Politics and science: the Case of China and the Coronavirus
Kerry Brown and Ruby Wang

The Coronavirus (2019-nCoV, or COVID-19) outbreak started in the central Hubei province in China. The spread of the disease across China, and now around the globe, is a multi-layered issue that affects both politics and science. On one level, it is a public health crisis in an area where developing China is particularly vulnerable. On another, it sheds light on the issue of governance under Xi Jinping and the strengths and weaknesses of his highly centralised style of rule in contemporary China. Finally, it also speaks to the issue of governance under Xi Jinping and the strengths and weaknesses of his highly centralised style of rule in contemporary China. This essay will look at each of these issues in turn. The spread and global impact of the virus has proved to be a fast moving phenomenon. It is likely to make an impact that will last not just for years, but decades. There is every possibility that globalisation will be recast and reformed, as a result. This is a very initial attempt to understand some of the factors that might go into this, as they can be seen at the time of writing (April 2020).

The “Novel” Coronavirus

First, we need to have some understanding of the key actor in all of this: the virus itself. Despite its name, the Novel Coronavirus is not new, but a newly mutated strain of the large Coronavirus family. Coronaviruses are zoonotic viruses (transmitted between animals and people) that cause illnesses of varying severity, from the common cold to SARS (Severe Acute Respiratory Syndrome, associated with civet cats, which spread through Asia in 2002-2003) and MERS (Middle East Respiratory Syndrome, associated with dromedary camels). The name “corona” refers to a crown-like protein band seen on the virus under microscopy. Genetic sequencing has found similarities between COVID-19 to viral strains previously found in bats, which are known to be a reservoir for Coronavirus. The virus outbreak began in the live animal wet markets of Wuhan in December 2019, and while bats may have been traded in such markets, they remain unconfirmed as the source of animal-to-human transmission for COVID-19. It should be noted that there has been passionate and sometimes deeply acrimonious debate around this matter, which has strayed from the medical to the political. This will be discussed later.

COVID-19 is spread from human to human, through airborne droplets from the nose and mouth of the infected person, when coughing or exhaling. These droplets may either be inhaled by and infect a second individual, or land on objects and surfaces – and infect someone who first touches these surfaces with their hands, and then touches their own eyes, nose or mouth. The virus may persist from a few hours to days, dependent on environment and conditions of the surface or object, including temperature and humidity. Common disinfectants such as simple soap or 62% alcohol are enough to kill the virus, which is why effective hand washing (7 steps and 20 seconds) and cleaning of surfaces is so important during this time.

---

1 The origins of COVID-19 were discussed recently in Nature: Kristian G. Andersen, Andrew Rambaut, W. Ian Lipkin, Edward C. Holmes, Robert F. Garry. The proximal origin of SARS-CoV-2. Nature Medicine, Mar 2020; DOI: 10.1038/s41591-020-0820-9
The most common signs of infection include respiratory symptoms such as dry cough and shortness of breath, as well as fever and fatigue. Most symptoms are mild and gradual onset, with around 80% recovering without requiring treatment. One in six may develop serious symptoms, leading to difficulty in breathing, pneumonia (often multi-focal) and or even cardiac and other organ involvement. In some, this may lead to severe acute respiratory syndrome (ARDS), multi-organ failure and death. People of all ages may be infected, but those with pre-existing medical conditions such as heart disease, diabetes and asthma, and those immune-compromised or at higher risk such as smokers, are much more vulnerable to developing serious complications.

The case fatality ratio (CFR) is the percentage of disease-positive individuals that will die from the disease. Estimates of CFR have varied between countries due to implementation differences in identification, control and prevention policies, as well as the response of the healthcare system of that nation or region. This is particularly salient for nations such as Italy, where the much higher proportion of deaths may be attributed towards population demographics and health service capacity, such as number of clinicians, hospital beds available, equipment such as ventilators, and so on. We also have to be aware of the confounding factors of CFR: a possible delay between symptom onset and case detection (up to two weeks) may result in lower numbers of detected cases overall, as well as a bias towards serious cases. A Lancet study published on 30th March collated current data to estimate a global CFR of 1.38%.

