

Chinese Crisis Decision Making---Managing the COVID-19 Pandemic Part One: The Domestic Component

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Available open sources indicate that in their domestic handling of the COVID-19 virus, the central Chinese authorities generally followed, ultimately to good effect, established crisis management processes and procedures as well as post-SARS regulations for dealing with a health emergency. A major exception to this record occurred with regard to the initial reporting on the virus by both local and central authorities, where the pre-existing network reporting system was not utilized early enough and both local and initial central expert teams sent to Wuhan failed to detect the seriousness of the outbreak. Once the top leadership clearly recognized the gravity of the situation, it moved with at times ruthless efficiency to combat the virus. Although Xi Jinping and other senior officials subsequently acknowledged that mistakes were made, the center only punished local officials, in an apparent attempt to deflect blame from the top, as was also the case during the SARS epidemic. Available open sources provide no clear proof that the more extreme charge of a deliberate cover-up of a known deadly and highly contagious outbreak is accurate. However, they do indicate that the Chinese system remains excessively bureaucratic and consensus-driven, often prizing political criteria over expert-based information and reflexively suppressing unauthorized communications.

This is the first of two essays analyzing the COVID-19 outbreak as a case study in a certain type of Chinese crisis management, i.e., an unconventional, prolonged health threat of domestic origins with broad ramifications for Chinese security and PRC regime legitimacy both at home and abroad. The current essay (Part One) focuses on domestic management of the health dimensions of the crisis, with, for reasons of length, far less attention to the economic dimensions. The second essay (Part Two), to appear in the next issue of *CLM*, focuses on the international dimensions of China's crisis management efforts, in particular the deepening dispute with the United States.

The analysis covers the period from early/mid-December 2019, when the virus was probably first detected in Wuhan, to mid-April 2020, when it had been largely brought under control within China, at least for the time being. Throughout, the focus is on the perceptions and actions of the central party and government leaderships in managing the crisis, albeit often through interactions with local officials.

In their efforts to manage the COVID-19 crisis, Chinese authorities clearly wanted to achieve certain objectives both domestically and internationally. Within China, the challenge was to quell the outbreak and maintain public support for the regime while avoiding sowing panic and disorder in society or deeply damaging the economy. Internationally, the Chinese authorities wanted to elicit as much assistance as possible from the outside, minimize any foreign obstruction and criticism, and in general perform in ways that would preserve, or, if possible, increase, the status of the Chinese government.

In many respects, the Chinese government's handling of COVID-19 followed a pattern of crisis management behavior witnessed in previous national crises, both domestic and international ones, albeit with some specific variations. This pattern involves a particular type of decision making by various types of leadership groups and institutions (both pre-existing and those formed in response to the crisis) as well as, in the case of a pathogen, a set of diagnostic and reporting rules and regulations.

On the broadest level, as a first step, relevant local authorities will provide information on the initial details of the crisis (e.g., what happened, who was involved, etc.) to the relevant central authorities, using established bureaucratic channels. These channels can vary depending on the nature of the crisis (domestic, health- or weather-related, external, involving civilian and/or military actors, etc.) and they can be more or less formalized.² In a health emergency, specific regulations exist, most established after the SARS epidemic of 2002–3, for diagnosing, responding to, and reporting information on a pathogen (see below).

Second, in domestic crises, once notified, the relevant central authorities will usually send down one or more investigation teams to confirm reported information, report new information upward, and provide guidance. They will also likely send down supervisory teams or individuals to oversee local coordination of the crisis management efforts and ensure compliance with the central directives. In the case of a health crisis, these activities can involve the creation of initial guidelines to be used by local medical personnel and relevant government and propaganda officials in dealing with the specific crisis.

At some point in this early reporting and response process, an authoritative central figure with responsibility for the crisis area will decide whether or not to inform the senior political leadership about the crisis. If the decision is made to inform the senior leadership, or the senior leadership has already picked up information on the crisis via the media or via its own informal channels, the senior leadership will then decide whether and how to respond.

How the senior leadership responds depends in part on the information it receives from investigation teams and/or local political officials; this usually occurs only after an agreement has been reached among the senior leaders regarding the seriousness of the crisis, the stakes involved, and so forth. As part of this process, the senior political leadership (or the senior leader alone) will designate a responsible senior person to oversee the crisis and to report to the rest of the leadership as the crisis evolves. This person is usually the head of a senior policy coordination, supervision, or decision-making group within the Chinese Communist Party (CCP) leadership structure that either already exists or is formed to deal with the crisis—usually a leading small group (LSG).³

As the crisis evolves, the central authorities will adjust their directives and interactions with the local authorities based on established metrics for success and other information received from expert teams, investigation units, and regular party and state organs overseeing their local counterparts.

Also, throughout the crisis, propaganda officials, the Chinese media, and senior leaders will present an approved narrative to the Chinese public and the outside world on the nature of the crisis and the success of the government in handling it. This will also involve efforts to stifle counter-narratives from the public and elsewhere.

In the case of the outbreak of an unknown and potentially lethal and highly communicable disease, the above crisis management response process is in theory, at least initially, to be implemented on the basis of an explicit, formalized set of procedures and regulations. These procedures dictate that the State Council, the supreme government (as opposed to the party) executive authority in China, has primary responsibility for handling the emergency.⁴ This can include the creation of nationwide response command centers and expert committees at every level of government, usually organized by the National Health Commission (NHC) under the State Council. At the national level, this command center can include representatives of relevant ministries, bureaus, and offices under the State Council as well as departments of the military, depending on the nature of the crisis.

In a public health emergency, such as the outbreak of an infectious disease, a direct reporting system from the localities to the center is also employed. This system, called “China’s direct network reporting system for infectious diseases and public health emergencies” (中国传染病疫情和突发公共卫生事件网络直报系统) was put in place after the SARS epidemic of 2002–3. Infectious cases discovered by medical institutions at all levels are to be directly transmitted to the Central Data Center of the China CDC through the internet. In the case of “pneumonia with unknown causes,” medical institutions are required to organize expert groups to diagnose the disease within twelve hours, and they should report to the system immediately if the diagnosis is still unclear.⁵

As the above suggests, successfully managing an unknown pathogen involves many moving parts, with obstructions and missteps possible throughout the process due to a variety of factors, including overly strict and repressive controls by responsible local and central authorities, inadequate and inflexible plans and procedures, unclear lines of authority and communication, excessive political interference by individuals or agencies, perceptual biases, and sheer incompetence. Given such complexities and varied factors, it is virtually inevitable that mistakes will be made in the management of such a crisis, and in the case of COVID-19 the Chinese regime made several key mistakes, while it also achieved certain notable successes, as shown below.

The findings here cover two separate but related sets of crisis management activities. The first section describes Beijing’s initial response to the outbreak by both central health officials and agencies and the political leadership. This response includes interactions with local counterparts in Wuhan and Hubei province in diagnosing the pathogen, alerting the system to the danger, and

developing and/or implementing a strategy for managing it locally. The second section covers the actions by the central authorities in developing and implementing an overall national plan for limiting and eventually suppressing the outbreak, punishing wrongdoing, getting the Chinese economy up and running again, and revising such an approach over time as events evolve. As part of this process, the leadership role of Xi Jinping was of course stressed.

Initial Pathogen Detection and Response

The Chinese response to the COVID-19 virus involved several overlapping activities, including the detection of the unknown pathogen in Wuhan (called at that time an “unknown pneumonia,” as per existing regulations), local efforts to diagnose or classify it, the initial reporting to the central health authorities, subsequent updates regarding diagnosis and reporting, initial attempts to control how the virus was being revealed to the public and handled by laboratories, and eventual recognition of the gravity of the situation by the central leadership that led to the phase-two period of a heightened response to combat the virus. These actions all occurred from early/mid-December to January 20.

An examination of available Chinese and English sources during this initial period of detection and response reveals several key features of the system. First, the pre-existing “direct network reporting system” outlined above apparently was not utilized, or was utilized very slowly, to inform the central health authorities of the new pathogen. During an initial period (of approximately 2–3 weeks in early/mid-December) of detection by local hospitals of patients appearing with an unknown pneumonia, hospital authorities apparently failed to report upward through the system within the required twelve-hour period.

Perhaps in response to this failure or merely to obtain more information on the virus and immediate reactions from other professionals, local doctors initially sent samples of the pathogen to private laboratories and began to discuss the pathogen on closed social media platforms. One of these private labs (Vision Medicals) reportedly shared its data with the Chinese Academy of Medical Sciences. It is unclear whether or how that central authority responded to this report.⁶ In addition, local health authorities apparently did not send samples of the illness to the China CDC until January 2, or possibly as late as January 8.⁷

These activities apparently took place outside of the “direct network reporting system.” Local municipal and provincial health authorities were not informed of the illness until the end of the month (probably on December 27), when Hubei Xinhua Hospital notified the Disease Control Department of the Wuhan Municipal Health Commission (WMHC) and the Hubei Provincial Government; the response was that apparently the illness had a connection with the nearby seafood market.⁸

The NHC was supposedly not notified about the illness until December 30.⁹ Sources suggest that Gao Fu, head of the Chinese Center for Disease Control and Prevention (i.e., China’s national CDC), under the NHC, found out about the illness only by reading the WMHC’s leaked online internal emergency notices.¹⁰ In response, Gao “...asked the Wuhan CDC head why it had never reported directly to the direct network reporting system for so many days.”¹¹

Notably, none of the local sources discussing these early notifications mentioned any use of the “national direct network reporting system.”

