

CORONASHOCK | n°1

China
and
CoronaShock.



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Tricontinental: Institute for Social Research
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《请战书·红手印》

Volunteer medical workers - all hands on deck.

Li Zhong

CoronaShock is a term that refers to how a virus struck the world with such gripping force; it refers to how the social order in the bourgeois state crumbled, while the social order in the socialist parts of the world appeared more resilient.

This is the first in a multiple part series of studies on CoronaShock. It is made up of three articles on how China identified the novel coronavirus and then how the Chinese government and Chinese society fought against its wider diffusion. The report is researched and written by Vijay Prashad (Director of **Tricontinental: Institute for Social Research**), Du Xiaojun (a translator and linguist from Shanghai), and Weiyan Zhu (an attorney from Beijing). These articles first appeared through the Globetrotter service of the Independent Media Institute. The paintings in this booklet have been done by Li Zhong, an artist from Shanghai. At the end of the booklet is an interview with Li Zhong conducted by Tings Chak (Lead Designer at **Tricontinental: Institute for Social Research**).

Growing Xenophobia Against China in the Midst of CoronaShock

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

Quite correctly, the World Health Organization’s Director-General Tedros Adhanom Ghebreyesus called for ‘solidarity, not stigma’ in a speech given on 14 February, long before the virus hit Europe or North

America. Ghebreyesus knew that there would be a temptation to blame China for the virus, in fact, to use the virus as a weapon to attack China in the most repulsive way. His slogan – ‘solidarity, not stigma’ – was intended to sharply demarcate an internationalist and humanist response to the global pandemic from a narrow bigoted and unscientific response to the virus.

Origins

SARS-CoV-2, which is the official name for the virus, developed in the way that many viruses develop: through the transmission between animals and humans. There is as yet no firm consensus about this particular virus. New pathogens arise in various animal reservoirs and these cross over to the human population, which gives rise to new diseases and can cause epidemics.

For example, in the recent period, we have seen a range of viruses such as H1N1, H5Nx, H5N2, and H5N6.

Even though H5N2 was known to have originated in the United States, it was not known as the ‘American virus’, and no one sought to stigmatize the United States for it. The scientific name was used to describe these viruses, which are not the responsibility of this or that nation; the arrival of these viruses raises the fundamental question of human encroachment into

forests and the balance between human civilisation (agriculture and cities) and the wilds.

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

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

China and the Coronavirus

In an important article published in the medical journal *The Lancet*, Professor Chaolin Huang wrote, ‘The symptom onset date of the first patient [with COVID-19, the disease from the virus] identified was December 1, 2019’. Initially, there was widespread confusion about the nature of the virus, and whether it could be transmitted from human to human. It was assumed that the virus was one of the known viruses and that it was mainly transmitted from animals to humans.

Dr. Zhang Jixian, director of the Department of Respiratory and Critical Care Medicine of Hubei Province Hospital of Integrated Chinese and Western Medicine, was one of the first doctors to sound the alarm about the novel coronavirus pneumonia outbreak. On 26 December, Dr. Zhang saw an elderly couple who had a high fever and a cough – symptoms that characterize the flu. Further examination ruled out influenza A and B, mycoplasma, chlamydia, adenovirus, and SARS. A CT scan of their son showed that something had partially filled the interior of his lungs. That same day, another patient – a seller from a seafood market – presented the same symptoms. Dr.



《快递小哥》
Deliveryman.
Li Zhong

Zhang reported the four patients to China's Centre for Disease Control and Prevention of the Jianghan District of Wuhan. Over the next two days, Dr. Zhang and her colleagues saw three more patients with the same symptoms who had visited the seafood market. On 29 December, the Hubei Provincial Centre for Disease Control and Prevention sent experts to investigate the seven patients at the hospital. On 6 February, Hubei Province recognised the valuable work done by Dr. Zhang and her team in the fight to identify and reveal the virus. There was no attempt to suppress her work.

The provincial authorities knew about the new virus by 29 December. The next day, they informed China's Centre for Disease Control, and the following day, on 31 December, China informed the World Health Organization (WHO), a month after the first mysterious infection was first reported in Wuhan. The virus was identified by 3 January; a week later, China shared the genetic sequence of the new coronavirus with the whole world. They uploaded it on public databases and shared it with the WHO.

