


7-2023

Why the West Should Help China Reduce Unrecognized and Preventable COVID-19 Deaths

George A. Gellert
ggellert33@gmail.com

Follow this and additional works at: <https://aquila.usm.edu/ojhe>

 Part of the [Bioethics and Medical Ethics Commons](#), [Community Health and Preventive Medicine Commons](#), [Epidemiology Commons](#), and the [International Public Health Commons](#)

Recommended Citation

Gellert, G. A. (2023). Why the West Should Help China Reduce Unrecognized and Preventable COVID-19 Deaths. *Journal of Health Ethics*, 19(1). <http://dx.doi.org/10.18785/jhe.1901.02>

This Letter to the Editor is brought to you for free and open access by The Aquila Digital Community. It has been accepted for inclusion in *Journal of Health Ethics* by an authorized editor of The Aquila Digital Community. For more information, please contact Joshua.Cromwell@usm.edu.

Why the West Should Help China Reduce Unrecognized and Preventable COVID-19 Deaths

Cover Page Footnote

None.

Why the West Should Help China Reduce Unrecognized and Preventable COVID-19 Deaths

George A. Gellert

In an era marked by a ruinous war between a democratic state and a totalitarian regime, political volatility, rightward looking isolationism and nationalism, and heightened competition and disputes between China and the West, it is perhaps difficult to discern why the West should supply China with COVID-19 vaccines and therapeutics, as well as epidemiological assistance in order to mitigate an ongoing unrecognized (and potentially hidden) COVID-19 crisis in that nation. Incidence projections and estimates suggest one-half to a million or more Chinese deaths from COVID-19 may have occurred this year (Feng 2022; Institute of Health Metrics and Evaluation 2022; Leung et al. 2022). Conceivably, in a population as large and as potentially still immunologically unprotected as China's, high COVID-19 mortality may be ongoing. Given past – and continuing – lack of government transparency in China's reporting of COVID-19 incidence and mortality, and/or its inability to effectively surveil for and attribute deaths to COVID-19 mortality, the actual epidemiological situation during this period may never be fully known.

China's past harsh disease control lockdowns and forced quarantines, and increased geopolitical tensions with the West associated with its economic and military rise and increased flexing of national power, offer a convenient rationalization for the West to merely observe – and not to help – mitigate unrecognized but avoidable COVID-19 deaths. China's past refusal to accept Western epidemiological and vaccine assistance exacerbates this problem. Based on past behavior, China's government may not disclose or itself have accurate data on the actual ongoing magnitude of disease and death caused by SARS-CoV-2, if known. Given past indications of substantial misclassification of cause of death reported during the pandemic, the Chinese government may not have accurate estimates of cumulative and ongoing mortality.

However, these limitations should not deter humanitarian vaccine and epidemiological assistance being delivered wherever most needed globally, whether or not a particular nation is a Western competitor with whom the West has a complicated, interdependent and sometimes difficult or conflictual relationship, as it does with China. Reasons why the West should engage efforts to aid China in preventing deaths through enhanced COVID vaccination, treatment and epidemiological assistance include:

1. Ongoing potential morbidity, mortality and suffering impacting the Chinese population from COVID-19 compels an ethical duty for nations with advanced disease surveillance, control and prevention resources to assist in reducing infection spread – and consequent avoidable disease and death – and to provide humanitarian medical assistance as the correct moral response in a civilized world. Despite past failures to do so, a critical lesson from the global conflict between totalitarian and democratic states in the 20th century is the moral imperative to prevent massive deaths due to indifference and inaction – just as those caused by deliberate, intentional acts – whether through omission or commission. If China's government fails to act upon data evidencing large numbers of ongoing vaccine- and medication-preventable COVID-19 deaths among its people, and if it remains unwilling to accept international assistance that could reduce these deaths, its policies are then, effectively, a form of mass violence against its own citizens. However, given evidence of large scale preventable deaths, if the West fails to offer assistance, it will be complicit through omission rather than commission. While Western states are also struggling with effective COVID-19 disease control – currently 50,000+ Americans are dying from COVID-19 annually – Americans have governmental transparency regarding the ongoing state

of the pandemic in the US, and options to access widely available and effective vaccine prevention and treatment of SARS-CoV-2 infection.

