

Blaming China won't solve America's problems

A Report on US Response to COVID-19 and its Blame Game (July 21, 2020)

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Blaming China Won't Solve America's Problems

As of Monday, July 20, the US case tally for coronavirus that causes COVID-19 topped 3.81 million, with over 140,000 deaths, the highest case toll in the world, according to data aggregated by Johns Hopkins University. Noting that the United States reported its first confirmed case on January 21, people in the US and around the world have been stunned by the surging cases which approached one million within 14 weeks, then surpassed the two million mark in 6 weeks and now hit the third million milestone in just four weeks, still showing no signs of ebbing. They can't help but wonder what's happened in the US and why.

A Botched Response

There is a general belief in the international community and among most Americans that the US federal government botched its initial response to the coronavirus outbreak.

President Donald Trump signed a national emergency declaration over the coronavirus pandemic on March 13, 70 days after the US government was officially notified of COVID-19 by China and the World Health Organization (WHO), and 50 days after the Chinese city of Wuhan with 11 million residents went into lockdown due to the outbreak of COVID-19.

During the span of these days, what was the US federal government doing to stem the spread of the virus? Were these days lost opportunities which should have been seized to better prepare for and respond to the outbreak?

Missed warnings

"What a problem. Came out of nowhere." That's how President Trump described the coronavirus pandemic in early March, during a televised visit to the Centers for Disease Control and Prevention (CDC) of the US. It is a big problem, indeed. But it did not come "out of nowhere".

Numerous news reports of interviews with current and former US officials, internal emails, memorandums and other recently unearthed evidence from Washington indicate that the White House was being warned of a coming pandemic and its possible consequences. Throughout January, as the White House repeatedly played down the seriousness of the virus and focused on other issues, an array of figures inside the government, from top White House advisers to experts deep in the cabinet departments and intelligence agencies, identified the threat, sounded alarms and made clear the need for aggressive action, according to the *New York Times*.

For weeks, however, repeated warnings went unheeded and the White House had been giving Americans the same "be happy, don't worry" advice: "We have

it totally under control", and "USA in great shape!"

Missteps and lost opportunities

In addition to these missed early warnings, other major missteps and lost opportunities at the federal level have also contributed to the surging cases, especially stalled testing issues.

Coronavirus testing, early treatment, contact tracing, isolation, mask wearing, social distancing, travel restrictions, shelter-in-place, and lockdowns are all blunt but crucial steps and instruments in fighting a pandemic. Testing is a key link in the chain of necessary measures of response. As Dr. Bruce Aylward, a senior adviser at the World Health Organization said, testing was "absolutely vital" for understanding how to defeat a disease. He said at the WHO media briefing on COVID-19 on March 16 that "we have a simple message for all countries: test, test, test."

The White House assembled a task force that "coordinates and oversees the Administration's efforts to monitor, prevent, contain, and mitigate the spread" of COVID-19. But early on the members of the coronavirus task force typically devoted only five or 10 minutes, often at the end of contentious meetings, to talk about testing, several participants recalled, according to the New York Times interviews. The CDC insisted upon devising its own test for COVID-19, and came out with a flawed test that didn't work as expected, then took weeks to figure out a fix. Hence a lost month for the US.

Another problem hampered timely and extensive testing. On many occasions, testing was delayed for a long time because the patient didn't fit restrictive federal criteria, which limited tests only to symptomatic patients who recently traveled to China. The restrictive testing guidelines helped mask the numbers contracting the coronavirus in the US.

If you don't run tests, then you won't have a clear picture of confirmed cases and how the virus spreads. Armed with such an under-reported case number, the Trump administration could boast of keeping the spread under control,

but missed its best chance of containing the virus's spread. Had the US been able to track the virus's earliest reach and identify hidden hot spots of community transmission, local quarantines might have been able to confine the disease, according to reports in the *New York Times*.

The federal government's failure to respond to the coronavirus pandemic has been apparent in its bungled messaging downplaying the crisis, in its inability to send out millions of much needed test kits and protective medical gear for health care workers, and its lack of will to seek national solidarity and international collaboration on fighting COVID-19.

There are some root causes for the negligence, inaction and loopholes in dealing with the pandemic.

Ignoring the science

The White House has engaged in a tug-of-war with experts over coronavirus policy. As an *Economist* opinion piece pointed out, to fight the outbreak, America needs clear, unvarnished public information and policies based on the best science. But as *CNN*, *New York Times* and other US and international media report, the Trump administration is shunting science aside in the battle against coronavirus, and scientists' advice in government is no longer sought or pointedly ignored.

Associated Press writers recently stated that the President's gut sense collides with science. A case in point, President Donald Trump and the government's top infectious disease expert, Dr. Anthony Fauci, are politely but publicly sparring over whether a malaria drug would work to treat people with coronavirus disease. The President also openly clashed with his top public health officials on the likelihood of the virus returning for another assault in the fall. The President's idea of injecting disinfectants is only the latest episode.

Trump seems to put science, medicine and controlled studies on equal footing with rumor and anecdotes, said Sudip Parikh, a biochemist who is chief

executive officer of the American Association for the Advancement of Science (AAAS), according to a report by AP. Mixing those two up when talking to the public is "terrible for communication," Parikh said.

"Trump ignores science at our peril," opined Elliott Negin, a senior writer at the Union of Concerned Scientists, for the *Hill* on March 28. Alexei Bayer, a Senior Editor at The *Globalist*, in his article entitled "Trump's Dangerous War on Science", states that long before the onset of the COVID-19 pandemic, the world has known that Donald Trump has been playing fast and loose with science." Comments in an AP news report by M. Granger Morgan, a Carnegie Mellon University engineering and policy professor, echoed these appraisals: Presidents of both parties often put politics before science, and the Trump administration has regularly contradicted science and doctors.

Reduced preparedness

Lack of attention to federal preparedness and coordination also helps explain why the Trump administration has consistently botched its response to the coronavirus pandemic.

