

# COVID-19, Racism and Politicization



# COVID-19, Racism and Politicization:

*Media in the Midst  
of a Pandemic*

Edited by

Kalinga Seneviratne  
and Sundeep R. Muppidi

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COVID-19, Racism and Politicization: Media in the Midst of a Pandemic

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# CHAPTER 1

## INTRODUCTION

KALINGA SENEVIRATNE  
AND SUNDEEP R. MUPPIDI

*Since COVID-19 was first identified, infections from the virus and the death toll have spiked abysmally. The pandemic has also paralyzed the economies (particularly, global trade, tourism and transport) of many countries. The dire social and psychological ramifications associated with the pandemic are also immense. The threat posed by COVID-19 on global health and the economic downturn resulting thereof necessitates the development of health technologies (such as medicines and vaccines) – South Centre Research Paper 114 (Boru, 2020).*

Globalization has transformed the world into a global village at so many different levels. What happens then, when an unexpected event like a global pandemic, caused by an invisible virus with no known vaccine, and capable of spreading exponentially through contact, emerges and spreads like wildfire through global travel networks? How does one respond to such a global public health emergency?

In a globalized world, interlinked with digital networks that enable high-speed commerce, and with interlinked cultural experiences, the COVID-19 pandemic has redistributed and re-imagined global transactions, interactions, and partnerships. The existential threat posed by this pandemic, and new variants of the virus, has brought almost all countries to a grinding halt for significant periods of time, starting in January 2020 and with some communities continuing to be in lockdown even at the time of writing in January 2021. In these lockdowns, unprecedented curbs have been put in place on all forms of transportation, social interactions and economic transactions. The

unavailability of a vaccine, till recently, has meant that extreme measures of containment, from closures to cleaning protocols have become the norm across the world. Offices, businesses and shopping centers have shut down, companies have shuttered their doors, and while a lot of employees have worked from home, many others have been furloughed or lost their jobs. The enemy is invisible and hence the job of getting the message across in terms of prevention has become much more difficult.

## **Background**

On 31 December 2019, the WHO was informed of cases of pneumonia of unknown cause in Wuhan City, China. A novel coronavirus was identified as the cause by Chinese authorities on 7 January 2020 and was temporarily named “2019-nCoV”. Coronaviruses (CoV) are a large family of viruses that cause illnesses ranging from the common cold to more severe diseases. A novel coronavirus (nCoV) is a new strain that has not been previously identified in humans. The new virus was subsequently named the “COVID-19 virus”. On 30 January 2020, Dr Tedros Adhanom Ghebreyesus, the WHO Director-General, declared the novel coronavirus outbreak a public health emergency of international concern (PHEIC), the WHO’s highest level of alarm. At that time there were 98 cases and no deaths in 18 countries outside China. On 11 March 2020, the rapid increase in the number of cases outside China led Dr Ghebreyesus to announce that the outbreak could be characterized as a pandemic. By then more than 118,000 cases had been reported in 114 countries, and 4,291 deaths had been recorded.

Following SARS, which was first recognized in 2003 in Hanoi, Vietnam, and MERS, which was identified in Saudi Arabia in 2012, this is the third coronavirus disease. COVID-19 was first recognized in Wuhan City, Hubei Province of China. In late December 2019, the Health Commission of Hubei Province revealed the outbreak of a cluster of severe “pneumonia of unknown causes”. The pneumonia illness was initially believed to have a link to a wholesale seafood and live animal market in Wuhan. As studies show, “bats, snakes and pangolins have been cited as potential carriers” of the new virus. However, a study published in the New England Journal of Medicine and some other journals subsequently showed that most of the first



cases did not “have known exposure to a seafood wholesale and live animal market in Wuhan” (Baru, 2020).

Robin Marantz Henig (2020), a science writer based in New York, pointed out in an article in the National Geographic, that science writers have been identifying processes such as climatic change, massive urbanization, and the proximity of humans to farm or forest animals as vital reservoirs that could unleash microbes “never before seen in humans and therefore unusually lethal” (2020: 16). He also noted that except for AIDS, other recent epidemics did not go global – such as SARS in 2003, MERS in 2012 and Ebola in 2014. “It was easy to attribute susceptibility in other countries to behaviors that didn’t exist in ours”, noted Henig (2020: 18). “Most of us didn’t ride camels, didn’t eat monkeys, didn’t handle live bats or civet cats in the market place.”

The spread of COVID-19 from China to other countries did not take much time. On 13 January 2020, six days after the virus was first identified, Thailand reported a case of a tourist from Wuhan who was infected. Japan and South Korea then confirmed cases of passengers from Wuhan on 15 January 2020 and 19 January 2020, respectively. The spread of the virus to countries outside of Asia also took place within a few days. In Italy, after the first patient (a 38-year-old man from the Italian city of Codogno) was identified on 20 February 2020, the virus spread from there at a staggering pace. The spread of COVID-19 to other nations was also very quick.

In the US, the first COVID-19 patient was confirmed on 20 January 2020. However, five months after the first confirmed patient – a passenger from Wuhan – was identified, the number of infections exceeded over 1.6 million people. In South America, the first case was confirmed in Brazil on 25 February 2020. By the end of May 2020, Brazil, Peru and Chile were the three countries with the highest number of confirmed COVID-19 cases in the region. In a similar vein, Africa confirmed its first COVID-19 case in Egypt on 14 February 2020. Since then, the virus has reached many African nations such as Ethiopia (Baru, 2020).

