's press statement dated January 5, "On 31 December 2019, the WHO China Country Office was informed of cases of pneumonia of unknown etiology. As of 3 January 2020, a total of 44 patients with pneumonia of unknown etiology have been reported to WHO by the national authorities. ... all patients are isolated and receiving treatment in Wuhan medical institutions."

Apparently, the US Centers for Disease Control and Prevention (CDC) had also learned of the "cluster of 27 cases of pneumonia" on December 31. Several months previously, according to Reuters, the Trump administration had terminated a "key American public health position in Beijing intended to help detect disease outbreaks in China." Due to US trade disputes with China, Dr. Linda Quick, a field epidemiologist, left her position in September 2019. As was noted, she had been "in an ideal position to be the eyes and ears on the ground for the United States and other countries on the coronavirus outbreak, and might have alerted them to the growing threat weeks earlier." US CDC Director Dr. Robert Redfield adamantly claimed in a statement to Reuters that the "elimination of the advisor position did not hinder Washington's ability

to get information and ‘had absolutely nothing to do with CDC not learning of cases in China earlier.’”

According to the AP, the Chinese CDC independently sequenced the genome of the novel virus on January 3. On the same day, the National Health Commission issued a “confidential notice ordering labs with the virus to either destroy their samples or send them to designated institutes for safekeeping.” According to Liu Dengfeng, an official with the National Health Commission’s science and education department, this was done for labs not designated to handle unidentified pathogens and intended to prevent secondary mishaps. “Based on comprehensive research and expert opinion, we decided to manage the pathogen causing the pneumonia temporarily as Class II—highly pathogenic—and imposed biosafety requirements on sample collection, transport, and experimental activities, as well as destroying the samples,” he said.

Famed virologist Dr. Zhang Yongzhen and his team at the Shanghai Public Health Clinic Centre were next to have sequenced the novel coronavirus on January 5. Internal communication reflects that the National Health Commission was notified that the new virus was like the SARS virus and potentially infectious: “It should be contagious through respiratory passages. We recommend taking preventative measures in public areas.”

On January 6, the US CDC had issued a travel watch to Wuhan and the Center for Infectious Disease Research and Policy (CIDRAP) in Minneapolis had provided an accurate brief of the situation noting 15 more cases, bringing the total to 59. Regional governments were flagging sick travelers who had been to Wuhan. Dr. Michael T. Osterholm, director of CIDRAP, had assessed that the outbreak wasn’t rapidly escalating.

On January 7, the virology lab at Wuhan University was next to sequence the virus (making it the fourth) matching that sequenced by Dr. Shi at the WIV. The Chinese CDC had already raised the threat level to the second highest the day prior, but they lacked the authority to issue a public warning. By January 8, the *Wall Street Journal* had run a story titled, “New virus discovered by Chinese scientists investigating pneumonia outbreak.”

The AP report suggests that the National Health Commission in China was tied up in a bureaucratic morass driven by concerns about being wrong about the implication of these findings, preventing Dr. Shi’s data from being published, and not allowing her to speak publicly. Meanwhile, the Chinese CDC was “plagued with fierce competition” to be the first to publish on the discoveries in prestigious journals.

The WHO seeks information

Meanwhile, the WHO health officials had been pressing their Chinese counterparts for critical clinical and diagnostic data. Private remarks spoke to frustrations that China was not forthcoming with sufficient data to determine if they were seeing human to human transmissions. The AP wrote, “The WHO staffers debated how to press China for gene sequences and detailed patient data without angering authorities, worried about losing access and getting Chinese scientists into trouble.”

The WHO has no enforcement powers and no authority to investigate epidemics within a country independently of the host nation. It is evident from the AP report that the international health agency recognized time was of the essence. Dr. Mike Ryan complained on January 8, “the fact is, we’re two to three weeks into an event, we don’t have a laboratory diagnosis, we don’t have an age, sex or geographic distribution, we don’t have an epi curve.”