It is because China released the genomic sequence so quickly that scientific work immediately took place across the planet. Charité – Universitätsmedizin Berlin, the leading centre for medicine in Germany, used this genome sequence data to create the first test kit outside of China for the virus, which the WHO adopted

and made available to all countries. The protocol was published in Berlin on 17 January. The search for a possible vaccine also immediately began and there are now at least 71 candidates, four in very early testing stages.

Two other doctors – Dr. Li Wenliang (an ophthalmologist from Wuhan Central Hospital) and Dr. Ai Fen (chief of the department of emergency treatment at Wuhan Central Hospital) – raised issues outside the channels for reporting such information. In the early days, when everything seemed fuzzy, Dr. Li and seven others were reprimanded by the authorities on 3 January. Dr. Li died of the coronavirus on 7 February. Major medical and government institutions – the National Health Commission, the Health Commission of Hubei Province, the Chinese Medical Doctor Association, and the Wuhan government – expressed their public condolences to his family. On 19 March, the Wuhan Public Security Bureau admitted that it had inappropriately reprimanded Dr. Li, and it chastised its officers. Dr. Ai Fen was criticised by the hospital on 2 January, but in February she received an apology and was later felicited by Wuhan Broadcasting and Television Station.

China's National Health Commission assembled a team of experts from the Chinese Centre for Disease Control and Prevention, the Chinese Academy of

Medical Sciences, and the Chinese Academy of Sciences; they conducted a series of experiments on the virus samples. On 8 January, they confirmed that the novel coronavirus was indeed the source of the outbreak. The first death from the virus was reported on 11 January. On 14 January, the Wuhan Municipal Health Commission said that they did not have evidence of human-to-human transmission, but they could not say with certainty that human-to-human transmission was not possible.

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

Some local Hubei government officials understated certain aspects of the virus in early January and they were quickly removed. As we have shown, that did not impact the breakneck speed of scientific investigation, nor did it slow down the decisive measures taken by all levels of the Chinese government and within Chinese society.

It is unclear if China could have done anything differently as it faced an unknown virus. A WHO team that visited China from 16 to 24 February praised the government and the Chinese people in its report for doing their utmost to stem the spread of the virus; thousands of doctors and medical personnel arrived in Wuhan, two new hospitals were built for those infected by the virus, and various civic bodies went into action to assist families under lockdown. What the Chinese authorities did to stem the rise of the infections – as a major study shows – was to put those infected in hospitals, intensively trace those who had been in contact with them, quarantine those who had been in contact with them, and closely monitor the population. Lockdowns were not enough. This targeted policy was able to identify those who had been in the chain of infection and thereby break the chain.

The World and China

The Indian state of Kerala's Health Minister K. K. Shailaja followed the rise of the cases in Wuhan and began emergency measures in this state of 35 million people in India. She did not wait. Nor did the Vietnamese Prime Minister Nguyễn Xuân Phúc and his government, which immediately took measures to break the chain of infection. What China was doing taught Shailaja and Phúc and their teams how to respond. As a result, they were able to contain the virus in this part of India and in Vietnam.

The United States was informed about the severity of the problem early on. On New Year's Day, the Chinese Centre for Disease Control (CDC) officials called Dr. Robert Redfield, head of the U.S. Center for Disease Control and Prevention, while he was on vacation. 'What he heard rattled him', wrote *The New York Times*. Dr. George F. Gao, the head of the Chinese CDC, spoke to Redfield days later, and Dr. Gao 'burst into tears' during the conversation. This warning was not taken seriously. A month later, on 30 January, U.S. President Donald Trump took a very cavalier position: 'We think it's going to have a good ending for us', he said of the coronavirus. 'That I can assure you'. He did not declare a national emergency till 13 March, by

which time the virus had already begun to spread in the United States.

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

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



《披战袍斩病魔》

Medical workers putting on their gowns to fight the 'evil' virus.
Li Zhong

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

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

On 17 March, Kristian Andersen of the Scripps Research Institute (USA) and his team showed that the new coronavirus strain, SARS-CoV-2, had a mutation in its genes known as a polybasic cleavage site that was unseen in any coronaviruses found in bats or pangolins, and that there is a likelihood that

the virus came to humans many years ago, and indeed not necessarily in Wuhan. Dr. Chen Jinping of the Guangdong Institute of Applied Biological Resources, along with colleagues, had earlier published a paper on 20 February noting that their data did not support the claim that the new coronavirus in humans evolved directly from a pangolin coronavirus strain. Zhong Nanshan, a noted epidemiologist, said that ‘although the COVID-19 first appeared in China, that does not necessarily mean it originated here’.

