COVID-19: WHO is to blame?

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Introduction

Several voices, mine included, have predicted that the COVID-19 pandemic will be a boon to populists and economic nationalists everywhere. Heightened concerns over migration, border security, Chinese imports, and the outsourcing of antibiotics and other generic pharmaceuticals will drown, politically at least, the globalist argument for fluid national borders, more immigration, refugee resettlement, free trade, and foreign imports.

Other voices disagree. In the past week, the Wall Street Journal prominently featured the enlightening essay, “The end of globalization? Don’t count on it,” by author Zachary Karabell, as well as the insightful column, “Will coronavirus kill populism?” by the newspaper’s foreign policy commentator, Walter Russell Read. On March 26th, former British Prime Minister Gordon Brown called on world leaders to create a new order by forming a temporary global government to tackle the medical and economic crises caused by the COVID-19 pandemic.

Regardless of the eventual geopolitical fallout, one prominent globalist institution has tangibly demonstrated an inability to fulfill its pivotal mission during this crisis. The World Health Organization (WHO), the United Nations’ public health agency, has a mandate to establish global health policy, coordinate global responses to health emergencies, and combat disease. As detailed by The Times of London, during these unprecedented times, “The task of the WHO is to inform and warn an increasingly anxious global public, then to co-ordinate a response, mobilize resources and find a way forward.”
However, under the abysmal ‘leadership’ of Director-General Dr Tedros Adhanom Ghebreyesus, the WHO has actually contributed to the global spread and severity of the novel coronavirus that causes the COVID-19 infection. The WHO’s glaringly catastrophic failure to fulfill its mission stems from an institutional witches’ brew of political bias, complacency, incompetence, irrationality, and political correctness.

**First, blame China...**

At the time of writing, according to the Center for Systems Science and Engineering at Johns Hopkins University, the number of confirmed cases of COVID-19 total 591,802 worldwide, with 26,996 deaths since health officials detected the first case on December 1st in Wuhan, the capital city of the central Chinese province of Hubei.

For all its recent sins, the WHO is nevertheless blameless for the initiation of the COVID-19 crisis, itself. That public health blame prize goes to the Chinese government. Currently, the communist regime in Beijing is campaigning furiously via social media to alter the global narrative on the origins of the crisis: one day, it’s the fault of those dastardly Italians; another day, it’s those dirty Americans to blame. China is also exporting cash and medical equipment throughout the public health world. As Italian writer Alessandra Bocchi observes about Beijing’s coronavirus diplomacy, “China is using coronavirus aid to whitewash its responsibility for unleashing a global pandemic.”

Therefore, it may be helpful to recall how poorly and inexcusably the Chinese government handled their domestic outbreak.

In late December, Chinese government officials became aware that a potentially deadly new virus was threatening Wuhan. This virus emanated from the Huanan market, an unsanitary local, so-called “wet” (that is, wild animal meat) market where it had transferred from animals to humans. According to The Times of London, China’s wet markets, “under the purview of local councils rather than central government, have long been a source of diseases passed from animal to human.”
The Chinese government covered up this information, destroyed some of the evidence, silenced and even imprisoned whistleblowing doctors, and in the critical early days of the coronavirus outbreak failed to warn either the Chinese people or the rest of the world about its existence.

In early January, China belatedly alerted the WHO that the coronavirus existed. Subsequently, the WHO did not inform the world of this new, potential threat. The Chinese government did not alert the Chinese people and the wider world of the threat until January 20th, 20 days after it had closed the wet market where the virus originated. The weeks that passed between the information being conveyed to the WHO and then eventually to the Chinese people constituted the period when the highly contagious virus took hold and spread rapidly among the local population. During this period, seven million people left disease-ravaged Wuhan (population: 11 million), spreading the virus both inside and outside China. Only on January 22nd did the Chinese government restrict travel to Wuhan.

The spread of the disease could have been minimized if the Chinese government had exercised a modicum of transparency. Published on March 11th, a new study by Dr Shengjie Lai, a University of Southampton research fellow, concludes that the Chinese government could have prevented 95 percent of the coronavirus infections worldwide if Beijing had listened to the Wuhan whistleblowers. The study finds that, “if interventions in [China] could have been conducted one week, two weeks, or three weeks earlier, cases could have been reduced by 66 percent, 86 percent and 95 percent respectively – significantly limiting the geographical spread of the disease.”

Second, blame WHO...?

