

Will COVID-19 be Known as “the Chinese Virus” or “the Trump Virus”?

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Despite strong rebukes from the WHO, President Trump and his Administration officials have made an emphatic point of calling the COVID-19 virus the “Chinese Virus” or “China Virus” over the last few weeks. When pushed on the racist overtone of his rhetoric, Trump retorted, “Cause [the virus] comes from China. It’s not racist at all, no, not at all. It comes from China, that’s why. I want to be accurate.”

Sadly, most Americans, even if uncomfortable, appear to agree on the facts, if not the tenor, of Trump’s choice of words.[1]

Here are some facts about the COVID-19 virus that will helpfully set the American public straight.

The True Origin of COVID-19

First, according to the most recent science research, the origin of the COVID-19 is actually unknown. While officials in China initially believed the virus to have originated in a seafood market in Wuhan, subsequent studies by researchers from Japan, Taiwan, and Mainland China itself have cast strong doubts on that theory.[2] China’s official position now is that the origin of the virus should be determined through sound scientific deliberation, without political interference.[3]

Those Bat-Eating Chinese People!



Second, many in the U.S. appear to believe bat-eating Chinese people caused the current COVID-19 pandemic. Since the epidemic first started in Wuhan, Western social media have been lit up by links to several videos of Chinese citizens eating bat soup, with not so subtle racial insinuations that it is the Chinese people and their culture that have caused the COVID-19 epidemic.

But Chinese people do not have a tradition of eating bats. Journalists from France 24 TV recently tracked down the makers of five of the six most-shared videos. They found that none of these videos were filmed near Wuhan, or in China, as many had claimed. Instead, all videos were filmed in Palau or Indonesia, in locales where bats have traditionally been consumed as food,[4] and where adventurous visitors from around the world would be welcomed to sample local, traditional cuisine.

The WHO has warned against naming viruses based on region or ethnicity precisely because of the stigma and racism that these names inevitably provoke.[5]

According to current research, it is not likely that bat consumption alone caused COVID-19. Most scientists believe that the COVID-19 virus did not enter the human population directly,[6] but through an intermediate host such as pangolins, civets, ferrets, or even turtles, pigs, or cats.[7] The much studied 2003 SARS virus – a cousin of the COVID-19 virus – for example, is thought to have leaped from bats to civet cats, mutating there before making a final jump to humans.

Demonizing Chinese or bat-eating people in general is ultimately just a sign of racism. If zoonotic virus transfer is a true overriding overarching concern, then the consumption of beef, pork and chicken should all be categorically condemned as well since viruses can and do periodically jump from cattle, pigs and chicken to humans. Similarly, the keeping of dogs and cats as pets should also be categorically condemned since viruses can and do periodically jump from those animals to humans.

The Wuhan Virus?

Third, the fact that the COVID-19 epidemic first arose in Wuhan does not necessarily mean that the virus must have arisen there. Take the AIDS epidemic as an example. While the AIDS epidemic arose in Los Angeles in the 1970's, the HIV virus actually arose in the human population much earlier – around 1908, in the southeastern corner of what is present day Cameroon.[8] Having made the jump to a human population from a monkey or chimpanzee, the virus then mutated and spread within the human population for more than half a century – below everyone's radar – before exploding onto the global scene in the 1970's.

In a 2012 interview, science writer David Quammen astutely observed how a virus would have hit “jackpot” if it successfully entered the human population because no species had achieved the numbers and mass that we humans have.[9] To viruses and bacteria, we are all one. We form one large globally-spanning host system.

A recent study has shown that some 30% of human protein adaptations since our divergence from chimpanzees have been driven by our viruses! Thus, when a viral epidemic strikes, we need to band together to collectively fight against it lest it spreads to engulf us all.

A Chinese Cover-up?

Fourth, there is no evidence that the Chinese government attempted to cover up the

COVID-19 as many in the U.S. claim. Here is a short timeline what China did do in the initial days of the epidemic.

On December 31, 2019, the Chinese informed WHO of mysterious pneumonia cases in Wuhan city. Soon afterwards, the Wuhan Municipal Health Commission ruled out influenza, avian influenza, adenovirus infection, SARS, MERS and other commonly known respiratory diseases as the cause.[10] On January 7, the Chinese had identified a new coronavirus as the cause. Five days later, China completed and published the genetic sequence of the new virus. On January 21, WHO confirmed the first case of human-to-human transmission of the coronavirus. On January 23, China shut down most of the nation and enacted a city-wide quarantine of Wuhan when nation reported some 500 confirmed cases and 17 deaths.