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

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

The doctors and hospitals in Wuhan eventually came to grips with the evidence before them, and as soon as it became clear that this was an unfamiliar virus and that it

spreads rapidly, they contacted China's national Centre for Disease Control (CDC) and then the WHO.

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

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

The Chinese medical system, like other systems, has a rigorous procedure to report such things as health care emergencies. Medical personnel report to their hospital administration, which then reports to the various levels of CDC and the Health Commissions; they can also use the internet-based direct reporting system. It did not take long for the medical personnel to

report the problem, and even less time for a high-level investigation team to arrive in Wuhan. This is what our investigation found.

Did the Chinese Government Suppress Information?

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

More patients arrived at the Hubei Provincial Hospital on 28 and 29 December. The doctors still did not know more than that these patients presented symptoms of pneumonia, and that they had significant lung damage. It became clear to them that the immediate location for the spread of the virus was the Huanan Seafood Wholesale Market. On 29 December, as the cases increased, the hospital's vice president Dr. Xia Wenguang reported directly to the disease



《疫情下的卫士》

Warriors fighting against the epidemic.

Li Zhong

control department of the provincial and municipal Health Commissions. That day, the disease control department of the municipal and provincial Health Commissions instructed the Wuhan CDC, Jinyintan Hospital, and the Jiangnan District CDC to visit the Hubei Provincial Hospital for an epidemiological investigation. On 31 December, an expert group of the National Health Commission arrived in Wuhan from Beijing. In other words, officials from Beijing arrived in Wuhan within five days of the first sign of a problem.

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

The reprimands received by these doctors are offered as evidence of high-level suppression of information about the virus. This is not logical. The reprimands took place in early January. By 31 December, a high-level

team arrived from Beijing, and on that day, the WHO had been informed; China's CDC and the WHO had been informed before these two doctors were reprimanded.

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

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

China's Early Warning System

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

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

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

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

Since 21 January, the WHO has released a daily situation report. The first report highlights the events from 31 December to 20 January. The first bullet point

of that report says that on 31 December, the WHO China Country Office was informed that there were ‘cases of pneumonia unknown aetiology (unknown cause) detected in Wuhan City, Hubei Province of China’. The Chinese authorities isolated a new type of coronavirus on 7 January, and then on 12 January they shared the genetic sequence of the novel coronavirus for use in developing diagnostic kits. Precise information about the virus’s form of transmission would not come until later.

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

Facts and Ideology

Florida Senator Marco Rubio accused the WHO of ‘servility to the Chinese Communist Party’. He wrote that the United States will open ‘investigations into the WHO’s unacceptably slow decision-making on whether to declare a global pandemic and into how China has compromised the integrity of the WHO’. Characteristically, Rubio offered no facts. US President Donald Trump mirrored Rubio’s accusation, and then said that his administration would cut the annual \$400 million that the US contributes to the WHO. Trump and his Secretary of State Mike Pompeo

made unfounded allegations that the virus came from Wuhan's Institute of Virology.

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

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



《水星家纺在行动》

Mercury textile company in full production.

Li Zhong

How China Broke the Chain of Infection

On 31 March, a group of scientists from around the world – from Oxford University to Beijing Normal University – published an important paper in Science magazine. This [paper](#) – ‘An Investigation of Transmission Control Measures During the First 50 Days of the COVID-19 Epidemic in China’ – proposes that if the Chinese government had not initiated the lockdown of Wuhan and the national emergency response, then there would have been 744,000 additional confirmed COVID-19 cases outside of Wuhan. ‘Control measures taken in China’, the authors argue, ‘potentially hold less[on]s for other countries around the world’.

In the World Health Organization’s February report after a visit to China, the team members [wrote](#), ‘In the face of a previously unknown virus, China has rolled out perhaps the most ambitious, agile and aggressive disease containment effort in history’.

In part 3, we detail the measures taken by the different levels of the Chinese government and by social organizations to stem the spread of the virus and the disease at a time when scientists had just begun to accumulate knowledge about them and were working in the absence of a vaccine and a specific drug treatment for COVID-19.