In contrast, a second feature of this early period shows compliance by the central authorities with established regulations for responding to the detection of a pathogen. On January 1, the NHC took its first substantive action by establishing a leading group on epidemic response (疫情应对处置领导小组) “...to discuss and analyze development and changes in the epidemic, study and deploy prevention and control strategies and measures, and provide timely guidance and support to Hubei province and Wuhan City.”¹² It also organized at least two expert groups to immediately send to Wuhan to work directly with the local authorities.¹³

These two expert groups apparently interacted with the Wuhan health authorities and epidemiologists during the following weeks to try to determine the nature of the new virus, how communicable it was, and therefore how best to treat it and prevent its possible spread. This behavior all generally accords with the existing crisis procedures summarized above.

By January 7, according to the WHO, Chinese officials announced they had identified a new virus.¹⁴ On the following day, as shown by the timeline later released by *People’s Daily*, the NHC examined the virus specimen and confirmed that a new type of coronavirus was the cause of this epidemic.¹⁵

A third feature of the initial response consisted of efforts by both local and central authorities to control the unauthorized release of information about the illness, possibly in response to the above-mentioned online discussions by staff at hospitals and labs, and perhaps as a result of the leak of the WHMC emergency notices that Gao Fu had read online.

In the above-mentioned emergency notice of December 30 warning of the illness, the WHMC cautioned individuals or units about releasing information without authorization.¹⁶ This notice was apparently the grounds for detaining Li Wenliang, the now-famous doctor who discussed the illness online, was subsequently punished (along with others) for doing so, forced to sign a statement denouncing his warning as an unfounded and illegal rumor, subsequently died from the virus, and was posthumously exonerated after a national uproar over his treatment by the authorities.¹⁷ This censorship effort was expanded and duplicated at the national level beginning at the latest by January 1.¹⁸

As part of the effort to control information, on December 30 local health authorities also began telling private labs to stop testing samples from the new disease, to cease releasing test results and information about the tests, and to report any future results to the authorities.¹⁹ This directive was apparently repeated on January 3 by the NHC in a general notice that circulated online.²⁰ Therefore, central authorities were clearly involved in this effort. This decision apparently reflected a desire by central and local health authorities to ensure that testing of the virus was being conducted in qualified labs with full safety facilities.

A fourth feature of the initial response was the existence of overly strict diagnostic criteria and rigid level-by-level bureaucratic approval requirements that apparently slowed the detection and reporting process. In late December/early January, local authorities developed a so-called

“white” manual diagnostic and treatment plan for the virus, apparently issued by the WMHC. This plan reportedly included an overly strict requirement for any reporting of the illness, requiring an “epidemiological contact history” for any confirmed case, and such criteria were to be instructed only via “...phone calls, face-to-face, or WeChat voice messages.”²¹

In addition, apparently contrary to the established “direct reporting” procedures, health experts at the hospital, district, municipal, and provincial levels were required by local authorities to examine suspected cases before they could be reported as confirmed cases.²² Wuhan health officials reportedly continued to stress that any reporting on the virus must be done “carefully” and only via the proper level-by-level process.²³ Later, health expert Zhong Nanshan, made famous by his handling of the SARS epidemic, stated that reporting upward and outward to the public suffered from the fact that the status of the China CDC within the Chinese system as a mere technical department under the NHC was too low. It was required to report “level by level” and was prohibited from communicating directly to the public. NHC expert Wang Guangfa also stated that “...judgment about the epidemic was not made by individuals but by collectives.”²⁴

The fifth feature of this early period (and a possible reflection of several of the above features) was the fact that, over several weeks in early/mid-January, both local *and central* (i.e., WNHC and NHC) health authorities publicly reported variations of the message that there was either no or very limited evidence of human-to-human transmission of the new virus, and no medical workers were infected.²⁵ Even as late as January 19, both local and central experts were quoted by state media as saying the disease could be prevented and controlled (可防可控).²⁶

That is to say, health authorities were not discounting the possibility of human-to-human transmission, but apparently they did not conclusively think that such transmission was rapid.²⁷ It is also worth mentioning that the first COVID patient did not die from the disease until January 11, which might explain some of the caution displayed by the local authorities.²⁸ Nonetheless, these statements seem at the very least to be hugely optimistic, given the authoritative finding on January 7 (above) that the virus was a SARS-like virus, which suggests that it was potentially very dangerous and to some extent communicable.

In fact, during this entire period in early/mid-January, several local doctors in hospitals were telling their superiors that they believed the virus was likely being transferred among humans. Yet this information was reportedly being blocked by local security and health authorities.²⁹

Many observers have alleged that the above pattern of behavior by both national- and local-level authorities is clear proof of a damaging cover-up, undertaken to conceal the real origins and nature of the virus (e.g., possibly a highly contagious and fast-moving pathogen created in a Chinese virus lab) or to otherwise destroy evidence of incompetence or malicious intentions.³⁰ In fact, it remains unclear why local hospitals apparently failed to notify Wuhan and Hubei health authorities until perhaps December 27 and why those local authorities in turn failed to notify the central health authorities before December 30. It is also unclear why the local authorities delayed providing samples to the national CDC, or why they (and the central health authorities) did not conclude internally and earlier inform the public that the illness was spreading from human to human, despite the January 7 conclusion that it was a coronavirus similar to SARS.

The autocratic Chinese political system discourages lower-level authorities from conveying bad news upward, without prior approval or encouragement, out of fear that such news will invite criticism and punishment for themselves. That could certainly have played a role here, although there is no evidence of this in the sources examined for this essay. At the same time, the somewhat chaotic and panic-driven reaction to the SARS epidemic of 2002–3 arguably reinforced the need for the authorities to strictly control information and to ensure the accuracy of any reporting of a new pathogen by acting only on the basis of clear guidelines or diagnostic criteria and a clear consensus among experts. Unfortunately, for whatever reason, the overly strict diagnostic criteria initially employed almost certainly resulted in a much lower level of official reporting of virus cases by doctors and hospitals. In addition, the rigidly bureaucratic features of the system generally required level-by-level approvals of upward information, despite health regulations calling for rapid reporting.

Some of the sources at least suggest (if not confirm) that both local and national officials were motivated in December and early/mid-January to control information, suppress expanding unauthorized online discussions, and order the destruction of samples of the virus. Perhaps they were driven by a desire to prevent criticism of the Chinese government and/or to avoid sowing panic among the public; or perhaps they wanted to reduce contamination and deaths and ensure accurate test results by stipulating that only qualified labs could receive the samples. In addition, the fact that huge numbers of Chinese were moving around China at that time as part of the Spring Festival might have deterred local officials from taking radical actions to stop such movements without rock-solid confirmation of the nature of the virus. These factors certainly could have slowed response time and might have led to intimidation and punishment of those who sought to report upwards. Thus, taken as a whole, all of the above bureaucratic, personnel, and procedural factors, not a malicious “cover-up” of a known deadly and highly contagious pathogen per se, might best explain the initial response by local and NHC authorities to the virus.

In any event, the sixth feature of this period saw an abrupt and radical shift in the reaction of the central authorities to the COVID-19 virus, precipitated by information conveyed to senior political leaders by a very senior NHC expert group (国家卫健委高级别专家组) dispatched to Wuhan on January 18.³¹ It is possible that this group was dispatched because the central health authorities on the scene had become suspicious of the optimistic local reporting summarized above.³² Led by highly regarded specialists Zhong Nanshan and Li Lanjuan, the group determined in short order that the disease was spreading rapidly from person-to-person.³³ Zhong confirmed this fact publicly in an interview on January 20.³⁴

After returning from Wuhan, the senior expert group, along with the head of the NHC and the governor of Hubei province, reported their views to Vice Premier Sun Chunlan (the State Council official responsible for public health) and then to a State Council Executive Meeting (国务院常务会议) chaired by Li Keqiang.³⁵

The meeting reportedly accepted the reports of the experts and officials about the seriousness of the epidemic, including Li Lanjuan’s advice to employ a “no entry, no departure” policy in Wuhan. In response, the meeting participants decided to create a high-level central, multi-agency coordination work mechanism to manage joint prevention and control of the virus.³⁶ This

mechanism, called the State Council Joint Prevention and Control Mechanism (or Task Force) (国务院联防联控机制), was under the leadership of Vice Premier Sun Chunlan.³⁷

In the afternoon of January 20, the first high-level expert report on the virus was released to the public. On that day, the State Council and the NHC (involving Vice Premier Sun and presumably the head of the NHC) held a national video and telephone conference regarding the epidemic and established some broad requirements for national joint defense and joint control.³⁸

All these moves were generally in line with the established procedures as outlined above. The decisions and actions were described by state media as “following the requirements by Xi Jinping and Li Keqiang.”³⁹ On January 20, Xi Jinping for the first time publicly commented on the epidemic, issuing brief instructions through the state media to resolutely curb the spread of the virus. Xi reportedly stated that “...prevention and control work is crucial at the moment due to the large passenger flows during the Spring Festival holiday.” He also stressed the need for the timely release of information and a deepening of international cooperation.⁴⁰ This message, likely issued to reinforce the decisions and actions taken on January 20, hinted at problems in information flows about the virus. Of course, the message showed no awareness that “passenger flows” during the Spring Festival were already spreading the virus.