According to Dr. Ali Mokdad, professor at the Institute for Health Metrics and Evaluation at the University of Washington, “It’s obvious

that we could have saved more lives and avoided many, many deaths if China and the WHO had acted faster.” But he and many experts surmised that a confrontational approach with China might have prompted Chinese health authorities to break off collaboration, leading to an even more catastrophic scenario.

In the intervening days, the first death from COVID-19 occurred on January 9: a 61-year-old man, a regular customer at the now infamous seafood market in Wuhan. Additional travelers from China to South Korea and Thailand were isolated and treated for viral pneumonia.

On January 11, Dr. Zhang of Shanghai Public Health Clinic Centre, out of frustrations with delays by authorities, published the sequence on virological.org, finally providing the world the first glimpse of the genetic blueprint for SARS-CoV-2. Thai researchers who had isolated and partially sequenced the virus from an ill Chinese traveler discovered at the airport on January 9 issued findings on January 13 that the virus was identical to Dr. Zhang’s sequence.

The crux of the criticism against China’s delay lies in the fact that more than two weeks had passed since the partial sequence had been decoded and more than a week since three other labs had full sequences before the sequences were finally published on GISAID, platform for scientists to share genomic sequences. Additionally, it was important to determine if human-to-human transmission was occurring.

Peter Daszak, president of EcoHealthAlliances, a scientist who has spent his career hunting dangerous viruses, offered a more objective overview. He said, “The pressure is intense in an outbreak to make sure you’re right. It’s actually worse to go out to the public with a story that’s wrong because the public completely lose confidence in the public health response.”

Beijing was quickly forced into damage control mode, launching a nationwide public health emergency plan. On January 14, the National Health Commission, chaired by Party Secretary and Director Ma Xiaowei, convened a confidential teleconference with health officials, providing a formal notification and plan of action to President Xi Jinping and Premier Li Keqiang. According to a press release, “The meeting pointed out that there are great uncertainties in the current epidemic prevention and control work. Although the epidemic is still confined to the limited scope of Wuhan City, the source of the new coronavirus infection has not been found, the transmission route of the epidemic has not been fully grasped, and the human-to-human transmission capacity still needs to be closely monitored.”

Yet, despite this declaration of a level one emergency within internal circles, the WHO continued to struggle to obtain accurate clinical data to determine the extent of the outbreak. Only after a renowned infectious disease specialist, Dr. Zhong Nanshan, declared on January 20 that the new virus was being transmitted between people, did the Chinese President Xi Jinping call for the “timely publication of epidemic information and deepening of international cooperation.” On January 22, the WHO convened an independent committee to address if there was a need to declare a global health emergency.

WHO review of response by member states

The WHO’s independent oversight and advisory committee (the IOAC) issued their appraisal of the agency’s response to the pandemic on May 21. It stated that the WHO was first notified of pneumonia-like cases of unknown etiology on December 31 in Wuhan. The WHO health emergencies arm began providing updates and guidance to member states almost immediately. The IOAC wrote, “Initial information on case fatality rate, severity, and transmissibility furnished by China in early January

reflected an incomplete picture of the virus but were updated by the WHO Secretariat following a country office mission to Wuhan from [January] 20 to January 21. An imperfect and evolving understanding is not unusual during the early phase of a novel disease emergence.”

The WHO declared a public health emergency of international concern (PHEIC) on January 30, with just over 10,000 cases, of which 80 were outside of mainland China. The IOAC cites concerns with member states’ varied public health responses to the declaration. They wrote, “this raises questions about whether member states view a PHEIC declaration as a sufficiently clear trigger.” They noted, critically, that the majority of countries were poorly prepared for a severe pandemic and struggled to implement public health measures in response to developments.

“The WHO Secretariat’s response to COVID-19 was faster than for either the MERS or SARS epidemics, but this did not prompt similarly rapid action by all Member States; this may indicate a gap between the current International Health Regulations (IHR) and Member State expectations of WHO Secretariat’s role. This pandemic has called into question whether the existing roles and responsibilities that the IHR assigns to the WHO Secretariat and the Member States are widely understood, fit for purpose, and still appropriate for a pandemic.”