Fortune Magazine reports that over the past two years, the Trump administration has systematically been dismantling government agencies specifically designed to protect against pandemics like COVID-19. They have eliminated funding for an Obama-era disease security program. In 2018, Rear Adm. Timothy Ziemer, whose responsibility was to lead a US response to a pandemic such as COVID-19, left the administration as his global health team was disbanded.

According to Dr Peter Mjos, retired after over four decades in general medicine and public health in Anchorage, Donald Trump called for an overall \$18 billion reduction in health care spending in 2018, including slashing the global disease fighting budgets of CDC, the National Security Council (NSC) and the Department of Homeland Security (DHS). He eliminated global health security teams at NSC and DHS. These cuts have crippled the

production and availability of COVID-19 test kits. In 2019, he eliminated the Predict Program of the USAID, an institution established in 2009 to improve the "detection and discovery of zoonotic viruses (such as COVID-19) with pandemic potential", a program credited with identifying nearly 1000 new zoonotic viruses. Right before the onset of the COVID 19 pandemic, the White House released its budget request for fiscal 2021, Trump proposed further cuts in scientific and medical research.

All in all, the cuts, coupled with the administration's repeated calls to cut the budget for the CDC and other public health agencies, made it clear that the Trump administration wasn't prioritizing the federal government's ability to respond to disease outbreaks.

Politics v.s. public health

Does the Trump administration prioritize politics over public health amid the worst public health crisis in the US in a century? The answers depend on who you ask in the US

For President Trump as well as his opponent in the 2020 general election, this year will be the COVID-19 election. Like it or not, voters will almost certainly be asked to choose sides concerning how Trump performs during the pandemic: condemn or endorse his handling of the crisis.

Polls and surveys of social media in the past few weeks show that voters are mostly divided along party lines on how President Donald Trump handles coronavirus outbreak. Though his overall approval rating has ranged between 40% and 44% with some bumps since the onset of the US coronavirus crisis in early March, the support of his response among Republicans has been just as overwhelming as condemnation of his performance among Democrats. But recent polls suggest that confidence in the president to handle the outbreak has slipped among some crucial voting blocs in the general election, fueling Republican anxieties, according to the New York Times.

The White House and Republicans certainly do not want to take any

responsibility for a sluggish response to the outbreak as clearly shown by the President's statements at his daily briefings. Amid rising discontent with his pandemic response as well as a record-breaking number of Americans filing for unemployment, Trump and his political strategists feel very comfortable with their familiar playbook of the 2016 campaign as he seeks a second term: blame the outsiders.

And for Democrats, they would put all the blame on Trump, highlighting how he initially downplayed the pandemic, and finger-pointing his subsequent stumbles. They would try to show voters that they could offer good governance.

According to Mr. Lee Drutman, a senior fellow in the Political Reform program at New America, the COVID-19 blame game is going to get uglier. In his view, for both the Republicans and Democrats, there is a crude calculation: If Democrats can successfully associate the substantial harm wreaked by COVID-19 with Trump, they win in November. But if Trump and the Republicans can deflect enough blame elsewhere and Trump gets credit for making things less bad than they could have been, Trump will win.

Indeed, any year would have been a bad year for a pandemic. But a presidential election year in the US makes it even worse. A political battle leading to bigger and bitter polarization among Americans does not bode well for the pandemic battle. Among other things, a blame game ensues.

A Senseless Blame Game

For Trump and Republicans, the "outsiders" to blame include Democrats, the "mainstream media" or the "Fake News", even some of America's governors, as well as China and the WHO.

In the case of COVID-19, China is an easy target. President Trump, Vice President Pence, Secretary of State Pompeo, some members of the US Congress and their supporters accuse China of covering up the epidemic, not sharing sufficient information sooner, and understating the number of cases.

They claim, explicitly or implicitly, that the coronavirus originated in a lab in Wuhan. They even would like to make China accountable for US losses in the pandemic. President Trump accused WHO of being "China centric", and said he was halting funding to WHO and would begin a review WHO's "role in severely mismanaging and covering up the spread of coronavirus."

These accusations and claims do not square with the facts.

A timeline of Chinese transparency and response

Did China offer accurate and sufficiently detailed information on COVID-19 to the WHO and countries such as the US in a timely manner?

On December 27, 2019, Zhang Jixian, director of the Department of Respiratory and Critical Care at Hubei Hospital of Integrated Traditional Chinese and Western Medicine, reported the first three suspected cases of pneumonia of unknown cause, followed by epidemiological investigation carried out by related centers for disease control and prevention and hospitals in Hubei and Wuhan, leading to an "urgent notice on the treatment of pneumonia of unknown cause" issued by Wuhan Municipal Health Committee on December 30.

On the following day, the National Health Commission (NHC) sent an expert group and a working group to Wuhan to investigate on site and guide epidemic response. On the same day, the Wuhan Municipal Health Commission released a briefing on its website about the pneumonia outbreak in the city, confirming 27 cases and telling the public not to go to enclosed public places or gather. It suggested wearing face masks when going out. Starting December 31, 2019, the Wuhan Municipal Health Commission released briefings on the pneumonia outbreak in accordance with the law.

It can be seen that during the initial stage of detecting the disease up to December 31, a sizable group of professionals from local CDCs and hospitals as well as from the NHC scrambled to investigate and assess the disease. This level of early alertness, awareness and quick response by Chinese

professionals could be attributed in some degree to their experiences of the 2003 severe acute respiratory syndrome (SARS) outbreak and lessons learned thereafter. While the investigation was going on and much was unknown about the virus, the Chinese government told the WHO office in China about a new unknown illness on December 31.