In early 2020, as the coronavirus spread globally, fearful shoppers stripped stores bare and caused a worldwide shortage of protective face masks. The media, encouraged by irresponsible politicians, spread various conspiracy theories and began a blame game, while neglecting health information and delaying much needed action to

stem the spread within countries. To what degree do the media deserve scrutiny for their role in the day-to-day coverage that often focused on adversarial issues and not on solutions to help address the biggest global health pandemic the world has seen for over a century?

Overall, COVID-19 is a critical concern not only for least developed countries (LDCs) and developing countries, but also for developed nations like the US, the UK, France and Germany. Unlike HIV/AIDS and other infectious diseases the effects of which have been felt mainly in LDCs and developing nations, COVID-19 has ravaged the lives of people in North America and Europe.

## **Summary of the Chapters**

This book explores the role of the national and international media in the initial coverage of the developing crisis, especially between January and June 2020. We will address especially issues such as the trading of conspiracy theories, race factors, media bias, the role of the media in both countering and spreading misinformation, and the politicization of the health crisis.

In chapter 2, Kalinga Seneviratne takes a comprehensive look at how a blame game developed in the international media with a heavy dose of Sinophobia. He discusses various conspiracy theories that were circulated by both the western and Chinese media, the attacks on the WHO as the epicenter of the virus spread to the US, the bias in media language (especially of the American media) in reporting developments associated to COVID-19, and how the propaganda war developed particularly between March and June 2020. The chapter also has a comprehensive analysis of how racism was reflected in the international media coverage and how COVID-19 became excessively politicized with the Australian Prime Minister Scott Morrison's call for an "independent" inquiry into the origins of the COVID-19.

Sundeep R. Muppidi, in chapter 3, takes a specific look at the US media coverage of COVID-19. He addresses the context and factors leading to such media coverage and its response to the pandemic, while also exploring some of the theoretical and logistical aspects of these responses. In addition, he explores the 'othering' of the blame related to failures and non-performances from politicians, governments and media networks themselves.

Zhang Xiaoying and Martin Albrow give a Chinese perspective on the trend of reporting COVID-19 in the Chinese media, when they discuss the “Moral Foundation of the Cooperative Spirit” in chapter 4. They draw on three main Chinese philosophical traditions - Confucianism, Daoism and Mohism - to identify the sources of its theoretical framework. They argue that the co-operative spirit as represented in China’s English media is essentially grounded in these ancient Chinese political-cultural values, which have all contributed in different degrees to the idea of *Tianxia* as one family, taking “*ren*”, “*shangshanruoshui*” and “*jianai*” as its core values, and maintaining a human-centered orientation. Taking examples from China’s mainstream English media, such as China Daily, Global Times, CGTN, Xinhuanet.com/English and China.org.cn/English, they argue that all these news media have emphasized global cooperation in combating the COVID-19 crisis, instead of contributing to the blame game and politicizing the issue.

In the next chapter, Ankuran Dutta and Anupa Goswami trace the historical background to India’s anti-China nationalism and show how it has been reflected in the COVID-19 coverage, especially after India became one of the world’s hotspots. They argue that “India’s growing affiliation with the Trump regime” has impacted the Sinophobia that was reflective of the coverage of the virus, with some mainstream media even labelling COVID-19 as the “Wuhan Virus”. Taking the Times of India, the Hindustan Times, the Indian Express, the Statesman, the Telegraph, the Hindu, and the Deccan Chronicle, the authors – using 10 key words – analyzed what could be constituted as Sinophobia in the Indian media coverage of COVID-19.

In chapter 6, Yun Xiao and Radhika Mittal look at how misreporting and negative coverage stigmatize certain social groups. In a study that examines the image construction of China from administrative and economic perspectives in *The New York Times*, the authors argue that unsubstantiated criticism of governance measures, lack of nuance and absence of alternative narratives is indicative of a media ideology that strengthens and embeds the process of ‘othering’.

In chapter 7, Sugath Mahinda Senarath examines the role of the media in Sri Lanka’s initial success in combating COVID-19. He gives an interesting analysis of how the media along with the security forces created an environment where general elections could be held safely

in August 2020. He also discusses how the media facilitated discussion on the role of the military in COVID-19 contact tracing and quarantine measures, and also about some “careless” news reporting where minority groups were being blamed for some of the problems created by the battle against COVID-19.

In the next chapter, David Robie focuses on New Zealand, which the western media has praised for its successful strategy to control COVID-19. He analyzes how Prime Minister Jacinda Ardern’s success in controlling the virus contributed to a resounding election victory in August 2020. He also discusses the sad state of the print media in New Zealand, where it has been devastated by the economic impact of the lockdowns due to COVID-19.

S.M Shameem Reza’s chapter on the battle to control COVID-19 in Bangladesh is a disturbing account of social issues that came up as the virus spread, and the way the media reported them. The media coverage has led to an emerging pattern of stigmatization of the coronavirus infections. It reflected the way people treated the elderly and returning migrant workers. This led to the social harassment and stigmatization of people suspected of having or having had the virus.

In chapter 10, Chen Ling-Hui discusses how Taiwan achieved a unique success in tackling the spread of COVID-19 and how it struggled to get international media attention to highlight it. She describes how Taiwan used tested communication strategies - especially the use of digital technology - to counter misinformation on the virus, thus giving confidence to the population that COVID-19 could be safely controlled in the country.

