

US-China Relations: Could COVID-19 Reshape Global Geopolitics?

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As U.S. COVID-19 cases double every few days and the death toll mounts, the U.S. seems to be caught in a "worst of both worlds" predicament: daily life and much of the U.S. economy is shut down, but no real progress has been achieved in its efforts to contain or eradicate the virus.

Meanwhile, the 11 million people of Wuhan in China, where the pandemic began, are starting to return to a <u>more normal life</u>, with the city's subway system running again and businesses reopening. In the province of Hubei (Wuhan is the capital), 4.6 million people returned to work last week, while another 2.8 million returned from quarantine in Hubei to jobs in other parts of China, a mass migration that seemed unthinkable a month ago.

But international trade and travel will be severely depressed until the world as a whole recovers from COVID-19, so no country can fully recover as long as others are still in the grip of the pandemic. Different countries are trying different approaches to the problem based on their own economic, political and healthcare systems. We can all learn from each other and we will have to help each other get through this. COVID-19 has mainly hit the people of wealthier countries first, because they travel more and carry it with them from country to country. But unless and until it is eradicated globally, no country will be immune.

The World Health Organization (WHO) has stressed timely and systematic contact tracing and testing as the key to fighting COVID-19. This means quickly tracing the contacts of each infected patient and testing them, whether they show symptoms or not.

The <u>results of testing</u> in Iceland, which has tested more of its population than any other country, have shown that about half of all COVID-19 carriers show no symptoms at all, so testing only people with symptoms without efficient and comprehensive contact tracing will not stop the spread of the disease. Increasingly oppressive lockdowns are only a stop-gap measure, and are no substitute for systematic contact tracing and testing.

China eradicated the virus from Hubei province by deploying 40,000 medical staff and doing comprehensive contact tracing and testing, and this is the model other wealthy countries that have had limited success against COVID-19 have tried to follow. Germany has done better than other large countries in Europe, with over 66,000 cases but only 645 deaths. The other countries that have tested at least 0.5% of their populations have kept deaths even lower. As of March 30, the numbers were: Australia

(17 deaths as of March 30th); Austria (108); Bahrain (4); Canada (65); Estonia (3); Iceland (2); Latvia (0); Malta (0); Norway (32); Singapore (3); Slovenia (11); South Korea (158); Switzerland (359) and the UAE (5). After a very late start, the U.S. has still only tested 0.3% of Americans, and is still testing people based mainly on symptoms, not contact tracing.

Wealthy countries that failed to respond to COVID-19 in its early stages don't have enough protective gear, test kits or ventilators to treat large numbers of patients and stop the spread of the virus. How will poorer countries manage once they, too, are battling infections that are out of control? High-tech equipment will be in even greater shortage in low-tech countries. But fortunately, some poorer countries are already finding strategies that work.

Vietnam, with limited resources and without access to large numbers of test kits, seems to have avoided widespread infection, despite a long border with China. By March 30, Vietnam had 203 confirmed COVID-19 cases, but no deaths. So what has it done?

Vietnam's public health system provides comprehensive healthcare to 89% of its people, and it has doctors, nurses and other health workers in every community. Anyone arriving in Vietnam is checked for a fever and quarantined if they have one. Even those who don't are under a strict stay-at-home order for 14 days. This is so strict that their names are published in local newspapers and the public are asked to tell the local health authorities if they see them outside. If a stranger appears in a community, a healthcare worker visits to check them out.

If there is a suspected COVID-19 case in a building, the whole building is quarantined for two weeks, but quarantine Vietnam-style includes three meals a day, delivered for a small charge. All large buildings have whole-body sanitizing stations, not just hand sanitizer, at every entrance. Vietnam is using empty hotels as quarantine sites, with house-calls from a doctor as part of the service. Everybody in Vietnam wears a mask, and there have been no reports of price gouging, panic buying or hoarding.

Another of China's neighbors, <u>Taiwan</u>, has developed a different approach to COVID-19, but it, too, has the benefit of a comprehensive public health system, with an emphasis on preventive care. With a huge number of daily flights between Taiwan and China, Taiwan began restricting flights into the country on December 31, 2019, nearly three months before the U.S. Like South Korea, Taiwan began COVID-19 testing on January 20, with contact tracing and testing and isolation of confirmed cases. But Taiwan has avoided a national lockdown and has not even closed its schools. Instead, it has installed dividers between students' desks, so that all students have their own cubicles. It also rations its limited supply of masks, distributing a fixed number to each family. By March 30, Taiwan only had 306 confirmed cases, and only 5 people had died.

Japan and Thailand both have low published figures for COVID-19 cases and deaths, but these figures may conceal unreported cases. Japan has the oldest population in the world, and already has a high incidence of pneumonia and respiratory diseases among its elderly. It is treating COVID-19 as a strictly medical problem, trying various experimental treatments, restricting COVID-19 testing and maintaining normal life as

much as possible. Thailand has adopted a more conventional approach, and may also have many undetected cases. As of March 30, Japan had 1,866 cases and 54 deaths, while Thailand had 1,524 cases and only 9 deaths.

Another country that is worth looking at is Venezuela, which was already in a very difficult situation. As many as 100,000 people are believed to have already died since 2017 as a result of brutal U.S. sanctions that prevent the import of medicines, food and other necessities. UN Secretary General Antonio Guterres is calling for the lifting of sanctions, and many Americans support his call. The coming of COVID-19 to a country already in such dire straits is hard to imagine.