Since the Chinese government alerted the WHO on December 31st about the deadly situation unfolding in southcentral China, WHO’s leadership has been complicit with the Chinese regime in inadvertently ensuring that a Chinese public health crisis became a global public health crisis with currently inestimable loss of life and economic resources.
The case against WHO is detailed in the following pages, which catalogue chronologically the organization’s factual and medical misstatements, misinformation campaign, policy mistakes, and lack of preparedness over the past 12 weeks.

**January 14th**

- WHO chooses to parrot the Chinese government’s talking points concerning the limited potential for human-to-human transmission.

- WHO denies that the disease is spreading through human-to-human transmission. WHO tweets that, “Preliminary investigations conducted by the Chinese authorities have found no clear evidence of human-to-human transmission of the novel coronavirus identified in Wuhan.”

**January 15th**

- According to the US Centers for Disease Control and Prevention (CDC), the first documented COVID-19 case to reach America results from a passenger who flies from Wuhan to Seattle.

- WHO then takes a few days to finally concede on Twitter that person-to-person transmission is indeed possible, but continues to downplay the threat for several days.

**January 22nd**

- The city of Wuhan closes down public transit, including air and rail services, in an attempt to contain a crisis that is threatening to spiral out of control.

- WHO refuses to declare the situation in Wuhan a public health emergency.
January 23rd

- The Chinese government expands the *cordon sanitaire* around Wuhan to two nearby cities.

- In defense of its decision not to declare a global public health emergency, WHO officials erroneously claim this coronavirus, SARS-COV-2, is “less deadly” than its cousins, such as SARS (Severe Acute Respiratory Syndrome), which spread to dozens of countries in 2003.

- Over an eight-month period, there were 8,100 SARS cases and 774 SARS-related deaths. By comparison, to-date there have been 73 times more COVID-19 cases than there were SARS cases; and, there have been 35 times more COVID-19 deaths than there were SARS deaths.

January 24th

- WHO acknowledges the disease is caused by a new type of coronavirus. WHO has been in possession of this information for several weeks.

- Yet, WHO decides not to declare a global health emergency despite the fact the coronavirus is circulating in China during the Lunar New Year celebration, that is, at the time of the largest annual mass migration on the planet.

January 27th

- Physicians for Civil Defense, an organization that educates and informs stakeholders about potential disasters within the United States, expresses concern that WHO is unprepared for a potential COVID-19 pandemic: “[F]ailure to heed previous warnings of the need for robust disaster planning, and complacency about medical technology and governmental resources, has set the stage for potential unprecedented disaster.”
January 28th

• Dr Tedros says WHO is advising foreign countries that evacuating their citizens from Wuhan and the surrounding Hubei province is unnecessary despite the fact contagious COVID-19 is spreading rapidly within China.

• Reuters news agency reports that WHO is “reluctant to antagonize or ostracize countries dealing with epidemics for fear of undermining future willingness to report cases of infectious disease outbreaks.”

January 29th

• WHO’s leadership meets at its Geneva headquarters to assess how best to prevent the coronavirus’ global spread.

January 30th

• WHO decides to take belated action on COVID-19 by declaring a Public Health Emergency of International Concern (PHEIC) over the new disease. Earlier, WHO expressed confidence in the Chinese government’s actions to control the spread of the virus within her borders.

• After returning from a trip to Beijing, Dr Tedros says, “China is actually setting a new standard for outbreak response”. Writing in The Hill, University of Texas-San Antonio professor Henry Thayer and Citizens Power Initiatives for China vice president Lianchao Han observed, “Tedros apparently turned a blind eye to what happened in Wuhan and the rest of China and, after meeting with Xi...has helped China to play down the severity, prevalence and scope of the COVID-19 outbreak.”
January 31st

- Dr Tedros continues to praise China’s response to the COVID-19 outbreak: “We would have seen many more cases outside China by now – and probably deaths – if it were not for the government’s efforts.” Dr Tedros also praises the Chinese government’s “transparency” and asserted that the world owes China both “gratitude and respect” for her response to the novel coronavirus outbreak:

“China has been completely committed to transparency, both internally and externally, and has agreed to work with other countries that need support... I will praise China again and again, because its actions actually helped in reducing the spread of the novel coronavirus to other countries.”