These instructions reportedly followed an internal speech to the Politburo Standing Committee given by Xi on January 7, in which he supposedly “issued demands about efforts to prevent and control” the coronavirus.⁴¹

By this time, criticism of the slow official response to the virus and charges of a cover-up had already gained considerable momentum among netizens and undoubtedly among experts and officials, given the huge gap between statements on human-to-human transmission by Zhong Nanshan on January 20 and the statements made by both WMHC and NHC officials before then. Indeed, on January 22, both experts and officials of the NHC attempted to respond to these criticisms, denying, during the first public NHC press briefing on the virus, that they or the local authorities had been slow in reporting on the virus.⁴² On January 27, Wuhan’s mayor acknowledged that the local authorities did not disclose relevant information in a timely manner, but he insisted that he did not know the seriousness of the situation at the time and he was limited by law (and presumably health regulations) in releasing information.⁴³

Nonetheless, on January 24, the State Council issued the “Announcement on the Collection of Clues and Suggestions for Epidemic Control Work,” stating that when confirmed, “concealment” of the epidemic would be treated seriously.⁴⁴

The Center Takes Command, Rectifies Local Officials, and Implements a Strategy

The period from January 20 to mid-April constitutes a second phase in the center’s efforts to manage the rapidly growing COVID-19 epidemic. It involved five additional features of the overall crisis management process: a further tightening and strengthening of central control, investigation and punishment of local officials, concerted efforts to stress the leadership role of Xi Jinping during the crisis, greater attention to the economic impact of the crisis and the

formulation of a comprehensive strategy, and adjustments to this strategy in light of further developments.

Once the senior leadership had grasped the seriousness of the epidemic, it moved in a variety of ways to strengthen its control and coordination of the national crisis management effort, reinforcing the initial moves by the State Council, Li Keqiang, and Sun Chunlan in the government/health administration arena and by Xi Jinping at the top of the leadership.

On January 22, Sun Chunlan arrived in Wuhan and issued orders in the name of Xi Jinping to lock down the city and extend the Spring Festival holiday in order to prevent individuals from traveling home.⁴⁵

Three days later, on January 25, Xi Jinping chaired a PBSC meeting and made the decision to establish a central leading small group for handling the epidemic (中央应对新型冠状病毒感染肺炎疫情工作领导小组) (hereafter, “Coronavirus Leading Small Group,” or CLSG) under the leadership of the PBSC and the command of Premier Li Keqiang.⁴⁶ In addition to Li Keqiang, the eight other CLSG members were from either the Politburo or the CCP Central Committee.

As suggested above, the formation of this LSG was in line with past practices for managing crises, both domestic and foreign. As with other LSGs under the PBSC, the CLSG serves primarily as the most senior coordinating and supervisory body over the agencies responsible for dealing with the issue at hand. However, in comparison with the SARS LSG created by the State Council in April 2003, the CLSG has fewer members, is of a far higher party rank, lacks any health specialists or experts in epidemics, and is directly under the PBSC. The members consist of senior officials responsible for party/government administration, coordination, and propaganda, but there are no military representatives.⁴⁷

Given the high sensitivity and public impact of the epidemic, it is no surprise that propaganda officials are included in the CLSG to supervise the public narrative and senior administrative officials. Given the existence of the Joint Mechanism or Task Force under Sun Chunlan (noted above), it is no surprise that no health officials sit on the CLSG. It is a little surprising, however, that no PLA leaders are present, given the large mobilization of PLA medical resources that occurred.⁴⁸ It is also notable, if not surprising, that unlike most LSGs, the CLSG has a relatively high public profile, presumably in order to show the public that the central authorities were energetically responding and in charge.

As noted in footnote 26, the CDC had issued internally a Level I emergency response on January 15. By January 25, many cities around the country had also implemented a Level I response. Reserved for major urgent public health incidents, the response confirmed that the State Council would take over responsibility for the medical response, information dissemination, scientific research, international exchange and cooperation, emergency supplies and facility management, and logistics; it would also oversee inspections. This response also indicated that local governments should follow the measures determined by the central government, thus placing total control over the epidemic in the direct hands of the central authorities.⁴⁹

As part of its crisis management actions, the central government began to address the economic impact of the virus.⁵⁰ Central authorities also began to control the allocation of medical supplies, apparently warning local officials not to interfere.⁵¹ However, this top-down control led to bottlenecks and shortages, as well as charges of corruption leveled at the Chinese Red Cross and other aid agencies (see below).

The second feature of this stage of the crisis management effort involved examination and punishment of local officials. The focus of the central leadership on this issue was indicated by the formation, under the CLSG, of a “central guidance group” (中央指导组) directed by Vice Premier Sun Chunlan, which includes Chen Yixin, a supposed protégé of Xi Jinping.⁵² This entity clearly was created to establish firm central control over the handling of the virus in Hubei, perhaps partly in response to both the size of the virus challenge and partly in order to correct any of the now-recognized reporting problems exhibited in late December and early/mid-January. In addition, it was undoubtedly established to mollify the growing public criticism of the handling of the virus—including the suppression of individuals who initially reported it, in particular Dr. Li Wenliang. The group, which arrived in Wuhan on January 27, reportedly also played a major role in addressing the severe shortage of medical supplies in Wuhan.⁵³

By early February, the central authorities began removing hundreds of officials and issuing punishments.⁵⁴ This rapid central response intensified after February 7, when Dr. Li died from COVID-19, setting off an even greater firestorm of criticism of the authorities among the public, with many attacking the local authorities for violating the free speech of Dr. Li and other doctors. The punishment of local officials culminated on February 13 with the removal of Hubei Party Secretary Jiang Chaoliang and Wuhan Party Secretary Ma Guoqiang.⁵⁵ As part of their rectification effort, Chinese authorities also moved to punish those responsible, especially in the Hubei Red Cross, for corruption in the handling of medical supplies,⁵⁶

Apparently, no central official has been punished for mishandling the COVID-19 epidemic, despite the complicity of NHC officials in repeating the overly optimistic reports on human-to-human transmission in early/mid-January. Moreover, the removal of local party and health officials echoes what occurred in China during the SARS epidemic although central officials were also punished in the latter case. In April 2003, the health minister and the mayor of Beijing were both fired amid allegations of a cover-up in reporting the extent of the disease.⁵⁷

A third, critical feature of this latter phase of the crisis management effort was a concerted campaign to present Xi Jinping as in direct control of the entire handling of the COVID-19 epidemic. On January 28, Xi met with WHO Director-General Tedros Adhanom Ghebreyesus and reportedly stated that he was “personally commanding” the response to the outbreak.⁵⁸ Several days later, on February 3, Xi gave a major speech to the PBSC, which had begun to meet very frequently to discuss prevention and control efforts.⁵⁹

In his speech (published several days later in the CCP’s bimonthly journal *Qiushi* and featured on state television and in other official media), Xi indicated that he had begun issuing instructions relating to the virus on January 7 and that the epidemic had been his top priority from January 23 onward.⁶⁰ He described the battle against the epidemic as a “people’s war,” while acknowledging that the effort to combat the epidemic would hurt the economy and slow

trade. He also stressed the importance of controlling the narrative and winning over public opinion both at home and abroad. At the end of the speech, Xi criticized some local officials' practice of "formalism and bureaucracy" as well as their lack of basic knowledge about the "situation on epidemic prevention and control"; and he vowed to punish the guilty.⁶¹

The relatively rapid publication of Xi's February 3 speech, his remarks criticizing local officials, and the emphasis on the specific date when he began to direct the national response were unusual—probably designed in part to deflect criticism away from himself and the central government. In fact, as indicated above, some NHC officials had parroted the statements made in early/mid-January by local officials that at the time there were no or very few signs of human-to-human transmission. Yet the central government sought to ensure that any blame for the missteps during the runup to January 20 fell solely on the shoulders of local officials.

Xi furthered his efforts to show his leadership over the handling of the virus on February 5, when he called for a "...severe crackdown on illegal activities and crimes ranging from resisting epidemic prevention and control efforts, assaulting medical workers, manufacturing and selling fake products, to rumor-mongering."⁶² Finally, a videoconference on February 10 with officials in Wuhan was Xi's first public appearance since the epidemic began; he also inspected a neighborhood in Beijing as the capital increased efforts to contain the spread of the virus.⁶³

While strengthening central control, punishing local officials, and touting Xi's supposed overall early direction of the "people's war" against COVID-19, the central authorities issued the first authoritative central edict on how both to attack the epidemic and to manage a reopening of the Chinese economy. On February 9, the State Council published the "Notice on Effectively Strengthening the Scientific Prevention and Control of the Epidemic and Resuming Production in an Orderly Manner." This document stressed the need to "... solve the difficulties and problems during resuming normal production as soon as possible."⁶⁴ On February 12, in yet another PBSC meeting held on the virus, the leadership signaled efforts to at least partially reopen economically those regions less struck by the virus, while requiring "...greater efforts to reduce the impact of prevention and control measures."⁶⁵

Xi Jinping spoke more extensively on the struggle to handle COVID-19 and to revive the Chinese economy on February 23. At a very large work meeting presided over by Li Keqiang and teleconferenced "...to every county government and every military regiment throughout the country..." Xi stressed both the continued grim spread of the virus across China and its heavy toll on the economy.⁶⁶

At the same time, Xi sought to characterize these challenges as short-term and eminently manageable, while arguing that events had proven that "...the CPC Central Committee's judgment on the situation on the epidemic is accurate, all work arrangements are timely, and the measures taken are effective."⁶⁷ This of course was not true. As shown above, the party-led system had clearly failed to adequately detect and respond to the severity of the virus infection for approximately one crucial month, from mid-December to mid-January.

