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AN AMERICAN RESPONSE TO CHINA'S SARS FAILURES

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As the global epidemic of Severe Acute Respiratory Syndrome (SARS) continues to spread, China's feckless and secretive response to the SARS crisis has heightened the health threat to thousands around the world. The episode raises doubts about China's commitment to the World Health Organization (WHO)—doubts that cannot be dispelled merely by sacking scapegoats from rival factions in China's leadership. In contrast to China's SARS cover-up, both Hong Kong and Taiwan moved quickly to contain the epidemic and aid patients from outside their borders. Congress and the Bush Administration should seek greater public health transparency from China, urge Beijing to see Hong Kong as a model for public health crisis management, and support Taiwan's participation in the WHO.

Statistical Lies. As of April 19, the Communist government reported only 1,512 SARS cases in China, the country of 1.2 billion people where SARS began. Yet Hong Kong, a city of 6 million, has reported 1,358 cases since February. Clearly, China's SARS epidemic is orders of magnitude greater than the government admits. Without accurate epidemiological figures, its scope is a mystery. SARS has now spread to the United States, where 193 people have been afflicted. U.S. Health and Human Services Secretary Tommy Thompson said, "we've been very upset with the transparency of the Chinese government.... [W]e think lives could have been saved, we could have controlled it." Even senior Chinese physicians charge that China disseminated "fake numbers."

Although China's health ministry claimed on April 9 that Beijing had only 19 SARS cases, a retired senior military doctor told foreign reporters that one Beijing hospital alone had more than five times that number. Several military hospitals in Beijing have been under quarantine for weeks, and SARS patients are overwhelming Beijing's secretly designated SARS treatment hospitals. Only on April 14 did the Chinese government authorize free treatment of SARS patients at public hospitals. On April 20, the health minister and the mayor of Beijing had been fired, and the government acknowledged 339 cases in Beijing—15 times the earlier figure—and an additional 402 "suspected" cases. By April 24, schools in Beijing were closed and the Beijing University Hospital was quarantined.

The U.S. State Department counts at least six cases among American citizens in China, including two in Shanghai; yet the Shanghai municipal government reported only one case as of April 10. Large numbers of SARS cases are also reported among military units in China's far-western Xin-

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jiang region, apparently spread by soldiers returning from New Year's vacations in early February.

One thing is clear: Public health authorities in Beijing knew a new killer disease raged in Southern China as early as January 27, when, according to *The Washington Post*, a provincial health department received a "top secret" document from Beijing detailing the contagion.

As late as April 3, China's Public Health Minister Zhang Wenkang still insisted that the "epidemic is effectively under control" and "China is a safe place to work and live, including to travel." The minister promised to cooperate with the World Health Organization in monitoring the epidemic, but a week later, WHO scientists complained about the lack of cooperation, especially from Beijing military hospitals. On April 13, Beijing Mayor Meng Xuenong repeated assurances that the epidemic "has already been effectively controlled and suspect cases are currently decreasing." Both men were fired on April 20, but it is likely that the sackings were carefully balanced by political factions.

Even if China provides its best epidemiological data, their accuracy is dubious. Figures for urban diseases may be good, but those for the countryside are not, and the reported number of new-incidence SARS cases is certainly nowhere near the true total. Moreover, Chinese clinics have turned away hundreds, perhaps thousands, of SARS patients for lack of money.

Hong Kong and Taiwan. Hong Kong's public health administrators were the first to recognize the SARS threat. They courageously alerted the rest of the world, even to the point of urging curtailed international tourism to their city. They took bold action to isolate and treat both individual carriers and whole communities. Taiwan's initial cases were reported on March 14, but China, claiming sole authority over Taiwan, prevented Taiwan from reporting these cases to the WHO and barred the WHO from contacting Taiwan. Despite this, Taiwan informally shared statistics and treatment data with public health agencies abroad through the U.S. Centers for Disease Control and Prevention (CDC). Taiwan's health infrastructure is excellent, and it has managed to keep every identified case in quar-

antine. In one case, a 10-year-old dependent child from the American embassy in Hanoi was evacuated to Taiwan for SARS treatment because no other jurisdiction would take him and because Taiwan's top hospital was equipped to treat him.

Recommendations. The world must continue to educate China's leaders on their responsibilities in the international community. For its part, the United States should:

- **Insist on public health transparency and cooperation.** China must be more open about its public health problems, especially as it becomes a vital center of Asian and global business. The U.S. should insist that China cooperate fully with the WHO in reporting and treating the disease and put the Chinese government on notice that until it commits itself to a thorough accounting for the scope of the SARS threat, all nonessential congressional and U.S. government travel will be suspended. The U.S. State Department has already issued similar guidelines for private and business travel to China.
- **Offer medical advice and research assistance.** The CDC needs a presence in the U.S. embassy in Beijing to facilitate the flow of information about highly contagious diseases. Through the CDC, the U.S. could offer assistance in public health management and support research on SARS treatment.
- **Applaud Hong Kong's response.** Senior congressional and executive figures should also urge China to view Hong Kong as a model for the management of public health crises.
- **Support Taiwan's participation in the WHO.** Early data exchange on SARS's outbreak, origins, degree of contagion, and epidemic patterns would have been more effective if Taiwan had been allowed to report cases promptly to the WHO rather than via the CDC. At the World Health Assembly, the U.S. should vote for Taiwan's participation in the WHO.

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