On January 1, 2020, the NHC set up a leading group to determine the emergency response to the epidemic, convening meetings on a daily basis since then. On the following day, the China CDC and the Chinese Academy of Medical Sciences (CAMS) received the first batch of samples of four patients from Hubei Province and began pathogen identification. And on January 3, China started to send timely updates to WHO and other countries, including the US. China began to inform America of the viral pneumonia outbreak and response measures on a regular basis. These early briefings include a phone conversation between the Head of the China CDC and the director of the US CDC on January 4 (January 3, US Eastern Time). The same day, US CDC director Robert Redfield informed Secretary of Health and Human Services Alex Azar, a cabinet official in the Trump administration, of the new outbreak in China, and Azar told Redfield to inform the White House's National Security Council, according to US news reports. On Twitter, WHO publicly announced that China had informed it that there were mysterious pneumonia cases, although no deaths so far, in Wuhan, China. WHO said that "investigations are underway to identify the cause of this illness" and that it "is working across the 3 levels (country office, regional office, HQ) to track the situation."

By then, a week after the first report of the illness of unknown cause in Wuhan, China, the Trump administration as well as all other countries were officially informed of the pneumonia outbreak. As of February 3, China had given the United States briefings on the epidemic information and control measures in China for 30 times, almost on a daily basis, including sharing with US CDC project manager in China information about China's diagnosis and treatment

guidelines, prevention and control guidelines, and the linkage of the novel coronavirus database that China shares with the world in real time. Since releasing its first briefing on cases of pneumonia of unknown cause in Wuhan on January 5, WHO has also provided frequent briefings and updates on the outbreak.

The above-mentioned intensity of action on the Chinese side and interaction between China, WHO and its Member States has shown that from the very beginning, the US government has never been kept in the dark by the Chinese side or WHO when it comes to COVID-19.

According to the International Health Regulations (IHR), "each State Party shall notify WHO, by the most efficient means of communication available, by way of the National IHR Focal Point, and within 24 hours of assessment of public health information, of all events which may constitute a public health emergency of international concern within its territory in accordance with the decision instrument, as well as any health measure implemented in response to those events." The requirement of notification "within 24 hours" refers to a timeframe of accomplishing "assessment of public health information" and coming to a conclusion that the events may "constitute a public health emergency of international concern within its territory". It took China just a few days to go through the process of assessment and determination as well as initial steps to prevent and control the viral pneumonia of unknown cause before it officially notified WHO of its findings on the events.

The International Health Regulations provides that "following a notification, a State Party shall continue to communicate to WHO timely, accurate and sufficiently detailed public health information available to it on the notified event, where possible including case definitions, laboratory results, source and type of the risk, number of cases and deaths, conditions affecting the spread of the disease and the health measures employed." China has followed these regulations and updated WHO regularly. China has fulfilled its IHR obligations of keeping WHO notified of the events in Wuhan in particular and

China as a whole. China also hosted a field visit by a WHO delegation to Wuhan January 20 to 21, and the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19) with members from the US

In addition, the China CDC succeeded in isolating the first novel coronavirus strain on January 7, and an expert team from the NHC made public of the pathogen on January 9, saying a new type of coronavirus was initially identified as the cause of the viral pneumonia in Wuhan. WHO was informed by China of the initial progress in this respect and released on its website a statement regarding a cluster of pneumonia cases in Wuhan, saying that preliminary identification of a novel coronavirus in a short period of time is a notable achievement.

And two other notable achievements by the Chinese side include: On January 10, research institutions including the Wuhan Institute of Virology (WIV) developed testing kits and Wuhan City organized tests of all relevant cases admitted at hospitals in the city. And on January 12, the China CDC, the CAMS and the WIV under the Chinese Academy of Sciences (CAS), as designated agencies of the NHC, submitted to WHO the genome sequence of the novel coronavirus (2019-nCoV), which was published by the Global Initiative on Sharing All Influenza Data (GISAID) and shared globally.

US virus hunter and EcoHealth Alliance President Peter Daszak stated on CNN host Fareed Zakaria's show GPS aired on April 26 that "early on China was very open. They shared the full genome sequences of the viruses and openly with the rest of the world very, very quickly, quicker than we've ever seen this before for any country, really." This comment has been echoed by the medical and health community around the world, including WHO. The speed of the findings has been characterized as impressive. "Preliminary identification of a novel virus in a short period of time is a notable achievement and demonstrates China's increased capacity to manage new outbreaks," WHO's representative in China, Dr. Gauden Galea, said in a statement.

In retrospect, the first known case in the Wuhan outbreak became noticeably ill on December 12, according to a statement released January 7 by the Wuhan Municipal Health Commission. The discovery of an outbreak and identification of a new virus in a period of less than one month is exceptional, experts said, according to Helen Branswell, Senior Writer on Infectious Disease for STAT. "I am stunned by the timeline and speed of this isolation and characterization, if it's all true," said Matthew Frieman, a coronavirus expert at the University of Maryland School of Medicine.

In his tweet on January 24, President Trump praised China's efforts to control the virus spread: "China has been working very hard to contain the Coronavirus. The United States greatly appreciates their efforts and transparency. It will all work out well." Since then and throughout late January and February, Trump had repeatedly praised China's handling of the outbreak, acknowledging that China was "doing a very professional job" and in touch with WHO and the US CDC.

But as the US led the world in illness and death and when American financial markets shuttered amid fears of a worsened pandemic after crucial weeks squandered by the White House to mitigate the coronavirus outbreak, the Trump administration resorted to a blame game focusing on China.

When the US registered the highest number of reported infections and deaths in the world, the White House and its senior officials began to express doubt over China's data as if a much higher number of Chinese infections and deaths would have made American numbers look nicer to American voters and American leaders take less responsibility for the tolls. That is the key to understanding the shift of the Trump administration's narrative from acknowledging China's transparency and professional work in handling COVID-19 spread to blaming China.

As a matter of fact, China succeeded in "flattening the curve" of coronavirus growth by taking comprehensive and stringent measures, not by distorting the statistics. The Chinese government has time and again stressed the

importance of getting the data accurate throughout the fight against the pandemic, and those officials who may not follow the rules of reporting will be held accountable.