In the penultimate chapter, Flordeliz L. Abanto, Ma. Theresa M. Rivera and Robert de la Serna look at how the Philippines government set up a “multi-sectoral” information and communication system, where information from various health agencies including the WHO was channelled to the media by the government via live streaming of media briefings and the use of online platforms like Zoom. They discuss how the nature of the reporting in the national media changed between January and June 2020 as the ground situation changed, with the Philippines facing a full-blown crisis by May-June 2020. They also discuss various issues on which the media faced criticism from the public, such as promoting various health remedies. They argue that

the coverage of the pandemic exposed the newsrooms' "lack of skills and knowledge in reporting on health and science".

## **Challenges Ahead**

We are in the midst of a global pandemic and unprecedented shutdown of all societies that has impacted our global transactions in many ways including affecting the physical movement of people around the world. One would think the most logical thing to do, in a globally interlinked society, would be for all humans to put aside their differences and work towards addressing the crisis and resolving it in a united manner.

However, the COVID-19 pandemic has been the perfect storm in which international and domestic politics, misinformation, paranoia and media bias have contributed to an undermining of democratic and community values, and heightened fear and distrust among various sections of the population around the world.

At the time of writing, as new vaccines flood the world to combat the spread of the COVID-19 virus, and the virus itself seems to be mutating into newer strains, a number of other issues still remain, in particular how to combat the viruses of misinformation and conspiracy thinking that have also exploded exponentially with the spread of the pandemic. In the near future, while we may finally have a vaccine for the COVID-19 virus, what we still need is a vaccine for the misinformation virus.

In the concluding chapter written in early January 2021, we look at the challenges ahead as the world recovers from the COVID-19 pandemic.

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## CHAPTER 2

# INTERNATIONAL MEDIA AMIDST A PANDEMIC: COVID-19 CONSPIRACIES, RACISM AND POLITICIZATION

KALINGA SENEVIRATNE

In early 2020, as the coronavirus spread globally, fearful shoppers stripped stores bare and caused a worldwide shortage of protective face masks. The media, encouraged by irresponsible politicians, spread various conspiracy theories and began a blame game, while neglecting health information and delaying much needed action to stem the spread within countries. To what degree do the media – both international and national – deserve scrutiny for their role in the day-to-day coverage that focused mostly on adversarial issues and not on solutions to help address the biggest global health pandemic the world has seen for over a century?

This chapter will explore the role of the international media<sup>1</sup> in the initial coverage of the developing crisis, and broadly address the major issues covered in this book including the trading of conspiracy theories, race factors, and the politicization of the health crisis.

### **Global Media – The Battle Ground**

On December 31 2019, the WHO China office was informed by the Chinese health authorities that “cases of pneumonia of unknown etiology” had been detected in Wuhan City, and on January 3 2020, a total of 44 patients with such pneumonia had been reported. When

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<sup>1</sup> ‘International Media’ in the context of the book mainly refers to the Anglo-American media which is basically the English speaking media of the US, Britain, Australia and Canada.

the WHO asked for more information, the Chinese promptly provided reports giving details of the clinical signs and symptoms<sup>2</sup>. They also said that some patients were dealers and vendors at the Huanan Seafood Market in Wuhan City.

This threat was initially ignored in the West<sup>3</sup>, where it was thought that like the SARS crisis of almost two decades ago, this would be a health crisis limited to the region, and one which only Asians would have to deal with. On January 22, during an interview with CNBC at Davos, after the first coronavirus case was recorded in the US, President Donald Trump shrugged off the threat, saying “it’s one person coming in from China, and we have it under control. It’s going to be just fine.” When he was asked by CNBC’s Joe Kernen if the Chinese could be trusted to be transparent about the virus, he replied: “I do. I do. I have a great relationship with President Xi. We just signed probably the biggest deal ever made”<sup>4</sup>.

But, as the weeks passed by and COVID-19 spread rapidly across the US with the world’s richest country becoming an epicenter of the virus and the deficiencies of its public health system being exposed, President Trump began to change his tune. He spearheaded a blame game that pointed the finger at China<sup>5</sup>.

By March, the global media had become the battleground in a propaganda war between the West (mainly the US) and China. The narrative of China as a secretive authoritarian state that hides the truth – and thus cannot be trusted in anything it says – was widely at play in the Anglo-American media and unfortunately transmitted without questioning by some Asian media. It created an international atmosphere of confrontation, when the world desperately needed cooperation.

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<sup>2</sup> See the WHO timeline - <https://www.who.int/news-room/detail/27-04-2020-who-timeline---COVID-19>

<sup>3</sup> ‘West’ in this context mainly refers to the United States and Western Europe.

<sup>4</sup> Transcript of CNBC interview from Davos – <https://www.cnbc.com/2020/01/22/cnbc-transcript-president-donald-trump-sits-down-with-cnbc-joe-kernen-at-the-world-economic-forum-in-davos-switzerland.html>

<sup>5</sup> Donald Trump just blamed China for his re-election woes – <https://www.abc.net.au/news/2020-05-01/donald-trump-throws-coronavirus-blame-at-china/12204356>

With the spread of COVID-19 to Europe and the US a bout of Sinophobia began to emerge in the western media. On March 29, Australia's 60 Minutes program - well known for sensational reporting - broadcast a program that portrayed China as the villain of the COVID-19 pandemic, and just stopped short of calling for war against China. This was reminiscent of the propaganda that the Anglo-American media broadcast around the world about the alleged 'weapons of mass destruction' that Saddam Hussein had stockpiled, that led to the attack on and invasion of Iraq in 2003.