The IOAC also raised appropriate disquiet about the agency’s finances. Since February 2020, the WHO has raised \$408 million for its work across three levels of the organization. An additional \$306 million has been pledged. The IOAC calculates that the WHO would need an estimated \$1.7 billion through the end of the year, leaving a funding gap of \$1.3 billion. According to the Director-General, the budget of just over \$2 billion is that of a medium-sized hospital in a developed country.

In the most searing conclusions, the IOAC wrote, “The COVID-19 pandemic is having huge socio-economic impacts across the globe, on health, economies, businesses, and on the workings and interactions of all communities in a way no other emergency has had before. No single Member State can hope to defeat this virus solely with the tools that exist within their borders. Yet there has been a palpable lack of global solidarity and common purpose. That is a recipe for extending and worsening the global outbreak, leaving all countries less secure. A successful pandemic response hinges on inter-connected global systems and networks: of scientific expertise, medical supply, trade, innovation, and production. The rising politicization of pandemic response is a material impediment to defeating the virus, while it aggravates other health, social and economic impacts.”

In February 2018, the WHO placed on their shortlist of blueprint priority diseases, a hypothetical and unknown pathogen, duly named Disease X, that could cause a future pandemic for which there would be no, or insufficient, medical treatments. Two years later, in early February 2020, Dr. Shi Zhengli of the WIV declared the coronavirus causing COVID-19 should be recognized as the first Disease X. In the same month, Dr. Marion Koopmans, head of Viroscience at Erasmus University Medical Center in Rotterdam, wrote, “whether it will be contained or not, this outbreak is rapidly becoming the first true pandemic challenge that fits the Disease X category.”

The Trump administration and the pandemic danger

If one compares the US response to the WHO’s, on May 11, 2017, Director of National Intelligence Dan Coats offered Congress a written testimony during a presentation of the Intelligence Community’s Worldwide Threat Assessment that “a novel or reemerging microbe that is easily transmissible between humans and is highly pathogenic remains a major threat because such an organism has the potential to spread rapidly

and kill millions.”

Nonetheless, on February 9, 2018, Trump signed a bill that cut \$1.35 billion in funding for Prevention and Public health at the CDC. On April 10, 2018, on the second day on the job as National Security Adviser, John Bolton fired White House Homeland Security Adviser Tom Bossert, who had called for a “comprehensive biodefense strategy against pandemics and biological attacks,” and disbanded the global health security team.

In September 2018, the Department of Health and Human Services (HHS) had received plans from Halyard corporation for new machines that could manufacture N-95 respirator masks at 1.5 million per day as part of a pandemic preparation plan. Experts had been advising the government for a decade and a half that such masks were vital. The *Washington Post* later wrote, “No details of progress in the Halyard mask project appears to have been publicly reported by the government.”

On January 29, 2019, the Director of National Intelligence again warned that the US remained vulnerable to a large-scale outbreak of a contagious disease that could lead to massive deaths and have catastrophic consequences on the economy, as well as strain international resources. In October 2019, the Trump administration concluded a months-long simulation code-named “Crimson Contagion.” The simulated exercise attempted to address US response to a respiratory virus that began in China and spread to the whole world. In a report marked “Draft Do Not Distribute,” under section 5, “Resources,” the report noted that the US lacked “PPE preparedness in the event of a global pandemic and has problems in the supply chain for medical equipment including ventilators and other ancillary medical supplies.”

China and the WHO are useful scapegoats for the consequences of this systematic neglect of the health and lives of tens of millions of people, on the part of the Trump administration and other imperialist governments, and global capitalism as a whole. In the case of the WHO, there is zero evidence of neglect or indifference, although the agency was certainly limited by its subordination to capitalism and the nation-state system. And however halting and limited the initial Chinese response, those errors are dwarfed into insignificance by the homicidal negligence of Trump and other capitalist rulers.



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