Over 100 days, governments and health departments at the national, provincial and municipal levels provided daily updates on the pandemic and related questions, releasing information of both tallies of cases and individual cases so as to increase public awareness of the situation and assist in timely contact tracing. More than 3,000 such press conferences were held during the period. With a cellphone in hand, each Chinese citizen has access to information that may alert them to risks of being physically close to confirmed cases or suspected cases either in their neighborhoods, workplaces or in public transport vehicles. According to the report of *the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)*, released in February, China has a policy of meticulous case and contact identification for COVID-19. For example, in Wuhan more than 1800 teams of epidemiologists, with a minimum of 5 people/team, were tracing tens of thousands of contacts a day. Contact follow up is painstaking but necessary. Nearly 4 million urban and rural community workers joined the fight against the outbreak and tried to keep COVID-19 away from 650,000 communities in China. Timely and accurate data on the pandemic is what they need for the fight.

Under these circumstances, any cover-up or deliberate underreporting of COVID-19 cases or the scale of the outbreak in China is beyond imagination. No one in the world is more willing and eager than the Chinese government and people to have a clear understanding of the scale, the nature and the infectiousness of the virus in the country.

One of the lessons learned so far on COVID-19 is that the earlier you act, the easier you can control the disease. So, what if China acted swiftly, proactively, decisively and comprehensively earlier than it did, say back in early January or even late December 2019? That is exactly what many people have been wondering and what has prompted some people to question China's "delay".

That is also the logic used by some American politicians to shift blame to China.

Indeed, "cases could have been reduced by 66 percent, 86 percent and 95 percent respectively", if the response "could have been conducted one week, two weeks, or three weeks earlier," according to a study by the University of Southampton, the U.K, prompting some news reports to use headlines such as "China's 3-week delay in coronavirus response accelerated spread".

The question is, the study was released on March 13, 50 days after the Wuhan lockdown and 70 days after China notified WHO of the event of the viral pneumonia of unknown cause. So, it was a retrospective study based on data available from China and the world after weeks of fighting COVID-19. Simply no one in the world has a time machine to travel back in time "from the future" to late December or early January to tell the Chinese that they should lockdown a metropolitan city of 11 million people and cancel hundreds of millions of planned trips before the Spring Festival falling on January 24, the biggest and longest national holiday in China.

The first two weeks since the first report of three cases of pneumonia of unknown cause were spent by Chinese professionals, wasting no time, retrospectively speaking, to research the cases available, and their understanding of the disease increased with each passing day, as can be seen through their successive findings and achievements over time, including the identification of the pneumonia to be viral and of a novel coronavirus that causes the disease, development of testing kits, and submission to the WHO the genome sequence of the novel coronavirus (2019-nCoV). The first three weeks also witnessed how Chinese professionals deepened their understanding of the nature, scale and infectiousness of the disease. First they suspected that the disease might be infectious like SARS, but found no clear evidence of human-to-human transmission, then they believed that there might be limited human-to-human transmission, and finally they came to a conclusion and made it to the public that the previously unknown coronavirus

"definitely spreads between people." During the first three weeks, scientists and other professionals also reported preliminary estimates of key epidemiologic parameters of COVID-19, such as the incubation period, case fatality ratio, and the serial interval and the basic reproduction number (R_0). These findings served as a foundation for government decision-making. As in all events of infectious disease, we all wish that those affected could respond to the outbreak earlier, and we all believe that an earlier warning could have saved many lives. In retrospect, local officials in Wuhan should have been more forthcoming and vigorous early on in their response to the emergence of the virus. But as in other countries, decision makers had to walk a fine line between alerting the public and avoiding panic, based on their knowledge and judgement of the nature and severity of the virus spread. If health officials raise the alarm prematurely, it can damage their credibility — "like crying wolf" —and cripple their ability to mobilize the public, said Benjamin Cowling, an epidemiologist at the University of Hong Kong, according to a news report by AP. "On the 20th, they sounded the alarm for the whole country, which is not an unreasonable delay," said Dr Ray Yip, the retired founding head of the US CDC's office in China, according to the same news report. Even the alarm sounded by China on January 20 left the US nearly two months to prepare for the pandemic. Therefore, the perceived "delay" of China's response could not serve as any excuse for the Trump administration's sluggish response.

As for allegations that COVID-19 was man-made in the Wuhan Institute of Virology (WIV) or caused by an accidental leak from the institute, WIV has stated unequivocally that there's no way coronavirus originated there. So far world-renowned journals such as the Lancet, Nature, Science published articles and comments to dismiss these claims. A representative voice has been made by Peter Daszak who has been working with the WIV for the past 15 years. During his interviews with CNN on 26 April and CBS "60 Minutes" on May 10, he said that the Wuhan P4 Laboratory didn't have the virus that led to COVID-19. In his words, "Nobody has the virus from bats that then led

to COVID-19. We've not found it yet. We found close relatives, but it's not the same virus." Therefore, it's not a possibility that the virus could have come from that lab. All scientists concerned with the coronavirus would like to trace its origins, but the research should be left to scientists without being politicized.

As for those who would pursue lawsuits or other means against China based on their allegations of the so-called China's responsibility for the global spread of COVID-19, there is no legal basis for any such lawsuits and no factual evidence to support their allegations against China. They will go nowhere. What matters is the attitude of American politicians toward the coronavirus outbreak in the US. Are they willing to take responsibility for COVID-19 fight in their own country?

Whereas China faced a sudden surprise in the early stage of encounters with the unknown virus, the Trump administration has been on notice for weeks. The China blame game is going on as if weeks of warnings from China, Asia and Europe, and especially the lockdown of a Chinese city of 1.1 million people have not been strong enough a message to the White House and its supporters. Then exactly what kind of transparency, data, response and message on China's part would have been enough for the Trump administration to get serious and ready about the pandemic? Could the White House name a date in the timeline of Chinese response as the best possible moment for the US to get the right message from China or the WHO that might have prompted the US to engage in a timely, effective, comprehensive, coordinated national response?