Broken down by age, risk of death is 13.4% for those aged over 80, 8.6% for 70-79, 4.0% for 60-69 and 0.3% for 40 and below. In comparison, 2003’s SARS was found to have overall 15% CFR, with 69.6% for those aged 75 and above.

**The Pandemic**

The death rate of COVID-19 is therefore relatively low, yet the pandemic has unfolded, seemingly uncontrollably, around the globe. As of 1st April, there are over 880,000 cases worldwide, and nearly 43,600 deaths. While January and February saw the world watching China battle the virus with increasing trepidation, the past month of March has truly seen the arrival of COVID-19 reach the shores of every nation.

The unique characteristics of the COVID-19 virus have contributed towards the rapid spread of this pandemic in three main ways: long incubation period, mildness and non-specificity of symptoms. Firstly, the incubation period (time between virus exposure to symptom onset) has been estimated to be between 2 to 14 days, with average 6 days. 2019-nCoV therefore has a long period of time in which an asymptomatic, virus-positive individual may travel and infect others before symptoms present, infection is identified, and appropriate measures such as quarantine or mask are put in place.

Secondly, the mildness of symptoms in most cases means that many individuals are healthy enough to mobilise and therefore transmit infection to others. While China’s strictly regulated and wide-scale quarantine measures served to reduce such mobilisation, softer “lock-down” measures in the West have meant that low the fatality rates of COVID-19 have provided a false sense of security for

---


some, who continue to go outdoors, interact in large groups and flout social distancing government regulations, despite criticism by the media and the public.

Finally, the generalised flu-like symptoms have meant that milder cases can only be identified with COVID-19 antigen testing. Identification of positive individuals is crucial for contact tracing, effective isolation and therefore reduction of virus spread. South Korea has been a successful example of this, where high numbers of infection in early February have since been reduced through aggressive mass-testing of the population – testing 20,000 people a day. Despite this, the cost and speed of testing, as well as local capacity to perform testing, have led many nations to adopt the social distancing strategy instead. This generalised quarantine is arguably a much less effective strategy compared to testing, as it may place positive, un-tested and infectious individuals at home with vulnerable family members. There has been a global rush against time to develop cheaper, faster (even in real-time) and more reliable testing technologies, but this remains to be lacking in many nations. In the UK, current antigen RT-PCR testing still requires wait times of up to two or three days, performed by resource-intensive hospital pathology lab analysis, with specificity of as low as 80%, that may require a second re-test (and further waiting times) due to possible false negatives in outcome. These limitations have forced virus testing to be reserved for the most vulnerable or most symptomatic individuals, which leaves many potentially infectious untested.

Apart from virus testing and identification of positive cases, treatment and prevention are also severely lacking. Current treatment consists primarily of supportive care, such as ventilation and breathing support in the case of respiratory or multi-organ failure. Promising candidates have included the anti-malarial Chloroquine, as well as anti-retrovirals such as Lopinavir and Remdesivir. While efficacy has not yet been established for any medical therapy, researchers and clinicians around the globe are rushing to establish clinical trials. Vaccines are viewed as the ultimate miracle prevention, but vaccine development is notoriously slow, requiring multi-stage and mass-scale animal testing before trials on humans, with many steps for ensuring both safety and effectiveness. While research for the COVID-19 vaccine has already been expedited from animal to human testing in the global race against time, it is unclear how long this will take. The one thing we can be certain of is that a global effort is truly required for all of these research areas – more on this later.