Compare this with the response that would subsequently take place in Europe or America. Italy – despite having a population around 4% of that of China – did not instate a national lockdown until after it reached some 12,462 confirmed cases and 827 deaths. The U.K. talked openly about ignoring the virus to build a “herd mentality” until it abruptly change policy a week after Italy’s decision to lock down. The U.S. did nothing domestically to prepare for the virus until mid-March when hospitals began to be saturated with patients, doctors ran out of basic medical supplies, and cities and states across the nation began shutting down.

Yet many Americans continue to point a finger at China. Last week, Secretary Pompeo tweeted that “Beijing must acknowledge its role [in the current global pandemic] and be part of the solution.” Bolton, Trump’s former National Security Adviser, tweeted that “[i]t’s fact there was a massive coverup. China is responsible. The world must act to hold them accountable.” Urged on by supporters, Trump is said to be considering how to “punish China” for starting and spreading the COVID-19 virus.

Dr. Li Wenliang is a Chinese “national hero,” not “whistleblower.”



Fifth, Dr. Li Wenliang is a Chinese “national hero,” not “whistleblower.”

In the West, Dr. Li Wenliang – an ophthalmologist – is often portrayed as a “whistleblower” that forced the Chinese government to relent on an alleged cover up. Reviewing records

retrospectively, some critics have alleged that the first case of COVID-19 in China may have arisen as early as November 17,[11] but even they acknowledge that frontline doctors in China did not suspect of a new disease until late December.

The story of Dr. Li is a story of both heroism and tragedy – a story replicated many times over in China during this pandemic. On December 30, Dr. Li posted information the string of mysterious pneumonia cases in Wuhan in a private WeChat group and speculated to his friends about a return of the 2003 SARS virus. He cited details from a then unpublished “government report” and asked his friends to keep silence. But details of what he disclosed nevertheless got out. On January 3, local officials cited him for spreading rumors and suspended his license to practice. On January 7, after the content of the report – i.e. the existence of a new virus – was verified and the report published, Dr. Li was told to go back to work. Dr. Li unfortunately soon contracted the COVID-19 virus and would die one month later.

Dr. Li’s ordeal – while tragic – was however not part of a systemic cover up. Dr. Li was an ophthalmologist whose work does not usually touch on infectious diseases. Dr. Li’s hunch about a new disease happened to be right, but he also got important details wrong. In China, Dr. Li is considered a hero. While people acknowledge the government’s right to hold up the report until its contents can be verified, many people also believe the government should have published the report sooner.

America should take responsibility for America’s actions.

Sixth, the U.S. should take responsibility for its COVID-19 epidemic and not blindly scapegoat others for its problems.

The U.S. had a first confirmed case of COVID-19 on January 20,[12] some two weeks after China had alerted the world of a new virus. On February 5, Trump tweeted “Only 5 people in U.S., all in good recovery.” On February 10, Trump said in a rally, “I think it’s going to work out good. We only have 11 cases and they’re all getting better.” On February 24, Trump tweeted “The Coronavirus is very much under control in the USA.” On February 26, Trump said, “We’re very, very ready for this. ... we’re at that very low level.” His main gripe then was how media like MSNBC and CNN was “doing everything possible to make the Coronavirus look as bad as possible, including panicking markets....” On February 28, in a political rally attended by over ten thousand supporters,[13] he called concerns about the coronavirus a “hoax.”

On March 2 when US confirmed cases of COVID-19 reached 90, Trump pronounced that a vaccine could be available for the public in as little as a few months. On March 9, Trump compared the coronavirus to the “common flu” and said that life and economy will “go on” as usual.

On March 11, however, in a major policy reversal after U.S. confirmed cases reached 1,000, Trump blamed Europe and China on his first major nationally televised speech about the pandemic. “The European Union failed to take the same precautions and restrict travel from China and other hot spots. As a result, a large number of new clusters in the United States were seeded by travelers from Europe.”

But the U.S. was on full alert about the new disease since early January. In the three months since, Trump chose to rely on his border-control ideology[14] instead of science as

the nation's primary means of defense.

While the U.S. put up a travel ban targeting Chinese nationals travelling from China, the U.S. put up no restrictions at all on other nationalities traveling to and from China, put up no restrictions on travelers travelling to and from any other region of world, and failed to screen many non-Chinese travelers coming into the nation even when they showed overt signs of being sick.[15]

Even more critically, the U.S. failed to conduct any systematic test on the American population, a necessary first step to conducting any public health campaign. It failed to produce the test kits for doctor's offices. It refused available tests from the WHO and got mired in a disastrous rollout of its own test kits. It failed to ensure the availability of critical of personal protective equipment should an epidemic hit.