"They've simply lost time they can't make up. You can't get back six weeks of blindness," Jeremy Konyndyk, a senior policy fellow at the Center for Global Development and an Obama-era administration staffer involved in the government's response to the spread of the Ebola virus, told the Washington Post. "To the extent that there's someone to blame here, the blame is on poor, chaotic management from the White House and failure to acknowledge the big

picture."

Rising animosity

China has been a punching bag for political forces in the US for decades, and China-bashing has taken on new intensity in the recent decade since China overtook Japan as the second biggest economy in the world. China has been increasingly viewed as a strategic competitor, a clear and present rather than a potential challenge or even threat to America. President Trump cashed in on China-bashing during his first presidential campaign, and now downplaying the Trump administration's bungled response to the pandemic and focusing on blaming China is already part of a well-publicized Republican campaign strategy.

The China blame game is both undesirable and deadly. It has further soured the atmosphere of China-US relations and sharpened tensions between the two countries. As a result, the number of Americans holding negative views of China is increasing, with Republicans being more likely than Democrats to view China unfavorably, according to recent survey data from the Pew Research Center. Besides, scapegoating hurts both the US response to COVID-19 and cross-border coordination over the outbreak, leading to greater loss of life. In face of a global health threat, international coordination and cooperation is essential. That is also a common sense shared by the international community.

For instance, some Americans tend to view the coronavirus breakout in China as a result of its unique political system, and China's vigorous response measures as being "draconian", "totalitarian". The White House and many of its supporters continue to view China's interaction and cooperation with other countries during the COVID-19 crisis through a prism of great power competition.

This line of ideologically driven logic might have clouded American judgement of the COVID-19 situation and their ability to act in proportion to the severity

and nature of the coronavirus. When China is demonized, and deemed as untrustworthy, American opinion leaders may tend to treat China as "other", regard it as inconvenient to acknowledge effective measures taken by China to tackle the pandemic. They might believe that the US, a wealthy nation, a hub of scientific and technological innovation, and a democracy with free flow of information, is not prone to the threat of COVID-19 or that it is in a better position to deal with any outbreak.

It appears to them that it is politically incorrect to discuss progress of Chinese response. They may want to talk about how the Republic of Korea, Japan, Singapore responded to the outbreak, without mentioning that China, with a far larger population, might offer equally if not more important references for the US. Under such circumstances, reporting and discussing China's effectiveness in mitigating and containing COVID-19 are often viewed as parroting "Chinese propaganda", siding with China, and undercutting Trump's presidential campaign.

For example, on April 10, the White House included in its online "1600 Daily" summary of key news and events a statement entitled "Voice of America Spends Your Money to Speak for Authoritarian Regimes." The statement referred to a Voice of America (VOA) story and two posts that, it asserted, "amplified Beijing's propaganda" about COVID-19. The statement criticized VOA, America's own official propaganda tool and foreign policy instrument, for running an Associated Press article on its website on April 7, which referred to Wuhan's lockdown as a "model" for other countries battling the coronavirus.

CNN and its journalists, often running negative coverage of China, have recently been accused by the pro-Trump camp of "shielding China amid growing suspicion of its handling of the outbreak as well as its data of reported cases and deaths from the virus", because CNN.com ran an article about the People's Liberation Army (PLA) of China, saying that "a Chinese naval flotilla headed into the Pacific over the weekend, evidence that the People's

Liberation Army Navy has done a much better job controlling coronavirus than the US Navy, according to a story posted on the PLA's English-language website."

On May 10, in a tweet, Trump accused CBS and "*60 minutes*" of "doing everything within their power" to "defend China". His tweet came shortly after the network aired a story featuring virologist Peter Daszak, debunking false claims about the Wuhan lab. Peter Daszak told CBS News that "we're a nonprofit research organization that focuses on understanding where the pandemics come from, what's the risk of future pandemics and can we get in between this pandemic and the next one and disrupt it and stop it." However, the funding from the NIH, the US National Institutes of Health, to EchoHealth was recently removed due to the political disinformation campaign targeting the Wuhan lab, according to CBS News.

Such a kind of spinning by the Trump administration, based on their political needs rather than factual evidence, has reinforced China bashing and existing partisan divides in America. The Trump administration and Republican strategists have determined that it would be their best bet to turn virus fight into a political game, about who can stand up to China, instead of who can better deal with such a crisis as the pandemic. The crisis has been exploited for political gains in the presidential campaign. According to Axios, a leading pro-Trump super PAC has been testing a new ad campaign to paint Joe Biden as soft on China and redirect criticism of President Trump's coronavirus response. America First Action would spend \$10 million in Michigan, Wisconsin and Pennsylvania to brand the presumptive Democratic nominee as "Beijing Biden".

This kind of political disinformation campaign has further polarized American society. At a time of pandemic crisis around the world, partisan polarization in the US and hardened tensions between China and the US do not bode well for the global fight against coronavirus. So far, the Trump administration has chosen to increase animosity against China and not to play a leading role in

forging a global coalition against coronavirus. A case in point, the US was conspicuously absent so far from a virtual world-wide pledging fund, driven by the European Commission, which has raised over \$8 billion for the development and "universal deployment" of a COVID-19 vaccine and other medical treatments. The snub followed President Donald Trump's decision in April to halt funding for the WHO.

As Richard Haass, President of Council on Foreign Relations, recently wrote, "It would be a major strategic error to make confronting China the organizing principle of US foreign policy. To do so would be to misread a world in which the most significant threats come from global problems such as disease, climate change, & terrorism."

A Way Out and Forward

Since the COVID-19 outbreak, the Chinese government believes that the prevention and control of COVID-19 is a major test for China's system and capacity for governance, which has brought both experience and lessons. Despite difficulties and shortcomings experienced by China in its initial encounter with COVID-19, China has made decisive progress in fighting the invisible enemy. Human beings make progress by getting wise from mistakes. With a huge population of 1.4 billion, China has vowed to draw lessons from the ordeal and further reform and improve its preparedness to deal with similar events in the future.