For those not tested and asymptomatic individuals, the only strategies available are to watch and wait at home, practising self-vigilance and collective community action through social distancing and effective hand-washing, among other recommendations set out by their government, national bodies such as the US CDC or UK NHS, and the World Health Organisation. As the pandemic has stretched to all corners of the globe, mass public and media scrutiny has continuously dissected and compared the widely differing national strategies of each government, starting with China. Since the outbreak was first identified, the Chinese government has implemented various measures, to great social and economic upheaval, and varying success. This has included compulsory facemasks in all public areas, regardless of symptoms, complete quarantine of entire provinces and closure of schools and workplaces. Some nations have followed with echoes of lockdown and economic standstill, such as Italy, while others have established their own measures, such as mass-testing in South Korea. It is still too difficult to identify which strategies are more effective than others, as we still remain caught in the whirlwind, and cases continue to rise. However, we may attempt to do so by returning to the start and reflecting upon China’s management of the crisis.

---

4 Elsevier’s published and updated list of potential therapies currently undergoing research: https://www.thl.gov.sg/health-topics/health-topics-covid-19/other-drugs-analysis/
Chinese Management of the Crisis

Attention in January and February after the virus and its transmission from humans to humans became known largely focussed on China and the response there. One of the issues was about whether there would be capacity to deal with a crisis on this scale. Domestically, the Chinese public health system is imperfect, despite improvements since the SARS crisis over a decade and a half ago. National healthcare expenditure is around 6.6%, compared to 9.6% for the UK and 17.7% for the US. Health services range from world-class institutions in major cities to highly uneven and undeveloped facilities in rural areas, particularly in the Western provinces. It is an inefficient and fragmented system that remains reliant on tertiary and acute care in hospitals, yet still lacks in its primary care and community services. In a country where non-communicable conditions such as cardiovascular disease, diabetes and have grown to match the West, the Chinese health system has been the target for many aspirations. An issue such as the 2019-nCoV shows how easily it can be broken down.1

For Xi’s governance, the virus has been an example of the ambiguity about his autocratic, highly centralised style and why it is seen as problematic by many in the outside world, but defended by some in China. When all is well, then he can take all the credit. Conversely, when things go badly, the same logic should hold and he needs to take all the blame. COVID-19 has been the first major domestic crisis he has faced, and the response started off being uneven. Some even referred to it as China’s ‘Chernobyl moment’, a reference to the role the 1986 nuclear plant accident in the USSR played in the downfall of the government there a few years later.6 Confident references by the commentariat to the days of the CPC being numbered appeared in many op-eds. Xi himself seemed to disappear in late January for about a week. The Premier, Li Keqiang, became the main face of the Chinese government response, appearing in Wuhan to lead the emergency management.

There is evidence that the virus could have been identified earlier. Eight doctors discussed the appearance of a new virus in a WeChat group in late December. Among them was a Party member, Dr Li Wenliang, an ophthalmologist rather than an expert in contagious diseases. He tragically died of the virus a month later7. Through fear, self interest, or simple lack of knowledge, local officials and those sent from Beijing to investigate were accused of responding too slowly. While some of the officials in Wuhan, the epicentre of the problem, have been removed, and a new Party secretary Wang Zhonglin appointed in mid-February, they seem more like scapegoats for a larger problem – the whole system that they operate in, with its debilitating lack of transparency and accountability. America in particular complained that they were informed of the problem late, and that they were not told the full information about it. The Chinese government however has counterclaimed that it fully involved the World Health Organisation (WHO) and that it made all the information it had available via this way.8

Over later February and into early March, the number of infections, and those dying of the virus, declined dramatically, so that by mid-March the main issue was not from cases which had arisen

---

3 Anthony Green, ‘Li Wenliang,’ The Lancet, February 18th, 2020, at https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30382-2/fulltext
4 For a rolling chronology of the WHO’s involvement of the Wuhan events see https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen
domestically (indeed, since 19th March, China has reported no new domestic cases), but from those which had arisen from either Chinese students returning from abroad to the country, or foreigners (a small number). This caused the imposition of quarantines, and the gradual closing of China to the outside world, so that, on 29th March, Chinese borders were closed to all non-Chinese citizens – the first time such a thing had happened since the foundation of the PRC in 1949. The Chinese government could say that they had conquered the virus, at least on its first occurrence – and the epicentre of the whole crisis, Wuhan, was slowly opened back up to the outside world. There were also efforts to make political gains from this success, with Xi’s administration deploying both domestically and abroad messages about its heroic, and ultimately victorious, struggle since early January. Both local and foreign journalists trying to uncover more about the original mishandling were either detained, or simply evicted from the country. In an unprecedented move, journalists from the Washington Post, the New York Times and the Wall Street Journal were expelled in mid-March.