Questioning an unchallenged assumption?

Finally, American citizens should question the unchallenged assumption in the U.S. that the coronavirus arose and spread from China. Over this past weekend, the New York Times put up a beautiful "infographics" showing "how the virus got out" from Wuhan and China despite the "most extensive travel restrictions to stop an outbreak in human history." [16] The Times overlaid graphics of general movement of people moving by cars, public transportation, and flights to give readers a visual sense of how the virus might have spread out from China. But is this visual based on scientific fact? The graphics proves nothing. The truth is that anyone can choose any city in the world and overlay general traffic and flight patterns to show how a putative virus got out and infect the rest of the world.

A simple 'back-of-the-envelope' calculation shows how big a problem the current presumption about a "China virus" is. Based on current research, the coronavirus virus has a mean infection rate (R_0) of 2.2,[17] and a mean incubation rate of 6.4 days.[18] One can calculate the fastest growth rate of this virus by assuming that the mean infection period is equal to the mean incubation period (realistically, the mean infection period will probably be much larger, because virally comprised patients such as flu patients typically infect others not just during the incubation period, but after the onset of symptoms and perhaps even during recovery). If the coronavirus had really arrived in the U.S. only around mid-January, then it could have grown at most to around 3,844 cases by March 22. According the Johns Hopkins Coronavirus Website however, the U.S. already had 33,276 confirmed cases by March 22. That is a 10x discrepancy!

According to Trevor Bedford of the COVID Tracking Project, the actual number of people infected in the U.S. is much larger than confirmed cases, at probably around 120,000 by March 22.[19] 120,000 against 3,844 is now a 32x discrepancy!

Due to a lack of systematic testing in the U.S., no one knows how many are really infected in the U.S. today. But whatever the number, using basic calculations taking into account basic facts about the virus like the one above, one can easily show how unlikely it is that the virus spread from China to the U.S. in late January or February. More likely, the virus was already established in the U.S. by early January and perhaps December or even November.

These statistics become all the more sobering when viewed in light of other contemporaneous public health developments in the U.S. Last year, mysterious pneumonia

cases relating to e-cigarette vaping occurred started popping up around summer in the U.S. X-ray images of lung damage show “ground glass” opacity that now look surprisingly similar to those caused by the coronavirus.[20] According to the CDC,[21] the vaping cases peaked around September, right before the CDC started reporting abnormally early cases of flu in October. Could the mysterious vaping pneumonia cases have been coronavirus cases that are later inadvertently lumped into the flu cases?

On March 11, CDC director Robert Redfield admitted during a House Oversight Committee hearing that the CDC had mis-categorized an unknown number of coronavirus cases under flu cases during this past season.[22] Could the coronavirus have been established in the U.S. much earlier than the government is currently admitting?

The New York Times recently featured an amazing story about how Dr. Helen Chu – an infectious disease expert – tried but was blocked from getting answers to such questions.[23] The earliest cases of coronavirus in the U.S. struck in the Seattle area. Throughout February and until mid-March, Washington would lead the nation in coronavirus count. As luck would have it, for several months as part of a research project into the flu, Dr. Chu happened to have been collecting nasal swabs from residents experiencing symptoms in the area. When the coronavirus outbreak arose, Dr. Chu wanted repurpose her tests to monitor for the coronavirus instead of the flu. Various authorities blocked her. When Dr. Chu went to the C.D.C. and F.D.A., officials there told her to “cease and desist.”

The Trump Virus?

Throughout this pandemic, the WHO and many health professionals have lauded China for its response to the outbreak.[24] China has been able to control its epidemic through actions that many thought were too draconian, but that many now think is necessary to controlling the outbreak.

Will the U.S. join China in a common global fight, or will it continue to politicize and smear, bumbling along the way and putting millions of additional lives in danger?

If Trump decides to fight China instead of the virus, would the term “the Trump Virus” be a better moniker than “the Chinese Virus”?