In the same vein, global governance has been put to a test in face of the pandemic. The coronavirus knows no borders, nationalities, or beliefs. The pandemic takes a toll not only on life and health but also on economy, society and politics. The spread of the virus around the globe is destabilizing and introduces many uncertainties. In medical terms, until a vaccine is ready, a cluster of cases in one country may leave the health and safety of another in danger. No country can weather the unprecedented pandemic crisis alone. As UN Secretary-General António Guterres put it, "This is, above all, a human

crisis that calls for solidarity." World leaders must come together and offer an urgent & coordinated global response, he said, "More than ever before, we need solidarity, hope and the political will to see this through together."

As the world's two largest economies, UN Security Council permanent members and major players in many multilateral institutions, the US and China have shared interests and responsibilities in prioritizing cooperation over competition and avoiding tensions and conflicts. Just imagine how consequential for the world it will be for the US and China to pull together and join hands with other countries to work out a collective and coordinated response ensuring cross-border supplies of medical products and food, collaboration in research into treatment and vaccines, as well as economic rescue packages.

As Henry Kissinger recently argued, today's leaders should choose a path of cooperation that will lead toward improved international resilience. A review of history shows that the US and China, despite their persistent differences, have worked together on major global issues, such as nuclear nonproliferation, counter-terrorism, climate change, energy security, the 2008 international financial crisis, Ebola, etc. Fighting the spread of COVID-19, which is termed by UN Secretary-General António Guterres as a global health crisis unlike any in the 75-year history of the United Nations, should be a point of rally rather than conflict for the US and China. There might be a thousand reasons for the two countries to embark on a path of cooperation, but not a single one to leave the bilateral relation drifting astray.

To begin with, stop the blame game.

Appendix

An Integrated Timeline of China's Early Response to COVID-19 & Interaction with WHO as Well as US Rhetoric and Actions on COVID-19

December 27, 2019: Zhang Jixian, director of the Department of

Respiratory and Critical Care at Hubei Hospital of Integrated Traditional Chinese and Western Medicine, reported the first three suspected cases.

December 29: Related centers for disease control and prevention and hospitals in Hubei and Wuhan carried out epidemiological investigation.

December 30: Wuhan Municipal Health Committee issued an "urgent notice on the treatment of pneumonia of unknown cause".

December 31: The National Health Commission (NHC) sent an expert group and a working group to Wuhan to investigate on site and guide epidemic response.

December 31: The Wuhan Municipal Health Commission released a briefing on its website about the pneumonia outbreak in the city, confirming 27 cases and telling the public not to go to enclosed public places or gather. It suggested wearing face masks when going out.

Starting Dec. 31, 2019: the Wuhan Municipal Health Commission released briefings on the pneumonia outbreak in accordance with the law.

January 1, 2020: The NHC set up a leading group to determine the emergency response to the epidemic. The group convened meetings on a daily basis since then.

January 1: WHO had set up the IMST (Incident Management Support Team) across the three levels of the organization: headquarters, regional headquarters and country level, putting the organization on an emergency footing for dealing with the outbreak.

January 2: The Chinese Center for Disease Control and Prevention (China CDC) and the Chinese Academy of Medical Sciences (CAMS) received the first batch of samples of four patients from Hubei Province and began pathogen identification.

January 2: The NHC came up with a set of guidelines on early discovery, early diagnosis and early quarantine for the prevention and control of the viral pneumonia of unknown cause.

January 3: China started to send timely updates to WHO and other countries,

including the US. China began to inform the United States of the pneumonia outbreak and response measures on a regular basis.

January 3: The Wuhan Municipal Health Commission updated briefing on its website about the situation of viral pneumonia of unknown cause, reporting a total of 44 cases of viral pneumonia of unknown cause.

January 4: Head of the China CDC talked over phone with director of the US CDC about the pneumonia outbreak. The two sides agreed to keep in close contact for information sharing and technological cooperation.

January 5: The Wuhan Municipal Health Commission updated briefing on the situation of viral pneumonia of unknown cause, reporting a total of 59 cases. Laboratory test results ruled out respiratory pathogens, such as influenza, avian influenza, adenovirus, the Severe Acute Respiratory Syndrome coronavirus, and Middle East Respiratory Syndrome coronavirus, as the cause.

January 5: China informed WHO about the outbreak updates.

January 5: WHO released its first briefing, Disease Outbreak News, on cases of pneumonia of unknown cause in Wuhan. Disease Outbreak News is a flagship technical publication to the scientific and public health community as well as global media. It contained a risk assessment and advice, and reported on what China had told the organization about the status of patients and the public health response on the cluster of pneumonia cases in Wuhan.

January 7: Xi Jinping, general secretary of the CPC Central Committee, made instructions on epidemic response when presiding over a meeting of the Standing Committee of the Political Bureau of the CPC Central Committee.

January 7: The China CDC succeeded in isolating the first novel coronavirus strain.

January 9: An expert team from the NHC made public of the pathogen, saying a new type of coronavirus was initially identified as the cause of the viral pneumonia in Wuhan.

January 9: China informed WHO about the epidemic, sharing with the WHO

the initial progress in determining the cause of the viral pneumonia in Wuhan.

January 9: WHO released on its website a statement regarding a cluster of pneumonia cases in Wuhan, saying that preliminary identification of a novel coronavirus in a short period of time is a notable achievement.

January 10: Research institutions including the Wuhan Institute of Virology (WIV) developed testing kits. Wuhan City organized tests of all relevant cases admitted at hospitals in the city.

January 10: WHO issued a comprehensive package of technical guidance online with advice to all countries on how to detect, test and manage potential cases, based on what was known about the virus at the time. This guidance was shared with WHO's regional emergency directors to share with WHO representatives in countries.