As the US surpassed China on the number of COVID-19 deaths, it seemed that the western media wanted the world to believe that this was because of some form of bio-warfare that originated from China. The 60 minutes program claimed that the virus originated in Wuhan in mid-November and that China intentionally hid it from the world until late January, by which time they had allowed thousands of Chinese to fly out of Wuhan to all parts of the world. The 60 Minutes program showed a map that suggested that China had sent an army of bio-warfare soldiers to infect the world<sup>6</sup>.

Unfortunately, the media in India was no different to the Anglo-American media in their coverage of the COVID-19 threat. There was a clear slant towards labeling the virus as a Chinese virus (see chapter 5 for more discussion on this topic).

The New York Times (NYT) columnist David Leonhardt (2020), writing on March 15, gave a list of the actions (or non-actions) President Trump had taken to play down the threat of the virus to the American population – while China took drastic measures and closed down the city of Wuhan. He noted:

*In the weeks that followed, Trump faced a series of choices. He could have taken aggressive measures to slow the spread of the virus. He could have insisted that the United States ramp up efforts to produce test kits. He could have emphasized the risks that the virus presented and urged Americans to take precautions if they had reason to believe they were sick. He could have used the powers of the presidency to reduce the number of people who would ultimately get sick. He did none of those things.*

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<sup>6</sup> <https://9now.nine.com.au/60-minutes/china-cover-up-coronavirus-12-missing-days-wuhan-60-minutes/d8426648-f9b3-4439-9089-b733b8e4a6c5>



He listed a number of failures that led to the US becoming the epicenter of the virus, starting in late January, with when President Trump ignored advice from health experts warning about the spread of the virus. Then, on January 31, while he banned foreigners who had been to China from entering the US, this move did not apply to US citizens. Two days later, in a Fox News interview, he said, “we have pretty much shut it down coming in from China” and again repeated that “we have a tremendous relationship with China”.

Leonhardt further pointed out how in early February, when test kits provided by the US Centers for Disease Control and Prevention (CDC) showed technical flaws, the Trump administration was lax about finding a solution, while other countries were working on developing reliable tests. The US didn't go to the World Health Organization (WHO) to source functioning test kits. Thus, the US fell behind South Korea, Singapore and China in fighting the virus. The President spent most of February telling the US public the virus was going away. He had also suggested many times that the virus was less serious than the flu. It was only in mid-March that he admitted the spread of virus was serious and then went on a blame-shifting and misinformation campaign.

## **Conspiracy Theories**

With the virus spreading havoc across the globe by March 2020, many conspiracy theories were quickly in circulation pointing to an outbreak of bio-warfare, with the US and China accusing each other. No one seemed to know that there is a Biological Weapons Convention (BWC) for which both countries had signed up.

According to the popular scientific theory, the virus probably originated in bats and then crossed over to humans, probably via another intermediate host. It then spread rapidly across the globe, piggybacking on the international travel network. While the mainstream scientific theory sufficed for some, a large number of people saw the pandemic as the work of coldhearted military or industrial strategists. An equally large number of people saw it as some kind of divine or natural retribution for an increasingly recalcitrant human race (D. Khan and Y. Khan, 2020).

At the beginning, the most popular conspiracy theory (not necessarily in the western media) was that the CIA had developed and released the virus. It was argued that this was an easy and low-cost way to limit China's growing economic clout. The theory gained support as the next hotspot was Iran – another “problematic” country for the US. However, as the COVID-19 virus spread to other countries - especially in the West - the blame spotlight turned on the Chinese. As per this thinking, it was the Chinese who had developed and released the virus to bring the US and Europe to their knees, and usher in the biggest recession of the century, thus weakening China's military and economic competitors. That view in one form or another gained momentum in the western media.

While the COVID-19 outbreak started spreading at a rapid pace in the US, one widespread theory – espoused especially by the right-wing media in the US – was that the virus had spread from the Wuhan Institute of Virology, where it was either being engineered as a bio-weapon or being studied in the lab after being isolated from animals. It had then escaped or leaked because of poor safety protocols. The Chinese have argued that the emergence of the virus in the same city as China's only 'Level 4' bio-safety laboratory is pure coincidence. But, even Trump added fuel to this theory by labeling the virus as the 'China virus' in one of his press conferences, and in India many of the mainstream news channels labeled it the 'Wuhan virus'. Addressing a youth rally in Arizona, Trump labeled the coronavirus the 'kung flu' to cheers from the audience (BBC, June 24 2020)<sup>7</sup>.

On March 3, with Iran's infection rate climbing over 3,000, the Commander of the Iranian Revolutionary Guard Corps, Maj. Gen. Hossein Salami alleged that COVID-19 was a US “biological weapon invasion” that first spread to China and then to Iran. He warned "the United States knows if it did that, (the virus) will return (to it)"<sup>8</sup>.

In mid-March, the Chinese Foreign Ministry spokesman Zhao Lijian accused the US army of bringing the coronavirus to Wuhan in October 2019 (when the US participated in a military Olympic games there) and urged the US to be transparent on such virus cases. He posted

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<sup>7</sup> <https://www.bbc.com/news/av/world-us-canada-53173436>

<sup>8</sup> <https://www.ibtimes.com/coronavirus-outbreak-us-biological-attack-iran-commander-blames-usa-COVID-19-2934762>

these comments on his Twitter account and China's state-owned Global Times<sup>9</sup> said that similar doubts had been raised by the Chinese public.