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Notes

[1] See, e.g., <https://www.cnn.com/2020/03/20/politics/donald-trump-china-virus-coronavirus/index.html>

[2] See, e.g., <https://www.sciencemag.org/news/2020/01/wuhan-seafood-market-may-not-be-source-novel-virus-spre-ading-globally>; <https://www.scmp.com/news/china/science/article/3051981/coronavirus-did-not-originate-wuhan-seafood-market-chinese>; <https://www.globalresearch.ca/china-coronavirus-shocking-update/5705196>

[3] https://m.guancha.cn/international/2020_03_12_541339.shtml

- [4] See, e.g., <https://www.reuters.com/article/us-china-health-indonesia-bats/bat-meat-still-popular-in-parts-of-indonesia-despite-coronavirus-fears-idUSKBN20511R>, <https://www.youtube.com/watch?v=ZJEp-LNcWHs>, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4724787/>, <https://www.atlasobscura.com/articles/eating-bat-in-the-seychelles>
- [5] <http://english.cctv.com/2020/03/19/ARTIFtUTmzPdrihXQlfuBK200319.shtml>; <https://thehill.com/home-news/administration/488479-who-official-warns-against-calling-it-chinese-virus-says-there-is-no>; <http://www.chinadaily.com.cn/a/202003/20/WS5e739d6ea3101282172808f1.html>
- [6] <https://www.sciencedaily.com/releases/2020/03/200317175442.htm>; <https://www.nature.com/articles/s41591-020-0820-9>; <https://mmrjournal.biomedcentral.com/articles/10.1186/s40779-020-00240-0>; <https://www.usatoday.com/story/news/factcheck/2020/03/18/coronavirus-fact-check-covid-19-caused-eating-animals/5073094002/>,
- [7] <https://onlinelibrary.wiley.com/doi/full/10.1002/jmv.25726>, <https://jvi.asm.org/content/94/7/e00127-20>
- [8] <https://www.sciencemag.org/news/2008/06/revising-hivs-history>; <https://www.npr.org/templates/story/story.php?storyId=5450391>
- [9] See [Science Talk, March 18, 2020](#).
- [10] See, e.g., <https://www.livescience.com/mysterious-virus-in-china-sars.html>
- [11] <https://www.scmp.com/news/china/society/article/3074991/coronavirus-chinas-first-confirmed-covid-19-case-traced-back>
- [12] <https://www.nejm.org/doi/full/10.1056/NEJMoa2001191>
- [13] <https://www.charlestoncitypaper.com/TheBattery/archives/2020/02/28/what-you-need-to-know-about-trumps-campaign-rally-in-north-charleston>
- [14] On March 12, the day after the President’s first nationally televised speech on the pandemic, the White House sent out an email with the following quote: “Some 150,000 illegal immigrants from 72 nations with cases of the coronavirus have been apprehended or deemed inadmissible from entering the United States since November,” according to officials. These apprehensions underscore the need for border security and proper vetting.
- [15] <https://www.nytimes.com/2020/03/13/us/politics/coronavirus-travelers-screening.html>
- [16] <https://www.nytimes.com/interactive/2020/03/22/world/coronavirus-spread.html>
- [17] <https://www.livescience.com/coronavirus-myths.html>; see also <https://labblog.uofmhealth.org/rounds/how-scientists-quantify-intensity-of-an-outbreak-like-covid-19>
- [18] <https://annals.org/aim/fullarticle/2762808/incubation-period-coronavirus-disease-2019-covid-19-from-publicly-reported>
- [19] <https://www.theatlantic.com/health/archive/2020/03/how-many-americans-are-sick-lost-february/608521/>

[20] See, e.g., <https://pubs.rsna.org/doi/10.1148/radiol.2020200463> and <https://radiopaedia.org/articles/vaping-associated-lung-disease?lang=us>.

[21] https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html#overview

[22] https://edition.cnn.com/world/live-news/coronavirus-outbreak-03-11-20-intl-hnk/h_1319f66f92245a2fe4ec63fe91ab66c9

[23] <https://www.nytimes.com/2020/03/10/us/coronavirus-testing-delays.html>

[24] See, e.g.,

<https://www.reuters.com/article/us-china-health-who/who-lauds-chinese-response-to-virus-says-world-at>

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<https://www.hindustantimes.com/world-news/who-lauds-china-s-efforts-to-tackle-covid-19-says-global-community-unprepared-to-face-coronavirus-threat/story-zzOQaBAEKo9MI0Na2p5HbM.html>; <https://www.stanforddaily.com/2020/03/18/coronavirus-has-vindicated-china-exposed-the-west/?fbclid=IwAR28VFE2s4TE1Rc9jsOK3576MdCDOXvrvhj6uHMVWYHo4J15iOroFRpc8uo>.

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