China may have been successful in its deployment of a fierce lockdown, and impositions on freedom of movement and social activity; the question however was whether these could be deployed in the outside world in more liberal, less autocratic political environments. This became a much sharper question as the COVID-19 virus, at first slowly, and then with frightening rapidity, started to spread through the rest of the world. The WHO warned at the end of February that the global community was facing a very likely pandemic – the first since the Spanish Flu claimed nearly 2 million lives a century before in 1918. On March 11th the WHO formally made this declaration. What had been a China-centred problem had, in the space of only a few weeks, become a global one.

The Geopolitics of COVID-19

Nobel Prize winning economist Robert Shiller in his recent book ‘Narrative Economics’ talks of how stories which start from small springs then increase in importance until they go viral.9 He uses the metaphor of a pandemic – from one case, something then exploding across the world. Ideas which were once marginal then catch on, through cyberspace and social media, spreading like an infectious disease, until a large number of people catch them. While initially being seen as a public health issue, and one which the Chinese government had needed to face in order to tackle its own governance legitimacy challenges, by March COVID-19 had escalated into a fight on two fronts – one to battle against the rising number of fatalities in Europe and the US; the other to control the political narratives that flow from this. These were two different kinds of contagions.

The phenomenon of COVID-19 – the way it spread invisibly, and created deep fears and almost contagious anxiety and panic strangely suited the kinds of worries that China and claims about its own influence on the world and intentions towards it which had been intensifying in the last decade, and particularly because of the leadership of Xi, and the presidency of Donald J Trump. As the philosopher and sinologist Francois Jullien stated, Chinese power has an elusive, almost spectral quality. It “haunts and does not act”.10 A virus pandemic that originated from China therefore served as a metaphor for many of the other ills and problems that an audience anxious, and antagonist to China’s political and geopolitical nature, attributed to the new global actor. It suited the way in which many saw China as problematic – from the ways in which its governance system had first of all seemed to cover up the problem, and then dealt with it in such an autocratic and draconian fashion. US President Trump played to this constituency in the US as the virus spread there, declaring in a series of tweets on 16th and 17th March that COVID-19 was a ‘China virus’.

Despite being challenged by reporters, he stuck by this description, arousing Beijing’s anger. Chinese foreign ministry spokesperson Geng Sheng declared on 17th March that ‘some U.S. politicians have connected the novel coronavirus with China, aiming to stigmatize China. We are strongly indignant at and firmly oppose that. We urge the U.S. side to immediately correct its mistakes and stop making groundless accusations against China.’

This line of attack played well to the narrative that Trump’s administration had been creating since 2017 – that China was a huge strategic competitor and that it needed to be dealt with. The conclusion of a partial trade agreement between the two powers in January was one manifestation of this deepening tension. But the COVID-19 has allowed it to spread into areas far from trade. China’s influence was seen to be now stretching into the lives, and liberty, of the US – causing statewide lockdowns to stop the spread of the virus, and threatening a global economic collapse. Inevitably, the words of Trump and other public figures gave license to those with racial agendas. Attacks on people of Asian ethnicity increased, not just in the US but across Europe. Despite Trump talking to Xi directly on 27th March, and agreeing to work together to mitigate the impact of the crisis, it remains symptomatic of a deepening of divisions between China and the outside world.