- After it becomes clear Beijing is unable to contain the virus, Dr Tedros condemns the American government’s logical effort to prevent the outbreak from spreading even further beyond China’s borders by instituting a ban on travel to and from China. Dr Tedros says the organization “opposes any restrictions for travel and trade” against China. WHO spokesman Chris Lindmeier warns that closing national borders could accelerate the virus’ spread, with travelers entering countries unofficially.

- Public health experts now praise US President Donald Trump’s preemptive action and credit it with slowing the spread of coronavirus in America and, hence, saving American lives. For example, the New England Journal of Medicine suggests “such restrictions may have helped slow the spread of the virus.” On March 20th, Dr Anthony Fauci, the leading immunologist who serves as director of the National Institute of Allergy and Infectious Diseases and as a member of the White House Coronavirus Task Force, states that, “One of the things we did right, was very early, cut off travel from China to the United States.” He continues:

“Outside of China where it originated, the countries in the world that have it are through travel. Either directly from China or indirectly from someone who went someplace and
then came to that particular country. Our shutting off travel from China, and more recently travel from Europe, has gone a long way to not seeding very, very intensively the virus in our country.”

- Despite Taiwan’s proximity to the outbreak area and extensive travel and commerce with China, the island unexpectedly experiences one of the lowest rates of coronavirus infection in the world courtesy of an early ban on travel to and from China and Hong Kong.

**February 3rd**

- Dr Tedros states that, “There is no reason for measures that unnecessarily interfere with international travel and trade. We call on all countries to implement decisions that are evidence-based and consistent.”

**February 4th**

- The WHO expresses doubt that asymptomatic persons infected by coronavirus could transmit the disease to other people.

- The WHO claims it does not know the source of the coronavirus outbreak, although by late January the novel coronavirus had been traced to a wet market in Wuhan.

**February 6th**

- The WHO says, “We don’t know the source of the [COVID-19] outbreak, we don’t know what its natural reservoir is and we don’t properly understand its transmissibility or severity.”

**February 11th**

- The WHO continues to prevaricate on whether the virus originated from animals in China.
• The WHO names “COVID-19” as the disease caused by the virus SARS-COV-2.

• Over a period of weeks, the WHO swings from relative passivity (no public health emergency declaration; anti-travel bans) to full-blown panic mode. Now, Dr Tedros tells the media that COVID-19 can have “more powerful consequences than any terrorist action” and he instructs governments to “do whatever it can to stop it.”

February 15th

• Tedros says “the steps China has taken to contain the [COVID-19] outbreak at its source appear to have bought the world time” and other countries should learn from the Chinese example.

February 18th

• The Chinese government confirms reports that a team of WHO scientists, comprising 12 international medical specialists and their Chinese counterparts, dispatched to trace COVID-19, will not visit Hubei, the province at the epicenter of the outbreak. Instead, the WHO team will travel to the southern province of Guangdong and the southwest province of Sichuan.

• The absence of Hubei on the WHO team’s itinerary raised obvious concerns about the transparency of their mission.

• The WHO declines to comment on whether it had sought access to Hubei.

February 21st

• The WHO tweets Dr Tedros’ assertion that China’s handling of the COVID-19 crisis gives other countries “a fighting chance of containing the spread of the coronavirus.”
February 27th

- Dr Tedros tweets, shockingly, that COVID-19 does not present a community spread problem:

  “But this [coronavirus] is not influenza. With the right measures, it can be contained. That is one of the key messages from [China]. The evidence we have is that there does not appear to be widespread community transmission.”

February 29th

- In a press release, WHO declares that travel bans must be ended:

  “Travel bans to affected areas or denial of entry to passengers coming from affected areas are usually not effective in preventing the importation of cases but may have a significant economic and social impact.”

March 2nd

- With the virus spreading throughout the world, the UN body responsible for global policy in response to such a threat, that is, the WHO, chooses to spend time and resources writing and disseminating a publication explaining the necessity of political correctness in the public health field.

- The new WHO document warns against using politically “incorrect” words and language that associate the COVID-19 crisis with “China,” “Wuhan” or “Asia,” as they may negatively influence attitudes towards coronavirus victims. The document says, “Don’t attach locations or ethnicity to the disease, this is not a ‘Wuhan Virus,’ ‘Chinese Virus’ or ‘Asian Virus.’
• Dr Tedros makes the astonishing, unsubstantiated claim that the “stigma” around coronavirus is “more dangerous than the virus itself.”

