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Dedication

For those whose lives were lost to COVID-19

The COVID-19 Catastrophe

What's Gone Wrong and How to Stop it Happening Again

Richard Horton

polity

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Fear can be considered the basis for all human civilization.

Lars Svendsen, *The Philosophy of Fear* (2008)

Preface

COVID-19 is a pandemic of paradoxes.

Most of those who became infected with this new coronavirus suffered only mild disease, perhaps not easily shaken off, yet shaken off nevertheless. But a substantial number – perhaps as many as one in five – developed a much more severe illness, often requiring intensive care and mechanical ventilation. For far too many, COVID-19 meant that death was their destiny.

Being older and living with chronic disease were important risks for worse outcomes. Yet a significant proportion of those who endured severe illness were also young and previously fit and well.

The scientific community made an astonishing contribution to producing the new knowledge needed to guide a response to COVID-19. But many questions about the virus and the disease it causes remain unanswered, leaving important gaps in our understanding of the pandemic that make its control exceptionally difficult.

The World Health Organization (WHO) acted with unprecedented velocity to declare a Public Health Emergency of International Concern (PHEIC). But the world's only global health agency also struggled under intolerable political pressures to retain its credibility.

Countries pledged their support to international cooperation to defeat the pandemic. Yet those same countries were embarrassingly slow to match words with deeds, and too often they resorted to rivalry and blame.

This was a pandemic that was described and reported in terms of statistics – numbers of infections, numbers of patients in critical care and numbers of deaths. Lives were transformed into mathematical summaries. Graphs of the epidemic were drawn. And countries were compared for their rates of mortality.

But those who died must not be summarised. They must not become lines on squared paper. They must not become mere rates used to argue differences between nations. Every death counts. A person who died in Wuhan is as important as one who died in New York. Our way of describing the impact of the pandemic erased the biographies of the dead. The science and politics of COVID-19 became exercises in radical dehumanisation.

At press conference after press conference, government ministers and their medical and scientific advisors described the deaths of their neighbours as ‘unfortunate’. But these were not unfortunate deaths. They were not unlucky, inappropriate or even regrettable. Every death was evidence of systematic government misconduct – reckless acts of omission that constituted breaches in the duties of public office.

I edit a medical journal, *The Lancet*, which found itself a conduit between medical scientists desperately trying to understand COVID-19 and politicians and policymakers charged with responding to the pandemic. As we read and published the work of these remarkable frontline workers, I was struck by the gap between the accumulating evidence of scientists and the practice of governments. As this space grew larger, I became angry. Missed opportunities and appalling misjudgements were leading to the avoidable deaths of tens of thousands of citizens. There had to be a reckoning.

This book is their story.

Acknowledgements

I wrote this short book under lockdown in London. I owe a debt of thanks to many people. To Ingrid Wolfe, who welcomed me home. To Isobel and Aleem. To Laura, live long. To my colleagues at *The Lancet* who worked tirelessly to ensure that the most reliable research on COVID-19 was peer reviewed and published rapidly to support those responding on the frontlines of this pandemic. To the scientists in China, Hong Kong, Italy, the UK and elsewhere who took time under immense pressure and difficulty to describe their extraordinary experiences. To John Thompson, who took a chance. To Emma Longstaff, Helen Davies, Lucas Jones, Neil de Cort and Caroline Richmond from Polity, who helped to make the message real. And to three anonymous reviewers, whose comments and suggestions helped to sharpen the substance of my argument. As we have all learned to say: stay safe, stay strong.

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From Wuhan to the World

While the human race battles itself, fighting over ever more crowded turf and scarcer resources, the advantage moves to the microbes' court. They are our predators and they will be victorious if we, *Homo sapiens*, do not learn how to live in a rational global village that affords the microbes few opportunities.

It's either that or we brace ourselves for the coming plague.

Laurie Garrett, *The Coming Plague* (1994)

Something happened. The precise details still remain uncertain and may never be fully uncovered. But here is what one can reasonably be sure of so far.

On 30 December 2019, samples were taken from the lungs of a patient with a mysterious pneumonia. He had been admitted to Wuhan Jin Yin-tan Hospital in Wuhan, Hubei Province, China. A test called real-time reverse transcriptase polymerase chain reaction (RT-PCR) confirmed the presence of a new type of coronavirus.