Another possible conspiracy theory could be traced to a New York Times (NYT)<sup>10</sup> report from August 5 2019 that a US Army deadly germ research center in Fort Detrick in Maryland had been shut down by the Centers for Disease Control and Prevention (CDC) over safety concerns. The report also said that in 2009, research at the institute was suspended because it was storing pathogens not listed in its database (under the BWC this is a requirement). "The institute is a biodefense center that studies germs and toxins that could be used to threaten the military or public health, and also investigate disease outbreaks," noted the NYT.

Just a few weeks before the first COVID-19 victims were identified in Wuhan, an exercise named "Event 201" was held at Johns Hopkins Center for Health Security in Baltimore, Maryland, that was funded by the Bill and Melinda Gates Foundation, where the theme was simulating a high-level pandemic exercise, which produces 65 million deaths.

The press release<sup>11</sup> said: "Event 201 simulates an outbreak of a novel zoonotic coronavirus transmitted from bats to pigs to people that eventually becomes efficiently transmissible from person to person, leading to a severe pandemic. The pathogen and the disease it causes are modeled largely on SARS, but it is more transmissible in the community setting by people with mild symptoms". It goes on to describe the virus as originating in pig farms in Brazil and quietly spreading to the community. It then transmits by air travel to the US, Europe and China, and ultimately creates health scare chaos globally.

The Global Times that reported Zhao's claims on March 14 2020 also raised an interesting point that the head of the US Centers for Disease Control and Prevention, Robert Redfield, had told a House Oversight Committee that in the first weeks of the spread of COVID-19 in the US many cases had been misdiagnosed as the common flu. This sparked a

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<sup>9</sup> <https://www.globaltimes.cn/content/1182511.shtml>

<sup>10</sup> <https://www.nytimes.com/2019/08/05/health/germs-fort-detrick-biohazard.html>

<sup>11</sup> <http://www.centerforhealthsecurity.org/event201/scenario.html>

heated debate in US social media about how flawed US testing systems may have seriously delayed the response to the virus, while the politicians and the media shifted the blame onto China.

“Such misjudgment of coronavirus cases in the US, in addition to the fact that the source of the coronavirus is still unclear, raised public suspicions on whether the virus had surfaced in the US earlier, as 37,000 Americans had died from the common flu in the US in 2019,” noted the Global Times.

Daud Khan and Yamine Khan (2020) argue that there is certainly a personality type that would choose a good conspiracy theory over other explanations any day. “It is a way of demonstrating that they know more than others and that they can see through the smoke screens and disinformation fed to the general public. It is a way of asserting (or) inserting intellectual superiority,” they note, adding:

*In the case of COVID-19, there is also a huge amount of collective anxiety that feeds on a primordial fear of the unknown, of death and of economic deprivation. This anxiety is like a virus that lives in our minds and is spread through millions of messages on Facebook and WhatsApp, by dramatic images on TV, and by graphs and statistics in the print media. Although this fear is universal, it has a particularly strong hold in Europe and the USA where consistent improvements over the last 50 years in living standards, health care and life expectancy has created a feeling of invincibility which COVID-19 has badly shaken (Khan & Khan, 2020).*

This is where the BWC<sup>12</sup> passed by the United Nations in 1972 and that entered into force (after the required number of countries ratified it) in March 1975 comes into play. During the Third Review Conference in 1991 State parties agreed to provide annual reports on specific activities related to the BWC such as data on research centers and laboratories, information on national biological defense research and development programs, etc.

Media need to ask - have the US and China adhered to the BWC in their research or simulation activities? The spread of COVID-19 and the accompanying bio-warfare conspiracy theories indicate that the BWC

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<sup>12</sup> For more information on the BWC visit - <https://www.un.org/disarmament/wmd/bio/>

needs an urgent review and States need to be transparent in complying with its mandate.

### **Definition of Biological Weapons**

Biological weapons are complex systems that disseminate disease-causing organisms or toxins to harm or kill humans, animals or plants. They generally consist of two parts – a weaponized agent and a delivery mechanism. In addition to strategic or tactical military applications, biological weapons can be used for political assassinations, the infection of livestock or agricultural produce to cause food shortages and economic loss, the creation of environmental catastrophes, and the introduction of widespread illness, fear and mistrust among the public.

Source: United Nations Office Geneva

In a statement<sup>13</sup> issued on the 45<sup>th</sup> anniversary of its implementation on March 26 2020, the Indian government called upon the international community to help strengthen the WHO to fully and effectively implement the BWC. With the 9<sup>th</sup> Review Conference of the BWC coming up in 2021, India has called upon State Parties to negotiate “a comprehensive and legally binding protocol” to the convention. India has also highlighted the dangers from the possible use, in the future, of micro-organisms as biological weapons by terrorists.

### **Attack on the WHO**

The World Health Organization (WHO) is an inter-governmental UN agency that works with 194 member countries, across 6 regions with

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<sup>13</sup> <https://www.deccanherald.com/international/COVID-19-india-follows-us-to-remind-the-world-a-1975-treaty-against-bio-weapons-818359.html>

more than 150 offices worldwide. Its aim is to achieve “better health for everyone, everywhere”. According to the profile on the WHO’s website, when a major health crisis occurs in a country or in a region, its health experts comprising of many nationalities would mobilize resources to address and fight the crisis.