China’s own response to Trump’s words was also problematic. A foreign ministry spokesperson Zhao Lijian created outrage on 10th and 11th March when he started a series of tweets claiming to show evidence that the virus had originated from the US. His words created a fierce international pushback, antagonising an already fraught situation. Supporters and opponents of China on social media waged campaigns to support, or refute Li’s assertion. The tone was often toxic. When asked in a television interview on 22th March what his views were on the claims by his colleague in Beijing, the much respected Cui Tiankai, Chinese ambassador to the US stated that ‘such speculation will help nobody. It’s very harmful. Eventually, we must have an answer to where the virus originally came from. But, this is the job for the scientists to do, not for diplomats.’ The global scientific community maintains that the virus has developed through natural selection, with genomic sequencing that identifies similarities to those found in animals (96% identical to that of a coronavirus found in bats, and 88.5-92.4% identical to that in pangolins). However, some early cases of COVID-19 appear to have inflicted individuals with no links to markets in Wuhan. While the specific origins of COVID-19 may be impossible to prove whether now or in the future, it is clear that this uncertainty has been manipulated to political advantage.

This discrepancy between Cui’s remarks and those of Beijing were seen as highlighting divisions within the Chinese system – something that has been increasingly rare in the highly disciplined era of Xi. Even so, China’s image was damaged by the anger these claims had made, and the sense that the country’s leadership was extracting political gain domestically over its defeat of the virus, and then

---


internationally through export of face masks and other aid and support. All of this seemed to be using the deepening crisis in the rest of the world in ways that suited China and exposed the blatant self-interest of its own vision of power. Many figures in Beijing argued sincerely that in fact this was China taking responsibility and trying to be helpful. But the manner in which it was done, and the language it was described and conveyed in, were symptomatic of a deep cultural and communication divide between China and much of the rest of the world.

On the positive side, for China there was a clear opportunity to stress that this was a global crisis, for the whole of humanity, and one where the very nature of the problem meant that everyone had to somehow work together to resolve it. Batches of face masks were despatched to Europe, and within the Asian region. Despite debates about how effective these were, their gift, along with technical experts to help with combatting the disease, offered dramatic images of China being akin to an aid donor to developed countries – something that was used on the official media of embassies across European countries. While this may have played well back within China, its impact elsewhere was symptomatic of the complex, and increasingly negative feelings, that China’s new prominence gave rise to. Claims that some Chinese business people were profiteering (this was made in the Czech Republic about Zhou Lingjian, a locally based business man) and that some of the material sent was faulty (Spain, the Netherlands and Turkey all figured in these) only underlined how divisive dealing with China had become. China’s message was often defensive, or sounded propagandistic; but there were plenty outside who had clear political or other agendas in which this was an opportunity to lay as much pressure on China.

Foreign governments participated in this, with a member of the Boris Johnson administration in Britain, Michael Gove, complaining in an interview on the 29th March for the BBC that “It was the case ... [that] the first case of coronavirus in China was established in December of last year, but it was also the case that some of the reporting from China was not clear about the scale, the nature, the infectiousness of this.” It is clear that for this constituency, a principle motivation was to avoid being accused of being slow in responding to the crisis as it emerged. Ironically, just as Xi’s response in China had been viewed as slow and unsure in the early days, both in the UK, and the US, and through the European Union, democratically elected leaders had the same charge levelled at them. The eagerness to shift blame is only likely to feature more in the aftermath of the while COVID-19 crisis.

Taiwan and the WHO

For an event in which the claim has often been that it ‘changes everything’, there are some things that clearly have not changed. One is the resolute demand by the People’s Republic that Taiwan not receive any form of international recognition. This was a feature of the Xi leadership since the election of Tsai Ing-wen of the Democratic Progressive Party (DPP) in 2016 – one that is seen as pro-independence. Tsai’s massive re-election success in January was largely as a result of the very negative way Taiwanese viewed the treatment of protests in Hong Kong over 2019. For them,

---


whatever attraction the ‘One Country, Two Systems’ rubric for reunification may once have had were largely gone.