But in fact, as of March 30 <u>Venezuela</u> had confirmed only 129 cases and 3 deaths. China has sent 320,000 test kits, a team of health experts and tons of supplies. <u>Cuba</u> has sent 130 doctors and 10,000 doses of Interferon, a Cuban drug that China has used with some success to treat COVID-19, and Russia has also sent medical equipment and supplies.

Like Vietnam, Taiwan and other countries, <u>Venezuela</u> has benefited from already having a comprehensive national healthcare system. When the first COVID-19 case was confirmed on March 13, the government closed schools, dine-in restaurants and theaters. Within 10 days, 12.2 million people completed questionnaires about their health and 20,000 who reported symptoms received house-calls from medical teams. Community groups made masks and 12,000 medical students were drafted to make house-calls. Rent payments were suspended and the government guaranteed salaries and wages.

So Venezuela has responded to this dual crisis with free food, free healthcare, free housing and free COVID-19 testing, and has so far weathered the storm.

Cuba is another example of a small, poor country that is fighting internal outbreaks, mostly brought to the island by foreign tourists, through door-to-door visits by medical personnel. They had <u>170 cases</u> as of March 30, with three deaths. The country's borders have been closed to all nonresidents, bringing the tourism-driven economy to a standstill. On top of this, Cuba, like Venezuela, is suffering from brutal U.S. sanctions that hamper its ability to both earn foreign currency and import critical goods, from food to medical supplies.

Despite these severe obstacles, Cuba is not only controlling the spread internally, but sending brigades of doctors and nurses to Italy, as well as Venezuela, Nicaragua, Jamaica, Suriname and Grenada. It provides a heroic example for the world, but unfortunately, Cuba is too small and poor to make a major dent in the global pandemic.

A world in search of new leadership

This look at the <u>COVID-19 pandemic</u> in a few countries around the world is only a snapshot of what are facing now. The numbers of cases and deaths are higher every day, and no country except China has the virus contained. But, as a greater number of poorer countries in Asia, Africa and Latin America become infected, few have the healthcare infrastructure of Vietnam or Cuba. So where are countries going to turn for help when large numbers of their people start falling sick and dying?

The United States is struggling to address its own problems with COVID-19. For many months to come, it will be grappling with the dilemma of how to find enough ventilators, protective equipment, tests and medical staff. The U.S. will be scrambling to find or make more of these desperately needed resources, not sending them to other countries.

The United States is also failing miserably to provide a good example of how to successfully combat COVID-19. By March 31, the U.S. already had more coronavirus deaths than China, a country with four times the U.S. population, and the future for Americans is terrifying, with the Trump administration talking about the death of 100,000 Americans as a "good scenario." The terribly botched U.S. response to the pandemic is undermining already weak global confidence in U.S. leadership.

China, on the other hand, has largely eliminated the virus from its own population and is already lending its expertise and resources to others. Many of the goods the world depends on to fight this virus, from masks to medicines, were already produced in China and the government has <u>mobilized</u> local companies to significantly crank up production and sell directly to the government to help fulfill global demand.

China is also <u>sharing</u> information about the pandemic and lessons from its own experience with countries around the world. Western views of China's role in this crisis have shifted from blaming China for its initial denial of the outbreak and criticizing its restrictions of personal freedom in Wuhan to accepting its help and expertise as other countries and governments confront the same difficult choices.

With the U.S. failing and China taking a leadership role in the international response to this crisis, could this mark a turning point in the transition to a multipolar world in which China will be just as important as a world leader as the United States? And could this become an effective check on the destructive aspects and dangers of <u>U.S.</u> imperial power?

For several decades, China has defined its place in the world according to **Deng Xiaoping**'s <u>"24-character"</u> strategy, which has served it very well until now: "Observe calmly; secure our position; cope with affairs calmly; hide our capacities and bide our time; be good at maintaining a low profile; and never claim leadership."

Since **Xi Jinping** came to power in China in 2012, he has implicitly been entrusted with guiding China into a new phase in its history, moving beyond the 24-character strategy into a position in which China will be the economic and diplomatic equal of the United States.

As <u>many analysts</u> have noted, and as the 24-character strategy implied, China has to walk a fine line to assert its influence in the world without militarily provoking the United States or taking actions that other countries will see as aggressive or threatening. That's why it has tried to exercise extreme caution in disputes over islands in the South China Sea and other potential military flash-points. China's One Belt One Road initiative, a massive economic development project aimed at strengthening China's connectivity with the world, has so far been the centerpiece of its gradually shifting strategy.

But the crisis the world will face over the next six months or a year is one that cries

out for competent leadership. The WHO is already playing a critical role, but it is dependent on major economic powers to provide the resources to fill its prescriptions. If China takes the lead in providing the equipment, the therapies and the expertise the world needs right now, it can do so in a context of respect and deference to the UN and the WHO. After decades of U.S. unilateralism, aggression and disdain for international law and institutions, most of the world would welcome this kind of internationalist leadership.

Unless China overplays its hand or makes serious mistakes, nobody but **Donald Trump** and the imperial hawks in Washington will begrudge China its role in helping to resolve the worst public health threat the world has faced in recent history. This is China's chance to provide constructive international leadership in a way that will save many lives. And in the reshuffling of world power that this represents, we can only hope that the United States will also find a more constructive and legitimate place for itself in a multipolar world that is more peaceful, just and sustainable.

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