The Emergence of a Plan

In the early days of January 2020, the National Health Commission (NHC) and the Chinese Centre for Disease Control and Prevention (CDC) began to establish protocols to deal with the diagnosis, treatment, and laboratory testing of what was then considered a ‘viral pneumonia of unknown cause’. A treatment manual was produced by the NHC and health departments in Hubei Province and sent to all medical institutions in Wuhan City on 4 January; city-wide training was conducted that same day. By 7 January, China’s CDC isolated the first novel coronavirus strain, and three days later, the Wuhan Institute of Virology (Chinese Academy of Sciences) and others developed testing kits.

By the second week of January, more was known about the nature of the virus, and so a plan began to take shape to contain it. On 13 January, the NHC instructed Wuhan

City authorities to begin temperature checks at ports and stations and to reduce public gatherings. The next day, the NHC held a national teleconference that alerted all of China to the infectious novel coronavirus strain and announced the need to prepare for a public health emergency. On 17 January, the NHC sent seven inspection teams to China's provinces to train public health officials about the virus, and on 19 January the NHC distributed nucleic acid reagents for test kits to China's many health departments. Zhong Nanshan – former president of the Chinese Medical Association – led a high-level team to Wuhan City to carry out inspections on 18 and 19 January.

Over the next few days, the NHC began to understand how the virus was transmitted and how this transmission could be halted. Between 15 January and 3 March, the NHC published seven editions of its guidelines. A look at them shows a precise development of its knowledge about the virus and its plans for mitigation; these included new methods for treatment, including the use of ribavirin and a combination of Traditional Chinese Medicine (TCM) and modern medicine. The National Administration of Traditional Chinese Medicine would eventually report that 90 percent of patients received a traditional medicine, which was found to be effective in 90 percent of them.

By 22 January, it had become clear that transport in and out of Wuhan had to be restricted. That day, the State Council Information Office urged people not to go to Wuhan, and the next day the city was essentially shut down. The grim reality of the virus had by now become clear to everyone.

The Government Acts

On 25 January, the Communist Party of China (CPC) formed a Central Committee Leading Group for COVID-19 Prevention and Control with two leaders – Li Keqiang and Wang Huning – in charge. China's President Xi Jinping tasked the group to use the best scientific thinking as they formulated their policies to contain the virus, and to use every resource to put people's health before economic considerations. By 27 January, Vice Premier of the State Council Sun Chunlan led a Central Guiding Team to Wuhan City to shape the new aggressive response to control the virus. Over time, the government and the Communist Party developed an agenda to tackle the virus, which can be summarized in four points:

1. Prevent the diffusion of the virus by maintaining not only a lockdown on the province, but by minimizing traffic within the province. This was complicated by the Chinese New Year break



《义务送药者》

A volunteer delivers medicines.

Li Zhong

(originally from 24 January to 30 January), which had already begun; families would visit one another and visit markets (this is the largest short-term human migration, when almost all of China's 1.4 billion people gather in each other's homes). All of this had to be prevented. As part of the effort to stop the spread of the virus, the break was extended to 2 February. Local authorities had already begun to use the most advanced epidemiological thinking to track and study the source of the infections and trace the route of transmission. This was essential to shut down the spread of the virus.

2. Deploy resources for medical workers,

including protective equipment, as well as hospital beds, equipment, test kits, and medicines for the patients. This included the building of temporary treatment centres – including two full hospitals (Huoshenshan Hospital and Leishenshan Hospital). Increased screening required more test kits, which had to be developed and manufactured.

3. Ensure that during the lockdown of the province, food and fuel were made available to the residents.

4. Ensure the release of information to the public that is based on scientific fact and not rumours.

To this end, the team investigated any and all irresponsible actions taken by the local authorities, from the reports of the first cases to the end of January.

These four points defined the approach taken by the Chinese government and the local authorities through February and March. A joint prevention and control mechanism was established under the leadership of the NHC, with wide-ranging authority to coordinate the fight to break the chain of infection. Wuhan City and Hubei Province remained under virtual lockdown for 76 days until early April.

On 23 February, President Xi Jinping spoke at a teleconference for 170,000 officials and Communist Party cadres and military officials from every part of China; ‘this is a crisis and also a major test’, said President Xi. All of China’s emphasis would be on fighting the epidemic and putting people first, and at the same time China would ensure that its long-term economic agenda would not be damaged.