Taiwan had been granted observer status at the World Health Assembly (WHA) from 2009 to 2016, when, after Beijing’s protests, this right was taken away from it. The spread of COVID-19 illustrated however precisely why this island with de-facto independence, with its 23 million residents, deserved a voice on this sort of body. Deep interlinkages in terms of air travel, business, tourism, and students meant that as soon as their were cases of infections within the PRC, these started to appear in Taiwan. The Tsai administration, however, offered a wholly different way of managing the issue, gaining praise for the transparency, efficiency, and the ability to ensure fatalities remained low, at least till the time of writing (April). There was widespread anger that the WHO did not grant Taiwan any voice, and that its officials stuck resolutely to the ‘One China’ policy line, where only Beijing was allowed to speak for both territories.

In opposition to this, defenders of the WHO made clear that it had to follow the mandate of its members, and that the position on Taiwan had been agreed at the UN – the line that the WHO had to follow. More problematic was the sense that the PRC seemed to be placing its own political demands above defending global health as well as it could. Taiwanese leaders made clear that they had much to offer in advising on ways of containing the spread of the virus, and devising measures to combat and defeat it. But this information was not easily shared with others.¹⁷

**Intellectual Collaboration**

For all of these contentious and negative areas, there are also clearly ones about which it is possible to be more positive and optimistic. In terms of technical co-operation, Chinese and non-Chinese medical researchers had a high incentive to work together. Indeed, in comparison to the SARS crisis of 2003, China has been much faster to act with international interests. On January 12th, five days after Chinese health authorities officially identified the new strain of COVID-19, its genetic sequence was shared with the world, so that other countries could begin research on treatment, diagnostic kits and vaccines.

Clinicians in China, who were the first to manage COVID-19, provided the bulk of early clinical research surrounding symptom presentation, management and treatment of COVID-19 hospital admissions. They produced a wealth of data and articles at a rapid rate, which was supported, translated and published by Nature, the Lancet and other international journals. The dissemination and sharing of this highly valuable clinical information has allowed the global scientific community to collaborate, identifying trends, sharing ideas, and advancing diagnosis, treatment, and prevention measures.

Medical research roots its foundations upon efficacy and safety, which require reliability of evidence through repeated experimentation and time. In this global race, where death rates rise per day, time is the one thing that we are short of. The only viable option for expanding scientific capacity is for global pooling of resources and expertise. While this collaborative global spirit may build many such international collaborations both online and otherwise, and forge new paths in international

collaboration, we must also remain wary to the potential consequences of such intense public and media scrutiny in scientific research. The medication Chloroquine is an example of this.

In mid-march, the anti-malarial Chloroquine (and its derivative, Hydroxychloroquine) was found to improve patient outcome and reduce length of stay in COVID-19 positive hospital admissions by Chinese clinicians in Guangdong, with recommendations for a low dose for up to ten days, in selected patients with no contraindications.18 Similar findings were echoed in other articles, but no official medical trials had been performed to reliably define this medication as an effective therapy for COVID-19. News websites were quick to pick up on this, and reporters began to publish extensive articles touting Chloroquine as a possible miracle drug in this pandemic. Little to no information was provided to the public of its potentially toxic effects, which include heart problems, macular degeneration (leading to blindness) and cannot be used for pregnant women, diabetics or those with liver problems.

Fast forward one week, and on 21st March, President Trump tweeted about the drug combination “Hydroxychloroquine & Azithromycin” as “one of the biggest game changers in the history of medicine”, despite no reliably evidence for the clinical efficacy of this drug pairing. Such actions have potentially already caused fatal consequences. A man in Arizona passed away after ingesting the Chloroquine phosphate used to clean his fishtank, and his wife remains in intensive care. While the FDA has indeed fast-tracked Chloroquine for COVID-19 as of 29th March, it is not equal to an FDA approval, but clearly stated as an “unproven drug” with “emergency use authorisation” only, to be limited by individual patient need. Studies to test for its efficacy have only just begun, and will not be completed for months. When considering collaborative effort to tackle COVID-19 between global communities, and between China and the world, it is therefore imperative that research progression remains with the medical and scientific community.