• WHO proudly acknowledges that the very name of the new disease – COVID-19 – is a politically correct choice that seeks to minimize offense to those who live or hail from the disease’s city or country of origin. The WHO document explains that, “The official name for the disease was deliberately chosen to avoid stigmatization – the ‘co’ stands for Corona, ‘ vi’ for virus and ‘d’ for disease, 19 is because the disease emerged in 2019.”

• The politicization of the disease’s name spared China the embarrassment of having the name tied explicitly to SARS, another coronavirus of Chinese origin.

March 8th

• By declaring a public health crisis to be a pandemic, historically the WHO has galvanized governments to prepare their countries for a potential emergency situation. The Times finds that, “This formal confirmation accelerates decisions on the composition, dosage and schedules of vaccines. It further facilitates guidance on the best use of antiviral drugs. Declaring a pandemic is more than semantics. It helps to standardize national responses, puts pressure on countries to update their plans and allocate hospital space.”

• WHO defines a pandemic as “sustained community-level outbreaks” in at least two world regions that are caused by a new virus. [The CDC defines a pandemic as “an epidemic that has spread over several countries or continents, usually affecting a large number of people.”]

• By now, WHO’s own threshold has been met for some time, with the virus spreading in four regions and every continent except Antarctica.

• Devi Sridhar, a professor of global public health at the University of Edinburgh, says a pandemic declaration is long overdue because, “This outbreak meets all the definitions
for a pandemic that we had pre-coronavirus.” Michael Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota, concludes that, “I think it’s pretty clear we’re in a pandemic and I don’t know why WHO is resisting that.” The Times concludes that:

“There is...no excuse for the WHO to delay...Instead the WHO’s leadership prefers to laud China’s attempts to stamp out the virus rather than highlight Beijing’s initial delayed response. That is simply not good enough...Soon Covid-19 virus, left unchecked, will pass into states in Africa and beyond. The WHO is being frighteningly complacent.”

- Placing political optics before linguistic precision, once more WHO resists calling the COVID-19 crisis a pandemic.

- WHO fears that using the word “pandemic” might further unnerve the global community, which may make some governments pessimists about their ability to contain the virus. Should WHO’s fears be well-placed, it is not an exaggeration to suggest that the coronavirus war was lost before a viral shot was fired.

- The Chinese government donates an additional US$20 million to the WHO.

March 12th

- WHO reluctantly, and very belatedly, declares: “Coronavirus is a pandemic.”

March 17th

- After President Trump refers to COVID-19 as a “foreign virus,” a WHO tweet offers a “[k]ind quick reminder: viruses have no nationality.”
• Mike Ryan, the executive director of WHO’s Emergencies Program, declares that, “Viruses know no borders...This is a time for solidarity, this is a time for facts, this is a time to move forward together, to fight this virus together. There is no blame in this.”

• Apparently, it is lost on WHO’s team of public health experts that, while it is a fact that viruses do not respect borders, it is also a fact that the people carrying them do, if those borders are closed to travelers.

Conclusion

It is well documented that contemporary populism is driven in part by a loss of trust in institutions – local, national, multilateral, and global. At the global level, anti-establishment voters increasingly view the United Nations as politicized, corrupt, and of questionable utility. Whatever the merits, or not, of those views, the bottom line is that the United Nations has an enormous image problem, which is one – albeit a very important – illustration of the image problem that globalists must address if their policy agenda is to resonate beyond the political, corporate, and media elites and influencers in most Western countries.

The COVID-19 pandemic presented the World Health Organization with an opportunity to demonstrate the global institution’s invaluable role in mitigating the spread and severity of the virus; yet, WHO did the opposite. During the past three months, repeatedly the world came calling for WHO’s expertise, assistance, and guidance; on numerous occasions, with at times disastrous consequences, WHO was found wanting.

Both the COVID-19 pandemic and the response to it ensures that those favoring a globalized world, at least in political and institutional terms, shall continue to have their work cut out for them. Stakeholders wanting to advance the goal of an influential, respected, politically independent United Nations may wish to take a long, hard look at WHO’s actions and inactions during this public health crisis.
What is to be done? Root-and-branch reform of WHO would be a starting point. As the largest contributor to WHO’s US$2 billion annual budget, the Trump administration may seek to defund the agency, which would ease the burden on the American taxpayer while uncloaking China’s considerable influence upon WHO and its director general. If WHO is not reformed soon, the next populist wave may drown the agency in its entirety.

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