Neighbourhood Committees

A key – and underreported – part of the response to the virus was in the public action that defines Chinese society. In the 1950s, urban civil organizations – or juweihui – developed as a way for residents in neighbourhoods to organise their mutual safety and mutual aid. In Wuhan, as the lockdown developed, it was members of the neighbourhood committees who

went door to door to check temperatures, to deliver food (particularly to the elderly), and to deliver medical supplies. In other parts of China, the neighbourhood committees set up temperature checkpoints at the entrances to the neighbourhoods to monitor people who went in and out; this was basic public health in a decentralised fashion. As of 9 March, 53 people working in these committees lost their lives; 49 of them were members of the Communist Party.

The Communist Party's 90 million members and the 4.6 million grassroots party organizations helped shape the public action across the country at the frontlines of China's 650,000 urban and rural communities. Medical workers who were party members travelled to Wuhan to be part of the frontline medical response. Other party members worked in their neighbourhood committees or developed new platforms to respond to the virus.

Decentralization defined the creative responses. In Tianxinqiao Village (Tiaoma Town, Yuhua District, Changsha, Hunan Province), the village announcer Yang Zhiqiang used 26 loudspeakers to urge villagers not to pay New Year visits to each other and not to eat dinner together. In Nanning (Guangxi Zhuang Autonomous Region), the police used drones to play the sound of trumpets as a reminder not to violate the lockdown order.

In Chengdu (Sichuan Province), 440,000 citizens formed teams to do a range of public actions to stem the transmission of the virus: they publicised the health regulations, they checked temperatures, they delivered food and medicines, and they found ways to entertain the otherwise traumatised public. The Communist Party cadre led the way here, drawing together businesses, social groups, and volunteers into a local self-management structure. In Beijing, residents developed an app that sends registered users warnings about the virus and creates a database that can be used to help track the movement of the virus in the city.

Medical Intervention

Li Lanjuan was one of the early medical doctors to enter Wuhan; she recalled that when she got there, medical tests ‘were difficult to get’ and the situation with supplies was ‘pretty bad’. Within a few days, she said, more than 40,000 medical workers arrived in the city, and patients with mild symptoms were treated in temporary treatment centres, while those who had been seriously impacted were taken to the hospitals. Protective equipment, tests, ventilators, and other supplies were rushed in. ‘The mortality rate was greatly reduced’, said Dr. Li Lanjuan. ‘In just two months, the epidemic situation in Wuhan was basically under control’.

From across China came 1,800 epidemiological teams – with five people in each team – to carry out surveys of the population. Wang Bo, a leader of one of the teams from Jilin Province, said that his team conducted ‘demanding and dangerous’ door-to-door epidemiological surveys. Yao Laishun, a member of one of the Jilin teams, said that within weeks their team had carried out epidemiological surveys of 374 people and traced and monitored 1,383 close contacts; this was essential work in locating who was infected and treated as well as who needed to be isolated if they had not yet presented symptoms or if they tested negative. Up to 9 February, the health authorities had inspected 4.2 million households (10.59 million people) in Wuhan; that means that they inspected 99 percent of the population, a gargantuan exercise.

The speed of the production of medical equipment, particularly protective equipment for the medical workers, was breath-taking. As of 28 January, China made fewer than 10,000 sets of personal protective equipment (PPE) a day; by 24 February, its production capacity exceeded 200,000 per day. As of 1 February, the government produced 773,000 test kits a day; by 25 February, it was producing 1.7 million kits per day; by 31 March, 4.26 million test kits were produced per day. Direction from the authorities moved industrial plants to churn out protective gear, ambulances, ventilators, electrocardiograph monitors,



《抗疫日记·憩》

Diary on the fight against the virus: taking a short break.

Li Zhong

respiratory humidification therapy machines, blood gas analysers, air disinfectant machines, and haemodialysis machines. The government focused attention on making sure that there was no shortage of any medical equipment.

Chen Wei, one of China's leading virologists who had worked on the 2003 SARS epidemic and had gone to Sierra Leone in 2015 to develop the world's first Ebola vaccine, ru~~s~~hed to Wuhan with her team. They set up a portable testing laboratory by 30 January; by 16 March, her team produced the first novel coronavirus vaccine that went into clinical trials, with Chen being one of the first to be vaccinated as part of the trial.

Relief

To shut down a province with 60 million inhabitants for more than two months and to largely shut down a country of 1.4 billion inhabitants is not easy. The social and economic impact was always going to be very great. But, the Chinese government – in its early directives – said that the economic hit to the country was not going to define the response; the well-being of the people had to be dominant in the formulation of any policy.