To some extent, Xi seemed to acknowledge this, stating in the same February 23 speech "...the country needs to learn from the 'obvious shortcomings exposed' in its response, so it can

improve its ability to handle future crises.”⁶⁸ This is the closest to an admission of the major missteps taken in the initial handling of the crisis that Xi has given.

Finally, from late February to April, when the virus began to recede significantly (at least for the time being), the Chinese central authorities, in coordination with the local authorities, continued to adjust their policies and approaches to strike the right balance between continuing to control the epidemic through various (sometimes draconian) means and minimizing the inevitably negative impact on the economy, while deflecting or suppressing criticism of the regime’s handling of the virus.

The major leadership organizations involved in this effort continued to include the PBSC under Xi Jinping (for general programmatic statements and instructions), the party-directed CLSG under Li Keqiang, its subordinate organ under Sun Chunlan (for more specific actions to combat the virus, such as to expand the use of testing kits), and various economic agencies under the State Council.⁶⁹

For its part, the propaganda apparatus on February 26 published a large book in Chinese and English on the PRC regime’s handling of the COVID-19 epidemic, “...to show the strength of the Communist Party of China (CPC) leadership and China’s socialist system, as well as China’s efforts in strengthening cooperation with the international community to jointly safeguard global and regional public health security.”⁷⁰ At the same time, the regime increased its efforts to suppress unauthorized commentary about the virus, shut down news sites, and fight back against calls in the aftermath of the Li Wenliang episode for greater free speech. During this period, journals such as *Caixin* published exposés of “...government coverups and failures in the health care system,” albeit only by local officials and authorities.⁷¹

By the end of March and early April, the draconian but highly effective lock-down measures undertaken by the regime since January 23 had succeeded in greatly reducing the spread of the virus. At that time, the regime turned much of its attention to limiting immigration into China as the number of domestic COVID cases declined significantly.⁷²

During this period, Xi largely continued to oversee the entire effort, make speeches, and issue instructions. His remarks were at times apparently intended to assuage public anger by recognizing the need to improve the handling of the virus. For example, on March 2 he called for greater research on COVID-19 and “...overcoming major difficulties in epidemic prevention and control at an earlier date.”⁷³ On March 10, accompanied by Wang Huning, Xi finally visited Wuhan and announced that prevention and control efforts had “turned the tide.”⁷⁴ In a subsequent teleconference, he demanded efforts to fix “shortcomings and weak links as soon as possible.”⁷⁵ At an early April PBSC meeting, as signs appeared that the contagion was ebbing within China, Xi called for “unremitting efforts” to guard against a resurgence of the outbreak.⁷⁶

Implications for PRC Governance and Crisis Management

The above analysis suggests that, in its broad outlines, the central Chinese authorities managed the COVID-19 crisis in a manner similar to the general pattern seen in other crises, both

domestic and foreign. With some important exceptions, the authorities followed the way dictated by pre-existing regulations and procedures for dealing with a health emergency.

Central health authorities received information on the outbreak from local authorities, dispatched expert teams to consult and confirm the findings, and thereafter the most senior among these teams reported to the top leadership, confirming the presence of human-to-human transmission of the virus. The senior leadership then established several organizations to direct, oversee, and coordinate the crisis response, under the direct executive authority of the State Council (as per existing regulations) and under the ultimate control of the PBSC. These included the CLSG under the party and the State Council's Joint Mechanism or Task Force as well as other leading groups and organs under the NHC and relevant bodies.

In the midst of rising popular criticism of the government's initial handling of the virus, the leadership also formed a "central guidance group" under the CLSG and other groups to ensure direct control over Hubei's handling of the virus and to examine possible malfeasance. It then moved to lock down Hubei and subsequently other parts of the country while it developed a plan to combat the virus and protect or restore the economy. Relevant leading ministries and subordinate agencies then implemented and adjusted the plan in light of changing circumstances. By early March, the virus was beginning to abate significantly.

The major exception to China's otherwise generally standard handling of the COVID-19 crisis was the initial reporting by both local and central authorities, when the pre-existing network reporting system established after the SARS outbreak in 2002–3 was not utilized early enough and initial NHC expert teams sent to Wuhan (along with local health authorities) failed to detect the seriousness of the outbreak. Only after a more senior expert team led by Zhong Nanshan traveled to Wuhan on January 18 did the center recognize the danger. In this sense, the system clearly failed, losing much precious time to quell the outbreak.

One deliberate misstep is that although Beijing proceeded to investigate the reporting delay, and Xi Jinping and other senior officials subsequently acknowledged that mistakes were made, the center punished only local officials, in an apparent attempt to deflect blame on the top. This effort was reinforced by Xi Jinping's statements heaping blame on local officials and by the regime's attempt to show Xi taking decisive command of the anti-COVID-19 campaign after January 20. To be clear, local officials were greatly to blame in mishandling the crisis, but the center was also complicit in repeating the overly optimistic local reporting. And yet, once the top leadership clearly recognized the gravity of the situation, it moved with at times ruthless efficiency to suppress the outbreak.

Nevertheless, much controversy continues to surround Beijing's handling of COVID-19, including charges of cover-up, deception, and either malign intent or autocratic arrogance in suppressing information on the virus and punishing health officials. The analysis in this essay relies almost exclusively on Chinese open sources, so one cannot say with assurance that what these sources reveal is accurate, given the regime's control over its media and reporting system. But, as indicated above, the available evidence from these sources offers no proof that the more extreme charge of a deliberate cover-up of a known deadly and highly contagious outbreak (presumably because of a fear to report bad news upward) is accurate. Several other factors

might explain the failure of the system, including a refusal to take the risk of disrupting a huge holiday without iron-clad evidence, overly strict diagnostic criteria in reporting cases, rigid adherence to a consensus-based, level-by-level approval process run by politically sensitive health officials, and the apparent willingness of initial NHC experts on the scene to follow the lead of their local counterparts and not to dig deeper.

In any event, the Chinese handling of the COVID-19 crisis clearly shows both the strengths and weaknesses of Beijing's crisis management system. Despite post-SARS reforms designed to expedite accurate reporting upward, the system remains excessively bureaucratic and consensus-driven, often prizes political criteria over expert-based information, fails to honestly acknowledge central errors, and reflexively suppresses unauthorized communications of virtually any type. Yet despite these significant shortcomings, the system also has standard, thorough, and well-organized crisis management practices that, once set in motion, in general operate very effectively (despite problems of ineptitude and corruption in places). Thus, other nations, including the United States, should draw both positive and negative lessons from the Chinese experience.

About the Author



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<https://commons.wikimedia.org/w/index.php?curid=86270913>

Notes

¹ The author is deeply indebted to Sylvie Zhong for her excellent research assistance and editing in preparation of this essay.

² This summary of China's crisis management process is drawn from several published studies, unpublished reports from a project on crisis management led by the author, Professor Alastair I. Johnston of Harvard University, several Chinese collaborators, and personal interviews. See *Managing Sino-American Crises: Case Studies and Analysis*, with Zhang Tuosheng and Danielle F. S. Cohen (Washington, DC: Carnegie Endowment for International Peace, 2006); "China's Assertive Behavior—Part Four: The Role of the Military in Foreign Crises," *China Leadership Monitor*, no. 37 (Spring 2012); "Sino-American Crisis Management and the U.S.-Japan Alliance," in Akikazu Hashimoto, Mieke Mochizuki, and Kurayoshi Takara, eds., *The Japan-U.S. Alliance and China-Taiwan Relations: Implications for Okinawa* (Washington, DC: Sigur Center for Asian Studies, 2007).

³ This unit is composed of the heads of all relevant organs likely to be involved in the crisis, and it operates under the Politburo Standing Committee and the CCP general secretary or paramount leader. In addition, usually in the case of national emergencies, such as a pandemic, every local government at or above the county level is required to form a LSG-like group made up of key government officials. Zhe Wang et al., "The Disaster and Emergency Management System in China" (Hong Kong: Collaborating Centre for Oxford University and CUHK for Disaster and Medical Humanitarian Response, Policy Brief, May 2016).

⁴ In responding to emergencies, higher-level entities are required to guide and assist the lower governments and their relevant departments. The individual in charge of this entire system logically would be the premier of the State Council. However, the party committee and the party secretary at each level of this system remain the ultimate authority behind epidemic management and thus can issue policy guidelines or instructions as they see fit.