January 12: The China CDC, the CAMS and the WIV under the Chinese Academy of Sciences (CAS), as designated agencies of the NHC, submitted to the WHO the genome sequence of the novel coronavirus (2019-nCoV), which was published by the Global Initiative on Sharing All Influenza Data (GISAID) and shared globally.

January 14: WHO held a press briefing during which it stated that, based on experience with respiratory pathogens, the potential for human-to-human transmission in the 41 confirmed cases in the People's Republic of China existed: "it is certainly possible that there is limited human-to-human transmission".

January 18 and 19: The NHC assembled a high-level national team of senior medical and disease control experts and sent them to Wuhan to study the local response to the epidemic. In the middle of the night of January 19, after careful examination and deliberation, the team determined that the new coronavirus was spreading between humans.

January 19: The China CDC communicated with the US CDC on epidemic prevention and control.

January 19: Wuhan Municipal Health Commission updated the outbreak

briefing on its official website, saying as of Jan. 17, Wuhan had reported a total of 62 confirmed cases, including 19 cases discharged after recovery, eight cases with severe symptoms, and two deaths.

January 20: Chinese President Xi Jinping made instructions on the outbreak of pneumonia caused by the novel coronavirus, including putting people's safety and health as the top priority, making thorough plans, taking effective measures to curb the spread of the virus, timely releasing information and deepening international cooperation.

January 20: The NHC held a press conference for the high-level expert team headed by Zhong Nanshan, who on the team's behalf confirmed human-to-human transmission of the novel coronavirus

January 21: The NHC started to update via its official website and its new media platform the epidemic information of the previous day on a daily basis. It had updated 71 times by March 31. Starting on Feb. 3, the English official website of the NHC started releasing epidemic information simultaneously, updating the data for 58 times by March 31.

January 21: A foreign ministry spokesperson said China will, upon invitation from the WHO, send representatives to attend an International Health Regulations (IHR) Emergency Committee meeting.

January 21: WHO published a statement on its official website saying that on January 20-21, a WHO delegation with experts from its China and Western Pacific regional offices conducted a field visit to Wuhan to learn about the response to 2019 novel coronavirus (2019-nCoV) and visited the Wuhan Tianhe Airport, Zhongnan Hospital, Hubei provincial CDC.

January 21: US CDC states that first travel-related case in US was confirmed in Washington state.

January 22: At the invitation of WHO, China attended an International Health Regulations (IHR) Emergency Committee meeting along with other countries affected by the epidemic. Participating countries, WHO and experts shared information on the epidemic and conducted scientific research and

assessment of the epidemic at the meeting.

January 22: WHO mission to China issued a statement saying that there was evidence of human-to-human transmission in Wuhan but more investigation was needed to understand the full extent of transmission.

January 22: US President Donald Trump makes his first public comment about coronavirus while attending the Davos conference in Switzerland. "We have it totally under control," he tells the US cable channel CNBC. "It's one person coming in from China, and we have it under control. It's going to be just fine."

January 23: Wuhan was put under lockdown and unprecedented comprehensive, thorough and rigorous measures were adopted. By taking these decisive and strong measures, the Chinese government ensured to the highest possible extent the life and health of the Chinese people and bought precious time for stemming the global spread of the virus.

January 24: WHO Director-General Tedros Adhanom Ghebreyesus on social media thanked the Chinese government for its cooperation and transparency, saying that the Chinese government has been successful in isolating and sequencing the virus very quickly and has shared that genetic sequence with WHO and the international community.

January 24: The National Microbiology Data Center and the National Pathogen Resources Collection Center jointly established the Novel Coronavirus National Science and Technology Resource Service System, releasing the first electron microscope picture of the virus and strain information.

January 25: The NHC replied in a letter to WHO Director-General Tedros Adhanom Ghebreyesus, welcoming WHO to send a group of international experts to cooperate with China to strengthen epidemic prevention and control.

January 27: Under the joint prevention and control mechanism of the State Council, a press conference was held in Beijing to give briefings on the

development of the community-based prevention measures to curb the novel coronavirus epidemic.

Such press conference had been held every day since Jan. 27, releasing updated data on a daily basis. As of March 31, 65 press conferences under the mechanism had been held on a wide range of topics, including the epidemic prevention and control, treatment and scientific research. Officials of 69 departments answered 779 questions raised by Chinese and foreign reporters at the conferences.

January 27: Joe Grogan, the head of the US White House domestic policy council, raises alarm telling the acting chief of staff, Mick Mulvaney, and others in a meeting that the fight against coronavirus would dominate public life for months and "the administration needed to take the virus seriously or it could cost the president his re-election", according to a Washington Post report.

January 28: US Secretary Azar delivers public remarks on coronavirus preparedness, assuring the public that the president is receiving multiple briefings each day and asserting that the readiness of the Strategic National Stockpile is being assessed.

January 28: A senior WHO delegation led by the Director-General travelled to Beijing to meet China's leadership, learn more about China's response, and to offer any technical assistance. While in Beijing, Dr. Tedros agreed with Chinese government leaders that an international team of leading scientists would travel to China on a mission to better understand the context, the overall response, and exchange information and experience.

January 30: China's NHC notified the US side that American experts are welcomed to join the China-WHO joint mission. The US side responded the same day and expressed their appreciation.

January 30: The China CDC published a paper in the New England Journal of Medicine, titled "Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus-Infected Pneumonia," revealing the epidemiological

characteristics of the 2019-nCoV on the basis of data collected from the first 425 confirmed cases.

January 30: WHO declares the novel coronavirus outbreak (2019-nCoV) a Public Health Emergency of International Concern (PHEIC). WHO's situation report for January 30 reported 7818 total confirmed cases worldwide, with the majority of these in China, and 82 cases reported in 18 countries outside China. WHO gave a risk assessment of very high for China, and high at the global level.

January 30: As WHO declares a global health emergency, US Secretary Azar directly warns President Trump about the looming threat during a call with the president, the second warning he delivered to the president about the virus in two weeks. Taking Azar's call aboard Air Force One en route to a campaign rally, Trump dismisses him as "alarmist", the New York Times reported.