On 22 January, before the Leading Group was formed, the government issued a circular that said that medical treatment for COVID-19 patients was guaranteed and that it would be free of cost. A medical insurance reimbursement policy was then formulated, which said that expenses from medicines and medical services needed for treating the COVID-19 would be completely covered by the insurance fund; no patient would have to pay any money.

During the lockdown, the government created a mechanism to ensure the steady supply of food and fuel at normal prices. State-owned enterprises such as China Oil and Foodstuffs Corporation, China Grain Reserves Group, and China National Salt Industry Group increased their supply of rice, flour, oil, meat, and salt. The All-China Federation of Supply and Marketing Cooperatives helped enterprises connect directly with farmers' cooperatives; other organizations like the China Agriculture Industry Chamber of Commerce pledged to maintain supply and price stability. The Ministry of Public Security met on 3 February to crack down on price gouging and hoarding; up to 8 April, the prosecutorial organizations in China investigated 3,158 cases of epidemic-related criminal offenses. The state offered financial support for small and medium-sized enterprises; in return, businesses revamped their practices to ensure a safe working environment (Guangzhou Lingnan Cable Company, for instance,

staggered lunch breaks, tested the temperature of workers, disinfected the working area periodically, ensured that ventilators worked, and provided staff with protective equipment such as masks, goggles, hand lotion, and alcohol-based sanitizers).

Lockdown

A study in *The Lancet* by four epidemiologists from Hong Kong shows that the lockdown of Wuhan in late January prevented the spread of the infection outside of the Hubei Province; the major cities of Beijing, Shanghai, Shenzhen, and Wenzhou, they write, saw a collapse in the number of infections within two weeks of the partial lockdown. However, the scholars write, as a consequence of the infectiousness of COVID-19 and the absence of herd immunity, the virus might have a second wave. This is something that worries the Chinese government, which continues to be vigilant about this novel coronavirus (a cluster of cases in Harbin, near the China-Russia border, reinforces the need for vigilance).

Nonetheless, the lights of celebration flashed across Wuhan as the lockdown was lifted. Medical personnel and volunteers breathed a sigh of relief. China had been able to use its considerable resources – its socialist culture and institutions – to swiftly break the chain.



《抗疫日记·憩》

A sanitation worker making sure that every corner is disinfected.

Li Zhong

Painting an Epidemic: An Interview with Li Zhong

9 April 2020, Shanghai

We sat down with Li Zhong (李钟) at a small open-air tea house run by a friend of a friend; Zhong is a painter of the Shanghai Academy of Painting and Calligraphy and president of the Fengxian District Artist Association. A man in his forties, Zhong wore a navy blue blazer and jeans, and, of course, a face mask. Even three months after the COVID-19 epidemic began, in Shanghai – a city relatively sheltered from the virus that has resumed daily life – 100% of people still wear masks while outside of their homes. The masks may prevent us from recognising each other in the streets, but still we can smile behind them.

And there is reason to smile – the 76-day lockdown of the hardest-stricken Chinese city of Wuhan had been lifted just over 24 hours before we met. ‘This is a very exciting moment for the Chinese people,’ reflects Zhong. ‘This means that China has defeated the virus and people all over China trust science. But we cannot

stop being vigilant or all our previous efforts will be for nothing'. He is referring to the worries over the recent rise of imported cases of the virus and the fears of a second wave of the virus in China.

We came to know of Zhong through a series of paintings he made in solidarity with the workers fighting COVID-19 in Wuhan. The scenes portray sensitive, everyday moments in a traditional Chinese ink painting style – shades of black ink with colour accents, most prominently the blues and reds of medical outfits. A traffic officer slurping down his cup of instant noodle, still in uniform. A security guard catching a brief nap during the intensive work nights and days. Workers taking temperatures, sewing personal protective equipment, clearing garbage, and delivering supplies. Workers who, behind masks, become anonymous and, in a series, become whole. Zhong began posting these images on his WeChat 'moments' (similar to 'stories' on other social media platforms), which were circulated and eventually reached some [news outlets](#). Little has been told, however, about the origins of the paintings and who was behind them, so [Tricontinental: Institute for Social Research](#) went to speak with Li Zhong in Shanghai.