⁵ After reporting, health administrative departments at the appropriate level then organize experts to conduct consultations to determine the nature of the disease and to consult with higher municipal and provincial authorities if necessary. If the disease still cannot be clearly diagnosed after consultation by a provincial expert group, the provincial disease control agency will send the specimen to the China CDC for testing. Yang Hai, "Why the Report of the Early Epidemic Situation in Wuhan Was Interrupted," *China Youth Daily*, March 5, 2020, https://mp.weixin.qq.com/s/69pdSrjNH_4qN3RrQ-Yk0Q

⁶ Vision Medicals had supposedly sequenced the virus's genome by December 27 and had confirmed it was a new coronavirus similar to SARS. But, for unknown reasons, this information was not released for seventeen days. See Gao Yu et al., "In Depth: How Early Signs of a SARS-Like Virus Were Spotted, Spread, and Throttled," *Caixin*, February 29, 2020, <https://www.caixinglobal.com/2020-02-29/in-depth-how-early-signs-of-a-sars-like-virus-were-spotted-spread-and-throttled-101521745.html>

⁷ *China Youth Daily* cites the January 2 date, without evidence, but a *People's Daily* timeline reports that on January 8 the NHC examined the virus specimen and confirmed that a new type of coronavirus was the cause of the epidemic. It is possible that the sample was received on January 2 but not confirmed until six days later. "中国战疫时间线," 人民日报新浪微博, February 6, 2020, <https://m.weibo.cn/2803301701/4469307855841931>
Yang Hai, "Why the Report of the Early Epidemic Situation in Wuhan Was Interrupted," *China Youth Daily*, March 5, 2020, https://mp.weixin.qq.com/s/69pdSrjNH_4qN3RrQ-Yk0Q

⁸ It is likely that other hospitals in the area notified the authorities around this time as well. Although available sources indicate that hospitals in Wuhan were receiving a few patients with an “unknown pneumonia” at the time, the first human infections probably occurred earlier, in November, given the two-week incubation period of the virus. See Gao Yu et al., “In Depth: How Early Signs of a SARS-Like Virus Were Spotted, Spread, and Throttled,” *Caixin*, February 29, 2020, <https://www.caixinglobal.com/2020-02-29/in-depth-how-early-signs-of-a-sars-like-virus-were-spotted-spread-and-throttled-101521745.html>

⁹ “中国战疫时间线,” 人民日报新浪微博, February 6, 2020, <https://m.weibo.cn/2803301701/4469307855841931>

¹⁰ 武汉市卫生健康委员会 《关于做好不明原因肺炎救治工作的紧急通知》, December 30, 2019, <https://zh.wikisource.org/wiki/>; 关于做好不明原因肺炎救治工作的紧急通知; 武汉市卫生健康委员会 《市卫生健康委关于报送不明原因肺炎救治情况的紧急通知》, December 30, 2019, <https://zh.wikisource.org/wiki/%E5%B8%82%E5%8D%AB%E7%94%9F%E5%81%A5%E5%BA%B7%E5%A7%94%E5%85%B3%E4%BA%8E%E6%8A%A5%E9%80%81%E4%B8%8D%E6%98%8E%E5%8E%9F%E5%9B%A0%E8%82%BA%E7%82%8E%E6%95%91%E6%B2%BB%E6%83%85%E5%86%B5%E7%9A%84%E7%B4%A7%E6%80%A5%E9%80%9A%E7%9F%A5>

¹¹ Gao Fu then called several NHC leaders during the night. Hua Sheng, “If the Group Fight Against Gao Fu Was Wrong,” *Sina Weibo*, February 26, 2020, <https://www.weibo.com/ttarticle/p/show?id=2309404472606035148979>

¹² 卫生应急办公室 《国家卫生健康委积极开展新型冠状病毒感染的肺炎疫情防控工
作》, January 19, 2020, <http://www.nhc.gov.cn/yjb/s7860/202001/de5f07afe8054af3ab2a25a61d19ac70.shtml>

¹³ 央视新闻 《武汉发现不明原因肺炎 国家卫健委专家组已抵达武汉》, December 31, 2019, <http://m.news.cctv.com/2019/12/31/ARTIsg2QIHWoHQixNnJMIIHb191231.shtml>;
冰点周刊 《卫健委专家组成员王广发出院了, 回答了我们 8 个问题》, February 2, 2020, https://mp.weixin.qq.com/s/DWcRVz10zps27VlrmI_Khg

¹⁴ It was named 2019-nCoV, meaning that it belonged to the coronavirus family, which includes SARS and the common cold; “Novel Coronavirus – China,” January 12, 2020, World Health Organization, <https://www.who.int/csr/don/12-january-2020-novel-coronavirus-china/en/>

¹⁵ This was broadcast on CCTV on January 9. On January 12, the NHC shared the genetic sequence of COVID-19 with the WHO.

“中国战疫时间线,” 人民日报新浪微博, February 6, 2020, <https://m.weibo.cn/2803301701/4469307855841931>

¹⁶ 武汉市卫生健康委员会 《关于做好不明原因肺炎救治工作的紧急通知》, December 30, 2019, <https://zh.wikisource.org/wiki/%E5%85%B3%E4%BA%8E%E5%81%9A%E5%A5%BD%E4%B8%8D%E6%98%8E%E5%8E%9F%E5%9B%A0%E8%82%BA%E7%82%8E%E6%95%91%E6%B2%BB%E5%B7%A5%E4%BD%9C%E7%9A%84%E7%B4%A7%E6%80%A5%E9%80%9A%E7%9F%A5>

¹⁷ Li and several other doctors in Wuhan had privately shared results from a private lab “...as a warning to friends and colleagues to take protective measures. Those messages then circulated widely online and sparked a public uproar demanding more information.”

Gao Yu et al., “In Depth: How Early Signs of a SARS-Like Virus Were Spotted, Spread, and Throttled,” *Caixin*, February 29, 2020, <https://www.caixinglobal.com/2020-02-29/in-depth-how-early-signs-of-a-sars-like-virus-were-spotted-spread-and-throttled-101521745.html>

¹⁸ “WeChat, a hugely popular social media app with more than 1.1 billion active monthly users, started to censor group discussions on the coronavirus from January 1. During the period up to February 15, the platform censored at least 516 keyword combinations—in both simplified and traditional Chinese—directly related to the coronavirus, with a noticeable increase in February. It also censored 51 combinations, including “centralized quarantine and Wuhan lockdown,” that referred to official policies reported by news media accessible in mainland China. It was not clear whether WeChat blocked these keyword combinations based on government directives or on its own initiative.” Cissy Zhou, “*How WeChat Censored Even Neutral Messages about the Coronavirus in China*,” *AsiaOne*, March 3, 2020, <https://www.asiaone.com/digital/how-wechat-censored-even-neutral-messages-about-coronavirus-china>

¹⁹ Gao Yu et al., “In Depth: How Early Signs of a SARS-Like Virus Were Spotted, Spread, and Throttled,” *Caixin*, February 29, 2020, <https://www.caixinglobal.com/2020-02-29/in-depth-how-early-signs-of-a-sars-like-virus-were-spotted-spread-and-throttled-101521745.html>

²⁰ The order reportedly stated that “[t]he Wuhan pneumonia samples need to be treated as highly pathogenic microorganisms—and that any samples need to be moved to approved testing facilities or destroyed.” See *Caixin*, and the Heilongjiang Health Commission, which on February 2 publicly mentioned the January 3 NHC document and its content. In addition, one virologist told *Caixin* that even the Wuhan Institute of Virology under the Chinese Academy of Sciences was not qualified to do the testing and was told to destroy the samples in its lab.

《关于印发新型冠状病毒肺炎患者检测样本保存和使用的通知》，-黑卫科教函[2020]35号, <http://www.duyaonet.com/News/Detail/26921>

Gao Yu et al., “In Depth: How Early Signs of a SARS-Like Virus Were Spotted, Spread, and Throttled,” *Caixin*, February 29, 2020, <https://www.caixinglobal.com/2020-02-29/in-depth-how-early-signs-of-a-sars-like-virus-were-spotted-spread-and-throttled-101521745.html>

²¹ According to *China Youth Daily*, local doctors complained that these criteria were too strict and they slowed or obstructed early detection and diagnosis. Some doctors reportedly ignored the criteria because they could not report any cases if they were to use them. Notably, Wuhan Youfu Hospital reported to the higher-level disease control department that “...the large number of medical workers and patients who showed symptoms...did not meet the diagnosis criteria.” Yang Hai, “White Manual and Green Manual: Changes in Diagnostic Criteria for New Coronary Pneumonia,” *China Youth Daily*, February 20, 2020, https://mp.weixin.qq.com/s?_biz=MjM5MDQ3MTEyMQ==&mid=2653326695&idx=1&sn=a2736d009ee5687f928ef498fe5cd111&chksm=bd966bd98ae1e2cfb11c7ec712a64f0f55cfb985a836258bda2dc3ed4685d1b974268e260ad9&scene=21#wechat_redirect

²² Yang Hai, “Why the Report of the Early Epidemic Situation in Wuhan Was Interrupted,” *China Youth Daily*, March 5, 2020, https://mp.weixin.qq.com/s/69pdSrjNH_4qN3RrQ-Yk0Q

²³ 中国新闻周刊 《回访武汉基层疾控主任：谁也没想到这个疾病有这么狠》，April 2, 2020, <http://www.laiyuan.com/article/213785.html>

²⁴ In addition, adding to these difficulties was the apparent fact that a second “green” manual, which was jointly developed by the central and local expert groups, was also produced in the

first few days of January, but it did not contain the above strict requirement for an “epidemiological contact history.” This requirement apparently was not followed by local health personnel. Yang Hai, “Why the Report of Early Epidemic Situation in Wuhan Was Interrupted,” *China Youth Daily*, March 5, 2020, https://mp.weixin.qq.com/s/69pdSrjNH_4qN3RrQ-Yk0Q
 Yang Hai, “White Manual and Green Manual: Changes in Diagnostic Criteria for New Coronary Pneumonia,” *China Youth Daily*, February 20, 2020, https://mp.weixin.qq.com/s/?_biz=MjM5MDQ3MTEyMQ==&mid=2653326695&idx=1&sn=a2736d009ee5687f928ef498fe5cd111&chksm=bd966bd98ae1e2cfb11c7ec712a64f0f55cfb985a836258bda2dc3ed4685d1b974268e260ad9&scene=21#wechat_redirect

²⁵ On January 3, a second public notice issued by the WMHC stated that “initial investigations reveal that no obvious evidence of human-to-human transmission have been found, and there are no medical workers infected.” On January 4, Xu Jianguo, a senior expert on communicable diseases at the China Center for Disease Control and Prevention, said in an interview that no obvious evidence of human-to-human transmission had been found. On January 5, a third WHMC public notice on new cases stated that “as of now, preliminary investigations have shown no clear evidence of human-to-human transmission, and there are no infections of medical workers.” Both CCTV and China’s CDC reposted this public notice, stressing that local health authorities had ruled out the possibility that the disease was identical to the SARS coronavirus. And yet on the same day (January 5), the Shanghai Public Health Clinical Center submitted a report to the NHC regarding the “pneumonia of unknown cause,” suggesting that the unknown virus had the same origins as SARS. On January 6, the director of the Wuhan CDC suggested in an interview that no evidence of human-to-human transmission had been found. Nonetheless, on this day the CDC reportedly activated a Level II Emergency Response, and it activated a Level I response on January 15, both without notifying the public.