Coronaviruses are common in animals, such as bats, cats and camels. There are hundreds of different types of coronavirus. Six had been known to infect human beings – spillover infections into humans from their animal hosts. They are responsible for around 10 to 15 per cent of cases of the common cold.

Four human coronaviruses cause only mild to moderate symptoms – NL63 (identified in the Netherlands in 2004), HKU1 (discovered in Hong Kong in 2005) and OC43 and 229E (both major causes of the common cold). But two coronaviruses pose much more serious threats to human health – Severe Acute Respiratory Syndrome coronavirus (SARS-CoV-1) and Middle-East Respiratory Syndrome coronavirus (MERS-CoV).

Could the virus discovered in Wuhan be a seventh and also more dangerous type of coronavirus?

The genetic code of the novel virus was quickly sequenced. Comparisons with existing viral genomes showed that it was closely related to a bat SARS-like strain. Those four letters – S-A-R-S – struck fear and not a little panic into Chinese health officials when the news arrived in Beijing. An outbreak of SARS in 2002–3 had infected 8,096 people and caused 774 deaths across 37 countries (a disturbingly high 10 per cent mortality rate). The political mishandling of that epidemic had brought widespread international criticism of China’s leaders. A repeat of that national humiliation could not be allowed.

The early response to the discovery of this new SARS-like virus, eventually named SARS-CoV-2, was one of paralysing anxiety. Li Wenliang was working as an ophthalmologist in Wuhan. On 30 December, he privately alerted medical friends and colleagues through his WeChat account about the existence of the new SARS virus. When his online posts leaked and reached the local Wuhan police, he was detained, questioned and admonished for ‘rumour-mongering’. Li was forced to sign a statement confirming that he would stop spreading these alleged rumours. Local Communist Party officials in China like to keep a low profile with Beijing. Post-Tiananmen, their primary duty is to preserve public order and stability. In their eyes, Li Wenliang had to be gagged.

Meanwhile, a health alert was released by Wuhan’s local government authorities on 31 December. Doctors in Wuhan had noticed that several patients admitted to hospital with this new virus-like disease shared a common story – they had all visited Huanan seafood market, a live-animal and seafood wholesale market in the city. The source of the original SARS outbreak in 2002–3 was eventually traced to civets, cat-like mammals that resemble ferrets, which had in turn become infected from bats. Was the same sequence of events now repeating itself? Had the new SARS-like virus again jumped from animals to humans (this type of species transfer is called a zoonotic infection)? It seemed likely. The market was shut down on 1 January.

The committee in question was the International Health Regulations (IHR) Emergency Committee. The IHR are legally binding rules designed ‘to prevent, protect against, control, and provide a public health response to the international spread of disease.’ If a disease endangers international public health, the committee can recommend, and the director-general of WHO can issue, a Public Health Emergency of International Concern (PHEIC).

The declaration of a PHEIC is, in the words of the IHR, ‘an extraordinary event’. It is probably the most extraordinary power that a director-general of WHO possesses. Although they must consult a country about a disease threat, they are free to ignore their views or wishes. It is the decision of the director-general alone as to whether there is enough evidence for a PHEIC to be issued. This is serious power.

Ebola was first reported in Guinea in December 2013, before spreading to Liberia and Sierra Leone. The case fatality was 40 per cent. Individuals with Ebola virus disease were identified in Mali and Nigeria. The infection was also transported to the US, the UK, Italy and Spain. Dr Chan declared a PHEIC on 8 August 2014, eight months after the first cases of Ebola were described. The need to avoid a similar delay would have weighed heavily on the mind of Dr Tedros. He needed to evaluate the available evidence about what was happening in Wuhan carefully, but also quickly.

There are two criteria that must be met for a PHEIC to be declared. First, the disease must constitute a public health risk to other states through the international spread of that disease. Second, the disease must potentially require a coordinated international response in order to control it.

At the first Emergency Committee meeting on 22–3 January 2020, members were evenly split as to whether they should recommend a PHEIC. Many informed observers were surprised. When the threat of a new infectious disease emerges, the common view, based on past failures, is that one should have a very low threshold for calling a global red alert. But Dr Tedros paused. Without the backing of the Emergency