'Well, this was a special year', Zhong told us. After briefly introducing himself, Zhong dives into the sequence of events of the COVID-19 epidemic,

which moved him to paint: 'I was recording the process of how the Chinese people fought the virus; it's a kind of record of the Chinese people's bravery.' He is an artist who deeply believes in science. He categorised his work meticulously: Raging Epidemic, Frontline Warrior, Grassroots Perseverance, Logistical Support, Suspension of Classes, and Anti-Epidemic Sketches. But he is reluctant to speak about himself as a protagonist in this story. Instead, he talks about socialist values. He commends the government's decisive actions; over the past two months, millions of people have been mobilised across the country to do frontline work, with most of the 1.4 billion population in some form of lockdown.

'The reason why I created the paintings was to show the benefits of a socialist country, and this is different from capitalism in the West. As an example, Chinese people are a people for whom solidarity is key; we are a hardworking people. During New Year's Eve, Chinese families gather together. However, many people sacrificed this precious time with their families to help fight the virus. Many medical staff went to Wuhan. I was very touched by these actions. They are so noble, but they are just ordinary people like us. They are not only the medical staff, but also grassroots staff and officials, community staff, many people who gave up their traditional festival. And this is difficult for other countries to do'.



《致敬天使·不一样的年夜饭》

Tribute to an angel - a different New Year's Eve dinner.

Li Zhong

Tribute to an angel – a different New Year’s Eve dinner (致敬天使·不一样的年夜饭) features two medical staff hastily eating a meal while squatting, still in medical gear. A ‘different’ meal is also portrayed in a different style. He deploys a traditional Chinese style of painting in service of the contemporary moment, to ‘develop the new from the old’, as Mao Zedong himself might have called it. Ink wash painting emerged during the Tang Dynasty and is common throughout East Asia. Its characteristic black ink, diluted to various concentrations and shades, is painted onto a highly absorbent and delicate rice paper. Once a stroke is painted, it cannot be modified or undone. Its ability to capture a moment is not measured by its realism but by its essence – it is a snapshot that already begins to fade once the brush meets the paper, as if changing with the speed of the virus itself.

In the tradition of socialist painting, Zhong turns our gaze to the workers – the subjects who have consistently been excluded from bourgeois painting and who are now absent in the Western media’s portrayals of China’s response to the pandemic. ‘Across the world, people may say bad things about China, but this experience has changed their view totally. They surprisingly never considered the solidarity of Chinese people [...] but right now across the globe, everyone is asking China for help and we are the only ones



《停课不停学》

Stop class, but don't stop learning.

Li Zhong

helping. China has helped 120 countries, both with supplies and staff’.

In celebrating those who labour, Zhong himself also went to work. During his self-quarantine of one and half months, he created 129 paintings – creating more than two new paintings a day. His social commitment is clear, both as an artist and as a member of the Communist Party of China. Zhong studied and referenced images from the online and televised reporting in China, ‘which showed a lot of the workers’ perspective’. The paintings have also gone back to the workers themselves, such as the twenty medical staff from his community who went to Wuhan. The paintings gave them courage and encouragement; ‘They told me that my paintings reflect the truth of the outbreak. In the future when they see my paintings, we will not forget’, Zhong explained.

At Tricontinental: Institute for Social Research we are engaged in a battle of ideas, which we understand is also a battle over the visual. Zhong made art that contests in this battle. He made art ‘to show the soldiers who are fighting against the virus, and these soldiers don’t just include medical staff. This includes the people staying at home, they are also fighters’. He invited us to see a different representation.

One of his paintings features a child at a drawing

board, colouring in block letters. It reads Stop class, but don't stop learning (抗击疫情停课不停学). 'Because of the virus children cannot go to school,' Zhong explains. 'The experts say that the virus can be transmitted from person to person. So, the schools had to be closed. Students must remain in quarantine, so the students are drawing comics in support of the medical workers'. It is a drawing within a drawing, a record of a record being made.

As for artists, what can we do? 'They can reflect the situation positively. They should be true. Don't blame other countries or spread misinformation, because the biggest challenge is to defeat the virus, which requires our unity'. As soldiers in this international battle against the COVID-19 pandemic, whether working at the frontlines or behind the scenes, quarantined at home or out of a home, caregiving or being cared for, at your computers or at your easels, Zhong reminds us to be scientists, to learn, and to be true.





Li Zhong, painting an epidemic.
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