The WHO is currently headed by Dr Tedros Adhanom Ghebreyesus, who was elected as WHO Director-General for a five-year term by WHO Member States at the 17<sup>th</sup> World Health Assembly in May 2017. He served as Ethiopia’s Minister of Health from 2005–2012, where he led a comprehensive reform of the country’s health system. He was also Ethiopia’s Minister of Foreign Affairs from 2012–2016. He is the first WHO Director-General to have been elected from multiple candidates by the World Health Assembly, and is the first person from the African Region to serve as the WHO’s chief. His election in 2017 was supported by both India and China with the latter helping him by getting his main rival, a Pakistani, to withdraw from the contest. This has perhaps fuelled American suspicions that Dr Tedros is a Chinese stooge.

However, it was not until the epicenter of COVID-19 shifted to the United States that the attacks on the WHO and its head started to emerge from Washington and other western capitals. President Trump’s tirades against the WHO began on April 7 after some health experts, government officials and analysts openly criticized the WHO. The President accused the WHO of being biased towards China and threatened to review US funding to the organization. The US is the WHO’s main voluntary contributor with USD 450 million a year. “They called it wrong, they really, they missed the call. Fortunately, I rejected their advice on keeping our borders open to China early on. Why did they give us such a faulty recommendation?” President Trump asked during a White House briefing. On April 17, in a tweet, Trump said: “Why did the W.H.O. ignore an email from Taiwanese health officials in late December alerting them to the possibility that coronavirus could be transmitted between humans? Why did the W.H.O. make several claims about the coronavirus that were either inaccurate or misleading?”<sup>14</sup>

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<sup>14</sup> <https://www.trtworld.com/magazine/the-timeline-of-trump-s-attacks-on-the-who-36485>

The WHO's head Dr Tedros responded to this, claiming that he had been racially abused and that this abuse had largely come from Taiwan. China came to his support, but the Taiwanese denied it. Writing in 'The Print', Abhijit Iyer Mitra, a senior fellow at the Institute of Peace and Conflict Studies, argued that the racism issue was carefully couched to shore up western liberal social justice warrior support. "The point was that he used it to deflect from the genuine claims of incompetence levelled against him by those like US President Donald Trump," he added<sup>15</sup>.

On May 1, White House press secretary Kayleigh McEnany said: "The WHO appears to clearly have a China bias. I mean, you look at this timeline and it's really damning for the WHO when you consider the fact that on 31<sup>st</sup> December you had Taiwanese officials warning about human-to-human transmission, the WHO did not make that public. On 9<sup>th</sup> January, the WHO repeated China's claim that the virus does not transmit readily between people that was quite apparently false. On 14<sup>th</sup> January, the WHO again repeated China's talking points about no human-to-human transmission."<sup>16</sup>

At the time she made the claim, COVID-19 had infected over 1 million Americans with 63,000 deaths. On May 19 Trump escalated his threats against the WHO and said that America would permanently withdraw funding, unless it "commits to major substantive improvements in the next 30 days." In fact, on April 27, the WHO in a statement<sup>17</sup> gave a timeline of its actions since China reported the suspected virus on December 31 2019. They refuted US charges that the WHO helped China to cover up the seriousness of the virus in its initial stages in January and March 2020 (see box).

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<sup>15</sup> <https://theprint.in/opinion/who-and-china-tedros-past-worrying-how-india-fell-for-it/400945/>

<sup>16</sup> <https://www.theguardian.com/us-news/2020/may/01/kayleigh-mcenany-white-house-press-secretary-briefing-who>

<sup>17</sup> Link to the WHO statement - <https://www.who.int/news-room/detail/27-04-2020-who-timeline---COVID-19>

### **The WHO Timeline (January – March 2020)**

- **31 Dec 2019:** Wuhan Municipal Health Commission, China, reported a cluster of cases of pneumonia in Wuhan and a novel coronavirus was eventually identified.
- **1 January 2020:** WHO had set up the IMST (Incident Management Support Team) across the three levels of the organization: putting the organization on an emergency footing for dealing with the outbreak.
- **5 January 2020:** WHO published the first 'Disease Outbreak News' on the new virus. This 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.
- **10 January 2020:** 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.
- **12 January 2020:** China publicly shared the genetic sequence of COVID-19.
- **14 January 2020:** WHO's technical lead for the response noted in a press briefing there may have been limited human-to-human transmission of the coronavirus (in the 41 confirmed cases), mainly through family members, and that there was a risk of a possible wider outbreak.
- **20-21 January 2020:** WHO experts from its China and Western Pacific regional offices conducted a brief field visit to Wuhan.
- **22 January 2020:** 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.
- **22-23 January 2020:** The WHO Director-General convened an Emergency Committee (EC) to assess whether the outbreak constituted a public health emergency of international concern. The independent members from around the world could not reach a consensus based on the evidence available at the time.