See 经济观察网《武汉卫健委通报不明原因肺炎：发现 44 例 重症 11 例》，January 3, 2020, <https://finance.sina.com.cn/china/dfjj/2020-01-03/doc-iihnzhha0164820.shtml> ;

人民网《武汉卫健委通报：截至 1 月 5 日共报告不明原因肺炎 59 例 已排除 SARS 等病原》，January 6, 2020, <http://ah.people.com.cn/GB/n2/2020/0106/c358314-33690206.html> ;

大公报《专家：汉港病例未见直接关系》，January 5, 2020,

<http://www.takungpao.com/news/232108/2020/0105/400593.html#10006-weixin-1-52626-6b3bff01fdde4900130bc5a2751b6d1>; Gao Yu et al., “In Depth: How Early Signs of a SARS-Like Virus Were Spotted, Spread, and Throttled,” *Caixin*, February 29, 2020,

<https://www.caixinglobal.com/2020-02-29/in-depth-how-early-signs-of-a-sars-like-virus-were-spotted-spread-and-throttled-101521745.html>; Also see Qun Li et al., “Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus–infected Pneumonia,” *New England Journal of Medicine*, 382, no. 13 (March 26, 2020)

<https://www.nejm.org/doi/full/10.1056/NEJMoa2001316> *New England Journal of Medicine*, 382, no. 13 (March 26, 2020). The article was published on the NEJM website on January 29.

²⁶ Specifically, the WMHC stated on January 19, “the initial impression of the epidemic is that the new coronavirus is not very contagious. We cannot rule out the possibility of limited human-to-human transmission, but the risk of continuing human-to-human transmission is low. With the implementation of various prevention and control measures, the epidemic is preventable and controllable.”

卫生应急办公室《国家卫生健康委积极开展新型冠状病毒感染的肺炎疫情防控工作》，January 19, 2020,

<http://www.nhc.gov.cn/yjb/s7860/202001/de5f07afe8054af3ab2a25a61d19ac70.shtml> ;

央视新闻《武汉市就新型冠状病毒感染的肺炎综合防控答记者问》，January 19, 2020, <http://m.news.cctv.com/2020/01/19/ARTIUP2dOqJkOoNNkzJpXOQy200119.shtml>

²⁷ Wang Guangfa (a member of the second NHC expert group) recalled afterwards: “There were 41 confirmed cases at that time, including two clustered cases. We consulted with CDC experts about it. Based on the two clustered cases, we could not reach the conclusion of human-to-human transmission, which requires epidemiologists to answer.”

《卫健委专家组成员王广发出院了，回答了我们8个问题》，*China Youth Daily*, February 2, 2020,

https://mp.weixin.qq.com/s/DWcRVz10zps27VlrmI_Khg

²⁸ 新华网《武汉确诊41例感染新型冠状病毒肺炎患者》，January 11, 2020,

http://www.xinhuanet.com/2020-01/11/c_1125448269.htm

²⁹ On December 29, the emergency department of Wuhan City Central Hospital reported to the public health department of the hospital on the four cases just admitted. Ai Fen, a doctor from the emergency department, later said in an interview that she suspected at that time that the disease could be transmitted among humans. On January 2, she again mentioned to the officials in her hospital the possibility of “human-to-human” transmission, but there was no subsequent response. On January 3, Peng Zhiyong, from Central South Hospital of Wuhan University, learned about the testing results of the samples from BGI (a global genomics organization) and he then judged that the virus was likely transmitted among humans. See 潇湘晨报《亲历者讲述：武汉市中心医院医护人员被感染始末》，February 18, 2020, <http://baijiahao.baidu.com/s?id=1658843986833154015>; See 财新周刊《四大ICU主任详解病毒来自最前线的防治之策》，February 10, 2020, <http://weekly.caixin.com/2020-02-07/101512870.html>

³⁰ See, for example, Christina Maxouris and Joe Sutton, “Missouri is Suing China Over Coronavirus Impacts Saying the Country Did ‘Little to Stop the Spread of the Disease,’” *CNN News*, April 22, 2020, <https://www.cnn.com/2020/04/22/us/missouri-lawsuit-china-coronavirus/index.html>; Geneva Sands et al., “US Government Report Assesses China Intentionally Concealed Severity of Coronavirus,” *CNN News*, May 4, 2020, <https://www.cnn.com/2020/05/03/politics/mike-pompeo-china-coronavirus-supplies/index.html>; Bret Baier and Gregg Re, “Sources Believe Coronavirus Outbreak Originated in Wuhan Lab as Part of China's Efforts to Compete with US,” *Fox News*, April 15, 2020, <https://www.foxnews.com/politics/coronavirus-wuhan-lab-china-compete-us-sources>; Nick Givas and Bret Baier, “Timeline of China's Possible Coronavirus Cover-up,” *Fox News*, April 16, 2020, <https://www.foxnews.com/world/timeline-of-chinas-coronavirus-coverup>; “Coronavirus: Trump Stands by China Lab Origin Theory for Virus,” *BBC News*, May 1, 2020, <https://www.bbc.com/news/world-us-canada-52496098>

³¹ “China Publishes Timeline on COVID-19 Information Sharing, Int'l Cooperation,” *Xinhua*, April 6, 2020, http://www.xinhuanet.com/english/2020-04/06/c_138951662.htm

³² Nicola Smith, “Taiwanese Official Reveals China Suspected ‘Human to Human’ Transmission by January 13,” *The Telegraph*, May 6, 2020, <https://www.telegraph.co.uk/news/2020/05/06/taiwanese-official-reveals-china-suspected-human-human-transmission/>

³³ In part after hearing the case of a single patient at a local hospital infecting one doctor and 13 nurses with pneumonia while undergoing neurosurgery.

³⁴ 中国卫生杂志《解封在即，李兰娟首次披露武汉封城细节》，March 27, 2020, <http://www.bjd.com.cn/a/202003/27/WS5e7dea1be4b03cc9592dadfb.html> ;

财新《钟南山：新型冠状病毒肺炎“肯定人传人”》，January 20, 2020, <http://www.caixin.com/2020-01-20/101506465.html>

³⁵ Ibid.

新华网《中国感染病学女院士李兰娟：和大家一起奋战》，February 20, 2020, http://www.zj.xinhuanet.com/2020-02/20/c_1125601526.htm

³⁶ During the meeting, the central officials quickly “...decided to label the coronavirus-caused pneumonia as a Class B infectious disease and took prevention and control measures based on Class A criteria.”

中国卫生杂志《解封在即，李兰娟首次披露武汉封城细节》，March 27, 2020, <http://www.bjd.com.cn/a/202003/27/WS5e7dea1be4b03cc9592dadfb.html>

³⁷ The Joint Prevention and Control Mechanism reportedly has a total of 32 departments, with working groups such as epidemic prevention and control, medical treatment, scientific research, publicity, foreign affairs, logistics support, and front-line work. The team leader of each department, with clear responsibilities, is the head of the relevant ministry or commission. Under the leadership of this Joint Prevention and Control Mechanism, the national CDC began to construct a single unified system for reporting on case detection, diagnosis and treatment information, the source of infection, and other related information on the COVID-19 virus. Within the overall framework of a national health disease control information system (全民健康信息化疾控信息系统建设), a so-called “dynamic monitoring function” was reportedly launched on January 24.

中央人民政府《国家卫生健康委会同相关部门联防联控 全力应对新型冠状病毒感染的肺炎疫情》，January 22, 2020, http://www.gov.cn/xinwen/2020-01/22/content_5471437.htm ;

中央人民政府《习近平对新型冠状病毒感染的肺炎疫情作出重要指示》，January 20, 2020, http://www.gov.cn/xinwen/2020-01/20/content_5471057.htm ;

中国疾病预防控制中心《传染病网络直报系统新型冠状病毒感染的肺炎动态监测功能上线》，January 25, 2020, http://www.chinacdc.cn/zxdt/202001/t20200125_211441.html

³⁸ 国新办《国新办举行新型冠状病毒感染的肺炎防控工作新闻发布会》，January 22, 2020, <http://www.scio.gov.cn/xwfbh/xwfbh/wqfbh/42311/42470/index.htm>

³⁹ For example, see 新华社《习近平对新型冠状病毒感染的肺炎疫情作出重要指示》，January 20, 2020, http://www.gov.cn/xinwen/2020-01/20/content_5471057.htm

⁴⁰ “Xi Orders Resolute Efforts to Curb Virus Spread,” January 20, 2020, http://www.xinhuanet.com/english/2020-01/20/c_138721535.htm

⁴¹ The speech was revealed by Xi in another internal speech to the same senior leadership organ on February 3 and published on February 16 (see below). He said: “On January 7, when I chaired the meeting of the Standing Committee of the Political Bureau of the Central Committee, I put forward requirements for the prevention and control of the new coronavirus pneumonia epidemic.” The full contents of this speech have not been published. Moreover, it is interesting that Xi’s comments in early January apparently had little effect on the tendency of both central and local health officials to report low or non-existent levels of human-to-human transmission for almost two weeks following his remarks. It is possible that the regime fabricated this speech post facto, in early or mid-February, after the public uproar about the handling of the virus created a need to show Xi as being fully engaged early on. There were no subsequent references to Xi’s remarks until early February. It is also possible that his comments actually took place on

January 7 but were made only in passing, to show that he was aware of the virus and to make sure that central officials were looking into it.