January 31: Speaking from the news briefing room at the White House, US Secretary Azar announced that the coronavirus presented a public health emergency. "The risk of infection for Americans remains low," Azar added. "And with these and our previous actions, we are working to keep the risk low."

January 31: President Trump issues Proclamation 9984, suspending entry for foreign nationals who had traveled in Chinese mainland in the past two weeks.

February 2: Head of China's NHC Ma Xiaowei sent a letter to the US Secretary Azar, further exchanging views on bilateral cooperation in health as well as epidemic prevention and control.

February 3: Officials of the China CDC welcomed a US expert from the Columbia University.

As of **Feb. 3:** China has given the United States briefings on the epidemic information and control measures in China for 30 times, including sharing with US CDC project manager in China information about China's diagnosis

and treatment guidelines, prevention and control guidelines, and the linkage of the novel coronavirus database that China shares with the world in real time.

February 4: Head of the China CDC spoke over phone with director of the US National Institute of Allergy and Infectious Diseases to exchange information on the epidemic.

February 4: US FDA grants Emergency Use Approvals (EUAs) to CDC-qualified laboratories to test for coronavirus using the test kits developed by the CDC, limited to patients who meet CDC criteria for testing; test validation work begins thereafter.

February 5: Chinese foreign ministry hosted the second briefing on the novel coronavirus pneumonia outbreak for diplomatic missions in China. The briefing was held online and attended by representatives of more than 180 diplomatic missions. Officials from the NHC and the foreign ministry gave briefings on the epidemic situation and the containment measures taken by the Chinese government, and answered questions of concern to the diplomatic envoys.

February 8: Chinese, US health authorities had another discussion over arrangements regarding the participation of American experts in the China-WHO joint mission.

February 10: An advance squad of the WHO-led team arrived in Beijing.

February 10: Experts from the China and US CDCs held a conference call, discussing and sharing epidemic prevention and control information.

February 12: US CDC reveals that its testing kits were flawed, leading many authorized labs to have difficulty validating them because of problems with one of the reagents.

February 14: Michael Ryan, executive director of the WHO health emergencies program, refuted remarks by Lawrence Kudlow, the director of the White House National Economic Council, that described the Chinese government's response to the epidemic outbreak as lacking transparency.

Ryan said the remarks did not accord with the facts, as the Chinese government actively cooperated with WHO and displayed a high level of transparency.

February 16: The China-WHO joint expert team started a nine-day field visit in China, scheduled to inspect cities including Beijing, Chengdu, Guangzhou, Shenzhen and Wuhan. The delegation, which included experts from Canada, Germany, Japan, Nigeria, Republic of Korea, Russia, Singapore and the US (CDC, NIH) spoke with health officials, scientists and health workers in health facilities.

February 19: Addressing a group of governors, US President Trump predicts the virus will disappear. "I think it's going to work out fine. I think when we get into April, in the warmer weather, that has a very negative effect on that and that type of a virus."

February 22: US CDC officials tell states that only symptomatic patients with travel histories in Chinese mainland were to be tested.

February 24: Across China, the number of existing confirmed cases had dropped for nearly a week, while the daily number of newly cured and discharged COVID-19 patients was no less than that of new confirmed infections in all provincial-level regions.

February 25: At a news conference in New Delhi, President Trump says: "You may ask about the coronavirus, which is very well under control in our country. We have very few people with it."

February 25: Larry Kudlow, the director of White House national economic council, is asked about Director of the Center for the National Center for Immunization and Respiratory Diseases Messonnier's comments on CNBC. "We have contained this," he says. "I won't say airtight, but it's pretty close to airtight."

February 25: US CDC announces that the pandemic is likely to spread to the United States and will make various mitigation measures necessary.

February 26: "The infection seems to have gone down over the last two

days," President Trump says at a White House news conference. "We're going to be pretty soon at only five people. And we could be at just one or two people over the next short period of time."

February 26: US President Trump announces that Vice President Pence will now lead the White House Coronavirus Task Force.

February 26: US CDC emails state and local officials to tell them its "testing capacity is more than adequate to meet current testing demands."

February 26: US CDC announces what it believes may be an instance of community spread in California: "the first time this has happened in the United States." Reporting indicates that the patient sought a test on February 19 but was initially rebuffed because of not matching existing testing criteria.

February 27: "It's going to disappear," President Trump says in a White House briefing. "One day it's like a miracle, it will disappear."

February 28: US CDC widens testing criteria to those with foreign travel in Italy, Iran, Japan, and South Korea, as well as those with respiratory failure severe enough to cause hospitalization regardless of travel.

February 29: US FDA announces that public and private labs could use non-approved tests and seek retroactive approval.

March 2: US FDA Commissioner Stephen Hahn says that "by the end of this week, close to a million tests will be able to be performed."

March 5: According to US CDC, confirmed US cases pass 100.

March 11: WHO made the assessment that COVID-19 can be characterized as a pandemic.

March 11: According to US CDC, confirmed cases in US pass 1000.

March 11: US President Trump addresses the nation in a televised address, saying that "we are marshalling the full power of the federal government and the private sector to protect the American people" and announcing a number of new actions, including a ban on European entries and an agreement with American insurers that copays for coronavirus testing and treatment will be waived.

March 13: US President Trump declares a national emergency, and also announces close cooperation with private sector leaders to enable mass private testing.

March 18: According to US CDC, confirmed cases in US pass 10,000.

March 26: The Lancet's editor Richard Horton said on BBC that "the message from China is very clear...we wasted February when we could have acted...it is a national scandal".

March 31: The journal Science published a paper authored by researchers from the United States, the UK and China saying that China's control measures worked by successfully breaking the chain of transmission and bought other countries valuable time to prepare for the outbreak.

Source: China Daily, September 24, 2020.

https://www.chinadaily.com.cn/a/202009/24/WS5f6bfaaba31024adoba7b7o8_13.html