- **28 January 2020:** A senior WHO delegation led by the Director-General travelled to Beijing to meet China's leadership to learn more about China's response. While there, 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.
- **30 January 2020:** The WHO Director-General reconvened the EC, which reached a consensus and advised that the outbreak constituted a Public Health Emergency of International Concern (PHEIC). The Director-General accepted the recommendation and declared the novel coronavirus outbreak (2019-nCoV) a PHEIC.
- **3 February 2020:** WHO releases the international community's Strategic Preparedness and Response Plan to help protect states with weaker health systems.
- **11-12 February 2020:** WHO convened a Research and Innovation on COVID-19, attended by more than 400 experts and funders from around the world, which included presentations by George Gao, Director General of China CDC, and Zunyou Wu, China CDC's chief epidemiologist.
- **16-24 February 2020:** The WHO-China Joint mission, which included experts from Canada, Germany, Japan, Nigeria, Republic of Korea, Russia, Singapore and the US (CDC, NIH) spent time in Beijing and also travelled to Wuhan and two other cities. They spoke with health officials, scientists and health workers in health facilities (maintaining physical distancing)\*.
- **11 March 2020:** Deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction, WHO made the assessment that COVID-19 can be characterized as a pandemic.
- **13 March 2020:** 'COVID-19 Solidarity Response Fund' launched to receive donations from private individuals, corporations and institutions.
- **18 March 2020:** WHO and partners launch the 'Solidarity Trial', an international clinical trial that aims to generate robust data from around the world to find the most effective treatments for COVID-19.

\* The report of the joint mission can be found here:

<https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-COVID-19-final-report.pdf>

Source: WHO Statement

Wang Wen, executive director of China-US People-to-People Exchange Research Center at Renmin University, writing in the Global Times, said that on January 3 the Chinese government informed the WHO and the US Department of Health of the novel coronavirus and began to regularly disclose the outbreak's progress. "The US was the first country to withdraw its diplomatic staff from Wuhan, and the first to impose a ban on travellers from China" he pointed out. "It is Trump and a number of senators who have been concealing the breadth of the epidemic in the US. Trump said the COVID-19 was similar to a seasonal flu, even after his government had been informed of the true dangers by China."<sup>18</sup>

## **Draconian and Democratic Lockdowns**

*COVID-19 spread rapidly across China, authorities took an aggressive stance to fight the coronavirus. They were slow to respond to the outbreak—at first suppressing information and denying that it could spread between humans even as it did just that. But, as case numbers skyrocketed, Beijing went to extraordinary lengths to fight the virus, identified as COVID-19, in a campaign Chinese President Xi Jinping has described as a “peoples war”. The most dramatic, and controversial, of the measures was the lockdown of tens of millions of people in what is believed to be the largest quasi-quarantine in human history.*

—Time Magazine, March 13 2020<sup>19</sup>

*On March 9, Italy became the first democratic country since the Second World War to impose a nationwide lockdown, extending measures that had already been in place in northern Italy since a day earlier ... Italy is the epicenter of the outbreak in Europe with more than 41,000 confirmed cases and over 3,400 deaths so far. On Thursday, its death toll*

<sup>18</sup> <https://www.globaltimes.cn/content/1183464.shtml>

<sup>19</sup> <https://time.com/5796425/china-coronavirus-lockdown/>

*overtook China's. Italy's nationwide quarantine has since become a precedent for other countries, including Spain and France.*

—Time Magazine, March 20 2020<sup>20</sup>

In the early days of the coronavirus epidemic, international media lambasted China's quarantine as "excessive", "harsh", "brutal" and "draconian". However, as the West faced growing outbreaks and imposed measures similar to China's, as the above quotes from Time magazine reflect, the lockdowns were not seen as draconian restrictions of liberty but simply necessary measures to control the spread of the virus. As COVID-19 began to spread in the West, while it started to ease in the East, it became evident that strict citywide lockdowns and travel restrictions constituted the most effective measures to fight the epidemic. This created a question as to whether so-called authoritarian states were better placed than democracies to control such a dangerous virus?

In the early stages of the spread of COVID-19, Singapore was able to achieve low infection rates without quarantine by the use of a tracing application, which some international media described as restricting peoples' liberty. But, a couple of months later when the Australian government wanted to use exactly the same application to control the community spread of the virus, politicians and health officials had to plead with the population to download it to their mobile phones, assuring them that the application would be discontinued after the virus was eliminated.

This raises the question of how important are civil liberties when the health of the population is threatened? As Henry Fong, co-founder of the Medici Center Shanghai, noted in a letter published by Hong Kong's South China Morning Post:<sup>21</sup> "In France, Emmanuel Macron has declared war on the epidemic and put the country on the highest level of epidemic alert. For a country that embraces liberty and freedom above all else, its citizens have welcomed the quarantine. Likewise, many New Zealanders also view their quarantine measures as necessary to battle the epidemic. Even for the world's greatest liberal democracies, personal liberties are not unbridled when collective

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<sup>20</sup> <https://time.com/5807210/italy-coronavirus-lockdown-photos/>

<sup>21</sup> <https://www.scmp.com/comment/letters/article/3078256/china-style-lockdowns-travel-around-world-time-stop-calling-them>

welfare and public well-being are threatened". Thus, he argued that the media needed to stop calling such measures "draconian".