Economic Impact

While principally a public health crisis, COVID-19 is likely to have a deep, and potentially devastating impact on the global economy. For China during the period of most intense shutdown in early 2020, there was recognition that growth would likely be far below the target of around 6 per cent in the first quarter. There was a possibility that it might even dip into negative territory – something that had simply never happened in the PRC since 1978. The challenge this posed for a government which still, despite strenuous attempts to diversify its message, relied on good levels of economic growth as the basis of much of its legitimacy, are clear. During SARS in 2002-3, which had seen similar kinds of shutdowns, one quarter of poor growth had been followed by a remarkable bounceback. But the Chinese economy today, far larger and more complex, is not so easy to stimulate against such a huge shock.

As COVID-19 spread, however, it became clear that the lockdowns and closures of business elsewhere in the world were likely to have an immense and potentially long term impact. US unemployment, which had been at historically low levels, shot up to over 3.5 million. In the UK, the government launched a scheme to pay employees of businesses closed down temporarily because of the crisis 80 per cent of their wages up to £2500.00. This scheme was also extended to self-employed. The US government passed a gigantic USD2 trillion fiscal stimulus deal on 26th March. Despite this, the collapse in global stock markets was a dramatic, and visible sign of wealth being

destroyed by the uncertainty, and the complete cessation of most economic activity in many regions. From retail, to aviation, tourism, and many service companies, to manufacturing, lock downs and impositions of social distancing regulations meant that activity either slowed down, or simply ceased.

China’s interconnection with the rest of the world means that this looming global economic recession, possibly even full blown depression, will have a knock on effect. Asian markets remained depressed and battered even after the US and Europe took what measures they could to maintain economic activity in early April. The unprecedented scale of the crisis means that estimates of its potential impact on global growth varied from minus 10 to minus 20. In human terms, the job losses and closures of business are likely to be widespread, and lead to a period of real, and possibly prolonged hardship.

For China itself, initial data issued by the Chinese National Bureau of Statistics in March has been ominously bad. Urban unemployment increased to 6.2 percent. Industrial output fell by 13 per cent, the worst figure ever recorded. Retail sales fell a fifth, and fixed asset investment a quarter. These are truly terrible figures. The question is whether they portend a long term drop or are a dramatic dip which can at some point in 2020 be corrected. The Party leadership can certainly claim that this drop was brought about by circumstances beyond their control, as other governments will no doubt do too. The question is to what extent they can rely on this message to speak to a population used to consistent high growth for so long, and who are still expected the future to be materially better than today or the past. Xi’s leadership can rely on greater nationalism, particularly if the country does become isolated an ostracised. But that will also lead to another set of questions and challenges. Since 1979 it has invested so much in at least trying to get on with the world around it. It would be a huge thing to reverse this and move into an era in which the new normal was contention rather than pragmatic engagement. Domestically, it is more likely to lead to increased discipline and repression rather than any relaxation of rule. There might be more critical voices of the government, but if history is any guide, at these times Beijing tends to lash out with even more commitment when it feels threatened. It has immense levels of control within China. A public backlash would have to be immense to see these truly threatened.

Geopolitical Impact – A Two Track World

Attempts to control the spread of the virus have resulted in borders being strengthened, and reimposed (particularly in Europe, where the free movement agreement within EU member states mandated by the Schengen Agreement has largely been temporarily dismantled), many countries being closed to non-citizens, and some simply sealed off to all air and rail traffic with the outside world. If the first phase of globalisation was about removing physical and trade barriers, it is clear that COVID-19 shows a world in which many of these are returning. The question is for how long.