习近平《在中央政治局常委会会议研究应对新型冠状病毒肺炎疫情工作时的讲话》，《求是》，April 2020, http://www.qstheory.cn/dukan/qs/2020-02/15/c_1125572832.htm

⁴² They insisted that they had acted promptly to release relevant information and suggested that it took time to realize the severity of the disease.

中国网《新闻办就新型冠状病毒感染的肺炎防控工作有关情况举行发布会》，January 22, 2020, http://www.gov.cn/xinwen/2020-01/22/content_5471560.htm

⁴³ 财新《武汉市长承认前期信息披露不及时》，*Caixin*, January 27, 2020, <http://m.china.caixin.com/m/2020-01-27/101508817.html>

⁴⁴ 中央人民政府《关于征集新型冠状病毒感染的肺炎疫情防控工作问题线索及意见建议的公告》，January 24, 2020, http://www.gov.cn/hudong/ducha/2020-01/24/content_5471979.htm

⁴⁵ On January 31, the CLSG agreed to further extend the Spring Festival holiday for Hubei province.

新华社《孙春兰在武汉考察新型冠状病毒感染的肺炎疫情防控工作》，January 22, 2020, http://www.gov.cn/guowuyuan/2020-01/22/content_5471734.htm

“Li Keqiang, Premier of the State Council, Chairs a Meeting of the Central Committee's Leading Group on Responding to the Pneumonia Outbreak Caused by the Novel Coronavirus (Excerpts),” *China News*, Embassy of the People's Republic of China in the United States, <http://www.china-embassy.org/eng/zgyw/t1738550.htm>

⁴⁶ John Dotson, “The CCP’s New Leading Small Group for Countering the Coronavirus Epidemic—and the Mysterious Absence of Xi Jinping,” The Jamestown Foundation, February 5, 2020, <https://jamestown.org/program/the-ccps-new-leading-small-group-for-countering-the-coronavirus-epidemic-and-the-mysterious-absence-of-xi-jinping>

⁴⁷ Ibid.

⁴⁸ The PLA has taken on some of the heaviest responsibilities in fighting against the pandemic. After Beijing declared the highest level medical emergency in Hubei on January 25, the Central Military Commission (CMC) sent more than 10,000 personnel into the area. According to *South China Morning Post*, the PLA was also armed with more power than the local governments to control medical supplies, “a sign of the central government’s determination to contain the spread of the virus.” A first batch of 1,400 military personnel was sent to Huoshenshan Hospital, where critically ill patients were treated, on February 4—two days after the hospital was completed. (This military-run hospital was also the first stop on Xi Jinping’s visit to Wuhan in March.) When the confirmed number of cases climbed to more than 60,000 in mid-February, Xi ordered an extra 2,600 troops to two hospitals in Wuhan. (In late 2002 and 2003, when the SARS epidemic broke out, the CMC also sent a 1,200-strong PLA medical contingent to Xiaotangshan Temporary Hospital in Beijing.) In addition, “the joint logistic support headquarters in Wuhan plays an important role in distributing medical resources and essential supplies for the military medical personnel fighting at the front line,” said Song Zhongping, a Hong Kong-based military expert and military commentator for Phoenix Television. “That’s why the PLA medical detachment can operate so efficiently.”

See Minnie Chan, “How China’s Military Took a Frontline Role in the Coronavirus Crisis,” *South China Morning Post*, March 17, 2020,

<https://www.scmp.com/news/china/military/article/3075396/how-chinas-military-took-frontline-role-coronavirus-crisis>

新华社《习近平考察火神山医院，看望慰问患者和医务工作者》，March 10, 2020, http://www.xinhuanet.com/politics/leaders/2020-03/10/c_1125690551.htm

新华网《军队新近承担救治任务的两所医院全部投入使用 参照火神山医院模式运行》，February 19, 2020, http://www.xinhuanet.com/2020-02/19/c_1125597309.htm

新浪财经《小汤山传奇》，March 12, 2020, <https://finance.sina.com.cn/china/dfjj/2020-03-12/doc-iimxyqvz9751971.shtml>

⁴⁹ 中国政府网《李克强主持召开国务院常务会议 进一步部署新型冠状病毒感染的肺炎疫情防控工作等》，January 20, 2020, http://www.gov.cn/premier/2020-01/20/content_5471058.htm

新华社《习近平主持中共中央政治局常务委员会会议 研究新型冠状病毒感染的肺炎疫情防控工作》，January 25, 2020, http://www.gov.cn/xinwen/2020-01/25/content_5472188.htm

⁵⁰ By January 26, government subsidies for epidemic prevention and control amounted to 11.11 billion yuan. This was soon followed by an additional 4.4 billion yuan. To alleviate short-term cash flow challenges, on February 1 the authorities told lenders to roll over the loans of companies that had trouble repaying their debts as a result of the outbreak. On February 3, the People's Bank of China "...offer[ed] 300 billion yuan (\$43.3 billion) in low-cost funds to major national and local banks in Central China's Hubei province for them to provide low-interest loans to enterprises that produce urgently needed medical supplies and daily necessities." But concerns soon emerged that such efforts were not providing enough relief for hard-struck businesses and employees. On February 11, the Ministry of Finance moved sooner than expected to allocate 558 billion yuan of general bond quotas to regional governments. And authorities in Beijing asserted that "...the reopening of businesses should not be hampered by 'crude and oversimplified' restrictions." On the next day, the Ministry of Finance made an additional early 2020 allocation of special-purpose bond quotas to local governments, totaling 290 billion yuan (\$41.6 billion).

Hu Yue and Tang Ziyi, "China's Financial Support Measures May Not Be Working as Intended, Analysts Say," *Caixin*, February 7, 2020, <https://www.caixinglobal.com/2020-02-07/chinas-financial-support-measures-may-not-be-working-as-intended-analysts-say-101512865.html>

Guo Yingzhe, "China's Central Bank Offers More Aid Amid Virus Fallout," *Caixin*, February 1, 2020, <https://www.caixinglobal.com/2020-02-01/chinas-central-bank-offers-more-aid-amid-virus-fallout-101510466.html>

Guo Yingzhe and Cheng Siwei, "Finance Ministry Allocates More Special Bonds Early to Boost Economy," *Caixin*, February 12, 2020, <https://www.caixinglobal.com/2020-02-12/finance-ministry-allocates-more-special-bonds-early-to-boost-economy-101514535.html>

"Coronavirus – China Gets Back to Work as Death Toll Reaches 1,018," *South China Morning Post*, February 11, 2020, <https://www.kyivpost.com/world/south-china-morning-post-coronavirus-china-gets-back-to-work-as-death-toll-reaches-1018.html>

Cheng Siwei and Guo Yingzhe, "Local Governments Get Extra Bond Boost as Virus Bites," February 12, 2020, <https://www.caixinglobal.com/2020-02-12/local-governments-get-extra-bond-boost-as-virus-bites-101514670.html>

⁵¹ On January 29, the State Council issued an urgent notice stating that all important medical supplies were to be allocated and managed by the central government; local agencies were not to interfere or to deploy [the supplies] themselves.

中央人民政府《国务院办公厅关于组织做好疫情防控重点物资生产企业复工复产和调度安排工作的紧急通知》国办发明电〔2020〕2号。

⁵² This group had three responsibilities: to supervise Hubei and implement central instructions; to strengthen Hubei's prevention and control forces and coordinate supplies, technical support, etc.; and to conduct investigations and make rectifications of Hubei work.

Cissy Zhou et al., "Coronavirus: 3 Wuhan Officials Summoned to Explain Failings as China, Death Toll Reaches 1,018," *South China Morning Post*, February 11, 2020, <https://www.scmp.com/news/china/society/article/3049931/coronavirus-hubei-province-reports-2097-new-cases-and-103-new>; 新华社《李克强主持召开中央应对新型冠状病毒感染肺炎疫情工作领导小组会议》, January 26, 2020, http://www.xinhuanet.com/politics/2020-01/26/c_1125504004.htm; 澎湃新闻《中央督导组在湖北的 25 天》, February 21, 2020, http://www.xinhuanet.com/2020-02/21/c_1125604972.htm; Also see John Dotson, "The CCP's New Leading Small Group for Countering the Coronavirus Epidemic—and the Mysterious Absence of Xi Jinping," The Jamestown Foundation, February 5, 2020, <https://jamestown.org/program/the-ccps-new-leading-small-group-for-countering-the-coronavirus-epidemic-and-the-mysterious-absence-of-xi-jinping>

⁵³ The furor at this time was possibly also intensified by the preliminary publication on January 29 of an article by staff members of China's CDC. Appearing in the prestigious *New England Journal of Medicine*, and entitled "Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus–Infected Pneumonia," the article concludes, "on the basis of this evidence [research conducted by the CDC authors], there is evidence that human-to-human transmission has occurred among close contacts since the middle of December 2019."