2. Besides the moral and ethical judgments of history, preventable COVID-19-related mass fatalities in China will further undermine international public health and scientific collaboration with a nation whose partnership is essential in managing planetary public health challenges, including the global existential threat from climate change. Western assistance to help China reduce avoidable ongoing deaths can build international trust and goodwill, not only for international collaboration to identify, control and prevent future infectious disease pandemics, but for critical East-West collaboration to mitigate the worsening impact of climate change. Without condoning its totalitarianism, helping China prevent ongoing COVID-19 mortality positions the three largest global emitters of greenhouse gases – the US, Europe and China – to better cooperate and partner on the public health imperative of decarbonizing to meaningfully reduce the pace of global climate change. Assisting China in more effectively surveilling for and reducing COVID-19 mortality creates a valuable, perhaps transformative opportunity for the West to advance international trust if China can be engaged/assisted in a face-saving, non-humiliating manner that delivers needed vaccines and therapeutics to vulnerable populations at elevated risk of death from SARS-CoV-2 infection.
3. Preventable infection in vulnerable Chinese communities is detrimental to public health everywhere because continuous SARS-CoV-2 spread in any large population enables viral mutation and genetic evolution of new variants, any of which can increase the infectiousness or transmissibility of the virus, and erode the effectiveness and protection conveyed by existing vaccines. This increased risk of viral mutation/evolution imperils not only the Chinese but all of humanity. The pandemic demonstrated that as individual nations and as a species, we continue to underestimate our essential, unavoidable global health interdependence (Gellert 1990; Gellert 2020). Without action driven by recognition of this interdependence, effective future pandemic prevention and control will not be possible. It is important to recall that, while China has not been as forthcoming as desired in sharing information during the early phase of the pandemic, its sharing of genomic and other scientific information about the new virus helped enable an unprecedented hyper-acceleration of vaccine development that saved millions of lives worldwide.

For the above reasons, the West should collaborate and partner with China through the World Health Organization to deliver COVID-19 vaccines and antiviral drugs to treat the most vulnerable infected, and improve epidemiological surveillance and mortality attribution. To do otherwise is to tacitly accept moral-ethical failure from inaction and an indeterminate risk to global public health by giving SARS-CoV-2 another opportunity to exploit our social and political vulnerabilities to propagate itself and consume human lives. While the world may never know the true extent of preventable COVID-19 morbidity and mortality in China during its transition from Zero COVID to endemicity, we can be confident that vaccines, therapeutics and enhanced epidemiological surveillance capabilities conveyed will have a meaningful impact.

REFERENCES

- Feng E. (2022). Fears of a 'dark COVID winter' in rural China grow as the holiday rush begins. National Public Radio, December 23, 2022. Fears of a 'dark COVID winter' in rural China grow as holiday begins: Goats and Soda: NPR
- Gellert G.A. (1990). Global health interdependence and the international physicians' movement. *Journal of the American Medical Association* 1990;264,610-13.

- Gellert G.A. (2020). Ethical imperatives critical to effective disease control in the coronavirus pandemic: Recognition of global health interdependence as a driver of health and social equity. *Journal of Health Ethics* 2020;16(1). DOI: <http://dx.doi.org/10.18785/ojhe.1601.03>
- Institute of Health Metrics and Evaluation (2022). COVID-19 Results Briefing China, (2022). December 15, 2022. IHME, University of Washington. 6_briefing_China.pdf (healthdata.org)
- Leung K., Leung G.M. & Wu, J.T. (1990). Modelling the adjustment of COVID-19 response and exit from dynamic zero-COVID in China. DOI: <https://doi.org/10.1101/2022.12.14.22283460>