Around the specific question of China, a deepening of distance between it and the US was already apparent from the election of Trump in 2016. But it is something that has been simmering for years. China’s desire to enjoy greater strategic space, manifested in its operations in the contested South and East China Sea, and the US’s demand that the Asia Pacific was an area of key strategic importance for it, have set up since the late 2000s a trajectory towards a clash of aspirations and ideas. Vice President Mike Pence’s remarks on the 4th October 2018 at the Hudson Institute articulated this: ‘Beijing is employing a whole-of-government approach to advance its influence and benefit its interests,’ he stated. ‘It’s employing this power in more proactive and coercive ways to

---

interfere in the domestic policies and politics of the United States. In many ways, the US China trade war over 2019 saw this geopolitical struggle for dominance between the US and China exercised in the an area where the US felt it had maximum leverage, with minimum outlay. The agreement reached in 2020 around issues like intellectual property rights, and market access, was only the first of what is projected to be a further series of agreements. COVID-19 raised many questions about whether these next steps will ever be taken.

The great issue is how two such different powers in terms of cultural, aspirations and values as the US and China can easily co-exist in a world where economies and growth depend on interconnectivity. Nor is this just a matter of physical spaces, but virtual ones too. Faced against a China frustrated by its lack of an international speech it can feel some kind of control over, and a US which resents how far China has come through economic engagement but no meaningful accompanying political reform, it is easy to see how hard accommodating these two very different forces is, especially in view of their distrustful and often antagonistic view of each other. Added to this is the fact of their clear mutual dependency.

The process of deepening boundaries that COVID-19 raises will mean either that the US and China are brought together in some transformative moment of recognising a shared humanity and the need to deal with their differences and accept each other constructively, an outcome that can be described as idealistic, or taking a more pragmatic stance: simply accepting that they need to operate within accepted ‘zones’ in which they tolerate each other, but do not necessarily need to enthusiastically embrace. In view of the deep differences between them, while the former option would be best, the latter is the most likely. For it to work, global multilateral governance and co-operation would need to exist almost along the lines of a dual-track system. It would consist of China’s world, with its alliances, and modes of behaviour (like the Belt and Road Initiative) and then that of the US.

Even an arrangement like the pragmatic one outlined would be a massive challenge to create – despite the clear divisions that the current crisis provides. In effect, it means a world of almost constant swivelling between US and Chinese interests, with persistent negotiation, and the possibility almost constantly of a break out of disagreement and fractiousness. In this world, everyone else would need to somehow locate themselves between these two great camps, trying to balance their interests with either in ways which do not alienate one or the other. The UK, at least up to early 2020, has typified this, trying to maintain a close link with the US while, post-Brexit, developing stronger ties with China in order to gain some economic benefits. It is likely that the US and China will, in different ways, be demanding exclusivity from their partners, and be increasingly jealous of who is linked to who. They are unlikely to tolerate those who attempt to stand between them, veering to one side of the other depending on what they think suits their interests. In short, it will no longer be possible to sit on the fence. Everyone will need to come down on one side of the other.

The worst outcome of COVID-19, as and when it is brought under control, is that it creates a world a deeper resentment and division which goes beyond a mere pragmatic carving up of geopolitical space to create a dual track system, but becomes like a new version of the Cold War. This has been something feared by analysts for a long time. China, after COVID-19, will exist increasingly isolated, and the US not just rhetorically speaking of containment, but actually attempting to realise it. This

world will see the undoing of many of the achievements of globalisation over the last few decades, and risk doing immense economic damage by decoupling the two greatest sources of global growth – the US and China. It will be a world not of perpetual strategic competition but one of overt hostility. These scenarios should make us realise that the public health issue that started, most likely, in a wet market in Wuhan in late 2019 could prove to be one of the most decisive geopolitical moments in modern history, and proof once again that the greatest changes often come from wholly unexpected places, and more often than not from a clear blue sky.

Kerry Brown is Professor of Chinese Studies and Director of the Lau China Institute, King’s College, London.

Ruby Wang is a practising clinical doctor and medical advisor, having studied medicine at the University of Cambridge and University College London, and Global Health Policy as a Schwarzman Scholar at Tsinghua University.