Qun Li et al., "Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus–infected Pneumonia." *New England Journal of Medicine*, 382, no. 13 (March 26, 2020): 1199–1207 <https://www.nejm.org/doi/full/10.1056/NEJMoa2001316>

⁵⁴ Hubei party secretary Jiang Chaoliang was replaced by Shanghai mayor Ying Yong, age 61, a close ally of President Xi Jinping. The party leader of the city of Wuhan, Ma Guoqiang, age 56, also lost his job. He was replaced by Wang Zhonglin, age 57, party secretary of the city of Ji'nan, in the eastern province of Shandong. Another Beijing heavyweight, Chen Yixin, was flown into Hubei. Chief of the party's top law enforcement body—the Central Political and Legal Affairs Commission—he was also placed in charge of handling the outbreak.

Willian Zheng, "Coronavirus: Beijing Purges Communist Party Heads in Hubei Over 'Botched' Outbreak Response in Provincial Capital of Wuhan," *South China Morning Post*, February 13, 2020, <https://www.scmp.com/news/china/politics/article/3050372/coronavirus-beijings-purge-over-virus-takes-down-top-communist>

⁵⁵ Willian Zheng, "Coronavirus: Beijing purges Communist Party heads in Hubei over 'botched' outbreak response in provincial capital of Wuhan," *South China Morning Post*, February 13, 2020, <https://www.scmp.com/news/china/politics/article/3050372/coronavirus-beijings-purge-over-virus-takes-down-top-communist>

⁵⁶ This reportedly was not the first time that charity organizations and governments had come under criticism in a national crisis. For instance, on February 4, Zhang Qin, full-time deputy director of the Hubei branch of the Red Cross Society of China (RCSC), was removed from office for dereliction of duty in the fight against the coronavirus epidemic. Mr. Zhang was also dismissed from the leading party members group of the RCSC Hubei Branch Committee of the CPC and given a serious intra-party warning as well as a serious administrative demerit. Chen Bo, a member of the leading party members group of the RCSC Hubei Branch Committee of the CPC, was given a serious intra-party warning and a serious administrative demerit. Gao Qin,

chief of the RCSC Hubei Branch Committee of the CPC and also executive vice director of the RCSC Hubei Branch, was given an intra-party warning.

“Coronavirus: Red Cross Society Official in Hubei Removed from Office,” *Strait Times*, February 4, 2020, <https://www.straitstimes.com/asia/east-asia/coronavirus-red-cross-society-official-in-hubei-removed-from-office>

⁵⁷ At the time of these removals (and possible as a result of them), health authorities in Hubei revamped the criteria used to identify virus patients, shifting from a system based on lab results to one using clinical symptoms, a change that many doctors and medical specialists in China and overseas had been calling for over many weeks. This resulted in a tenfold increase in confirmed cases and deaths. It also suggests that some of the underreporting that occurred in early/mid-January indeed took place due to overly strict diagnostic criteria.

Cissy Zhou, Gigi Choy, and Zhuang Pinghui, “Coronavirus: China Reports 254 Deaths in a Day as Cases Surge After Including Clinically Diagnosed Patients,” February 13, 2020, <https://www.scmp.com/news/china/society/article/3050354/coronavirus-hubei-province-reports-sharp-spike-new-confirmed>

⁵⁸ 新华网 《习近平会见世界卫生组织总干事谭德塞》，January 28, 2020, http://www.xinhuanet.com/politics/leaders/2020-01/28/c_1125508752.htm

⁵⁹ 习近平 《在中央政治局常委会会议研究应对新型冠状病毒肺炎疫情工作时的讲话》，《求是》，April 2020, http://www.qstheory.cn/dukan/qs/2020-02/15/c_1125572832.htm

⁶⁰ Yet, on January 23 Xi gave a speech at a Chinese Lunar New Year reception in the Great Hall of the People in Beijing and he never mentioned the virus.

习近平 《在中央政治局常委会会议研究应对新型冠状病毒肺炎疫情工作时的讲话》，《求是》，April 2020, http://www.qstheory.cn/dukan/qs/2020-02/15/c_1125572832.htm

“Xi Focus: Xi Stresses Racing Against Time to Reach Chinese Dream,” Xinhua, January 23, 2020, http://www.xinhuanet.com/english/2020-01/23/c_138729706.htm

⁶¹ On February 10, at a videoconference on epidemic prevention with Wuhan officials, Xi again stressed the need to retain tight control over the media and direct public opinion to “win the war” over the virus. See 许宝健 《做好打赢疫情防控阻击战的舆论引导工作》学习时报, February 14, 2020, <http://theory.people.com.cn/n1/2020/0214/c40531-31586385.html>

⁶² “Xi Stresses Law-based Infection Prevention, Control,” Xinhua, February 5, 2020, http://www.xinhuanet.com/english/2020-02/05/c_138758782.htm

⁶³ 新华社 《习近平在北京市调研指导新型冠状病毒肺炎疫情防控工作时强调，以更坚定的信心更顽强的意志更果断的措施，坚决打赢疫情防控的人民战争总体战阻击战》，February 10, 2020, http://www.xinhuanet.com/politics/leaders/2020-02/10/c_1125555826.htm.

Some observers have speculated that the absence of Xi Jinping in the media from January 23 until February 3—“emerging only a handful of times to preside over Communist Party meetings and to meet foreign visitors, including the director-general of the World Health Organization”—was unusual given the severity of the virus challenge. As noted above, as Wuhan was going into lockdown on January 23, Xi spoke at the Great Hall of the People and never mentioned the virus. See Amy Qin, “China’s Leader, Under Fire, Says He Led Coronavirus Fight Early On,” *New York Times*, February 15, 2020, <https://www.nytimes.com/2020/02/15/world/asia/xi-china-coronavirus.html?referringSource=articleShare>. The lack of public involvement during this period possibly reflected a desire to put other officials, such as Li Keqiang and Vice Premier Sun Chunlan, at the forefront in order to take the brunt of growing public criticism.

⁶⁴ On February 9, the Shanghai Municipal Commission of Economy and Information Technology issued the "Notice on Doing a Good Job in Resuming the Work of Enterprises." The Zhejiang Provincial Epidemic Prevention and Control Leading Group Office stated on February 9 that it was necessary to coordinate the relationship between epidemic prevention and control and protection of the people's livelihood and resumption of production.

第一财经 《2月10日全国有序复工，经济保卫战打响》，February 10, 2020,

<https://finance.ifeng.com/c/7tw3mhxj5hQ>

⁶⁵ "State Council Unveils New Measures to Mitigate Coronavirus Impact on Chinese Economy," Xinhua, February 25, 2020, http://www.xinhuanet.com/english/2020-02/25/c_138818027.htm

⁶⁶ The meeting was called the "Meeting for Overall Planning for the Prevention and Control of the New Coronavirus Pneumonia Epidemic Situation and Economic and Social Development." "Xi Focus: Highlights of President Xi's Latest Remarks on COVID-19 Epidemic Fight," Xinhua, February 24, 2020, http://www.xinhuanet.com/english/2020-02/24/c_138811379.htm

⁶⁷ Ibid.

⁶⁸ In addition, during this period, the central government led a concerted effort to develop a vaccine for the virus, bringing the Chinese military into the effort and involving a top epidemiologist and virologist from within the Academy of Military Medical Sciences.

William Zheng, "Coronavirus is China's Fastest-spreading Public Health Crisis, President Xi Jinping Says," *South China Morning Post*, February 23, 2020,

<https://www.scmp.com/news/china/politics/article/3051988/coronavirus-chinas-fastest-spreading-public-health-crisis>

⁶⁹ On March 17, Chinese military scientists were ordered to win the global race to develop a coronavirus vaccine.

Minnie Chan, "Chinese Military Scientists Ordered to Win Global Race to Develop Coronavirus Vaccine," *South China Morning Post*, March 19, 2020,

<https://www.scmp.com/news/china/military/article/3075843/chinese-military-scientists-ordered-win-global-race-develop>

⁷⁰ "Book on China's Fight Against COVID-19 Epidemic Published," *China Daily*, February 26, 2020, <https://www.chinadaily.com.cn/a/202002/26/WS5e56238da31012821727a854.html>

⁷¹ Gao Yu et al., "In Depth: How Early Signs of a SARS-Like Virus Were Spotted, Spread, and Throttled," *Caixin*, February 29, 2020, <https://www.caixinglobal.com/2020-02-29/in-depth-how-early-signs-of-a-sars-like-virus-were-spotted-spread-and-throttled-101521745.html>

⁷² 中国政府网 《李克强主持召开的这个会，定了这些事》，March 30, 2020,

http://www.gov.cn/xinwen/2020-03/30/content_5497319.htm

⁷³ "Xi Focus: Xi Stresses COVID-19 Scientific Research During Beijing Inspection," Xinhua, March 2, 2020, http://www.xinhuanet.com/english/2020-03/02/c_138836545.htm

⁷⁴ "Xinhua Headlines: Xi Focus: "Turning the Tide"—Xi Leads Anti-virus War Toward Victory," Xinhua, March 11, 2020, http://www.xinhuanet.com/english/2020-03/11/c_138863770.htm

⁷⁵ Ibid.

⁷⁶ "President Xi Urges 'Unremitting Efforts' to Guard Against Resurgence of Outbreak," *Caixin*, April 9, 2020, <https://www.caixinglobal.com/2020-04-09/president-xi-calls-for-vigilance-in-halting-imported-covid-19-cases-101540591.html>