In mid-June 2020 when China faced a second wave of COVID-19 with a spike in infections in Beijing, the Global Times reported that Beijing's Chaoyang district had called for the promotion of facial recognition technology, automatic temperature checking facilities, and other hi-tech measures to strengthen local COVID-19 prevention and control. By this time, after seeing what Europe and the US had to do to try and stem the spread of COVID-19, the western media had been humbled. CNN simply reported: "Beijing is reintroducing strict lockdown measures and rolling out mass testing after a fresh cluster of novel coronavirus cases emerged from the city's largest wholesale food market, sparking fears of a resurgence of the deadly outbreak"<sup>22</sup>. The NYT was even milder, reporting that the city had announced an "intensified health emergency" raising the health alert to second highest with schools shut down and the government urging people to work from home. The US government-owned Voice of America said the Chinese capital had gone into what the government called "wartime mode" and was "reintroducing strict lockdown measures and conducting mass testing of residents". But it could not resist the temptation to give it a negative twist, reporting that some unnamed experts and residents had said that Beijing was "cracking down too hard" and there was a need for "people-friendly measures"<sup>23</sup>.

In March, the NYT's Jason Horowitz, reporting about Italy closing down most of the country's North to control the spreading of coronavirus, described it as the most sweeping effort outside of China and as tantamount to sacrificing the economy for the short term in order to save it in the long term from the ravages of the virus. "By taking such tough measures, Italy, which was suffering the worst outbreak in Europe, had sent a signal that restrictive clampdowns, while at odds with some of the core values of Western democracies, may be necessary to contain and defeat the virus," he added<sup>24</sup>.

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<sup>22</sup> <https://edition.cnn.com/2020/06/15/asia/coronavirus-beijing-outbreak-intl-hnk/index.html>

<sup>23</sup> <https://www.voanews.com/COVID-19-pandemic/beijing-returns-lockdown-after-106-COVID-19-cases-reported-recent-days>

<sup>24</sup> <https://www.nytimes.com/2020/03/07/world/europe/coronavirus-italy.html?auth=login-email&login=email>

Enlightened by such experiences in the West, the western media was more understanding of China's need to lock up parts of Beijing, come June. In March, Time magazine quoted Thomas Bollyky, the director of the Global Health Program in Washington D.C., arguing that China had shown disregard for civil liberties and human rights as demonstrated in its quarantine policy. "No other nation (western or otherwise) can or should seek to replicate China's actions," he said. But in June, Time magazine said that a "vigorous response is vital" for the Chinese Communist Party to safeguard its credibility of being able to control the virus. The report even pointed out that South Korea, Australia and New Zealand had seen new coronavirus cases emerging after the lockdowns were relaxed<sup>25</sup>.

While the battle to control the virus continues, Vali Nasr (2020), Professor of Middle East Studies and International Affairs at Johns Hopkins University and a former senior adviser in the US State Department, argued that Europe's inability to initially control the virus and the US's lack of leadership in solving a domestic health crisis have lent credence to claims that China's state-led governance model was better equipped than democratic systems – often politically deadlocked and dysfunctional – to respond to "black swans" (major unexpected shocks). "The US may succeed in its bid to prevent its allies from adopting Chinese telecommunications technology. But it cannot stop the world from emulating China's approach to public health or social organization if it proves effective during the COVID-19 crisis," he warned. He also added that what matters is not where the pandemic started but how it ends. He noted (that as of the end of March 2020) "China is doing lot more to help end the outbreak than the United States is".

## Propaganda War

There is undoubtedly a high stakes propaganda war between the United States and China on COVID-19 and this will continue until the virus is eliminated or the vaccines that are being introduced are effective and widely accepted by the world community. In early 2020 there were tit-for-tat expulsions or restrictions on Chinese journalists allowed to report from the US and vice-versa. Nossel (2020) argues

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<sup>25</sup> <https://time.com/5854112/china-beijing-coronavirus-COVID19-second-wave/>

that there are essential differences between Beijing's and Washington's actions in this standoff: "Regrettably, the Trump administration's betrayals, blunders, and jingoism have forfeited the high ground that the United States once claimed on matters of press freedom, allowing China to cast this as a two-way fight. But China's characterization belies the reality of a rising power bent on controlling its global image at all costs and by any means," she notes. Pointing out, for example, that the *New York Times* (NYT) managed to communicate via WeChat with a hospitalized Li Wenliang, the doctor who was disciplined for trying to sound an early warning alarm about the virus before he succumbed to it himself, Nossel points out that "Beijing has now mounted an aggressive domestic and global propaganda campaign to tout its draconian approach to the epidemic, downplay its role in sparking the global outbreak, and contrast its efforts favorably against those of Western governments and particularly the United States." Thus, she seemed to endorse the US government's decision in mid-February to declare five Chinese news outlets—Xinhua, CGTN, China Radio, *China Daily*, and the *People's Daily*—previously all treated as media organizations, as arms of the government in Beijing, and subject to similar rules as those that apply to professional diplomats. "None of these media outlets have any semblance of editorial independence" says Nossel. "As a matter of principle it is hard to argue that the United States was doing more than labeling the agencies accurately". There was no mention whether the Voice of America, the BBC or Radio Australia could be labeled the same.

"Beijing is pursuing superpower status with a steely determination to dictate how its every deed is seen both at home and around the world," she argues. "It is urgent that the United States reclaim the mantle of a nation fiercely committed to a free and independent press. It must then set about to rally the world in insisting that these media outlets be free to cover China with neither favor nor fear."

But, this is not how China's Global Times (GT) views the US's so-called 'independent free media'. Its reporters compiled a list of biased coverage in the NYT and compared it with what they gathered from speaking to frontline patients and medical workers (Staff Reporters, 2020). For example, they pointed out that what the NYT saw as "putting millions of people under house detention" was a measure taken after consultations with medical authorities because it was seen that the only way to prevent a wide scale outbreak of the virus was to