

# **Unmasking the COVID-19 Pandemic**

Report by  
Doctors Against Forced Organ Harvesting

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# Unmasking the COVID-19 Pandemic

The COVID-19 pandemic has disrupted the global and medical community by presenting an unprecedented viral threat, which, due to its contagious nature has spread rapidly around the world. The pandemic is forcing us to reevaluate all aspects of our society ranging from medical research, international regulations and even life itself.

There is growing concern about efforts made by the Chinese government to exploit the dependency and vulnerability of the Italian Nation during the current COVID-19 pandemic. As a country with a rich cultural heritage, Italy is also the cradle of the Roman Catholic Church, and recognized as a beacon of hope and inspiration around the world. The Italian people are now faced with an epic choice, one that carries moral, spiritual and economic implications.

Publications in medical journals suggest that the virus emerged in November 2019. Since December 2019, the Chinese government has downplayed the deadly menace of COVID-19 and thereby creating the conditions, which allowed the virus to enter and then spread in Italy, bringing a calamity, on a scale, that has not been experienced for generations, directly to the Italian people. Defying responsibility in the pandemic, China has sent its state-run Red Cross Society of China to Italy in March 2020, under the guise of providing humanitarian aid. The move seemingly attempts to lure the Italian people into more economic and diplomatic collaboration and into the expansion of China's 5G-surveillance network.

Through delaying information and the silencing of whistleblowers and medical professionals who tried to raise the alarm, the Chinese government recklessly covered up reports and the true situation of the outbreak. Now China attempts to subdue countries by exploiting their need for face masks and PPE, under the pretense of what has now been branded as 'face mask diplomacy' - even going so far to charge the Italian government for urgently needed medical supplies that were originally donated by Italy to China in their hour of need.

Doctors Against Forced Organ Harvesting (DAFOH), an international advocacy group that promotes medical ethics, was recently awarded the 2019 Mother Teresa Memorial Award for Social Justice and twice nominated for the Noble Peace Prize in 2016 and 2017. DAFOH recognizes the selfless actions taken by medical doctors and professionals during the SARS-CoV-2 or COVID-19 pandemic. DAFOH extends support and sympathy towards the people who had to endure sacrifices of different kinds.

## EXECUTIVE SUMMARY

The COVID-19 outbreak is a global catastrophe on an epic scale. The novel SARS type virus, which allegedly emerged in Wuhan, China in late 2019, has spread rapidly, due to its very high rate of infectiousness, causing tens of thousands of deaths globally and significant disruption to life and the global economy.

Key findings:

- The Chinese state has neither acknowledged nor admitted its involvement in the escalation of this pandemic.
- Throughout January and February 2020, the Chinese government failed to be transparent when warning the global community, and instead chose to repeatedly downplay the threat to the WHO and international community.
- The Chinese government has refused to allow expert teams from the WHO or the US Center for Disease Control (CDC) to inspect conditions and circumstances of the virus on the ground.
- The Chinese government, as the March president of the United Nations Security Council (UNSC), vetoed a draft proposal submitted to the UNSC, calling for full transparency over the outbreak.
- Chinese officials have continually reported false, low numbers of victims, a manipulation that portrayed an image of expertise and success in controlling the disease, to facilitate a new era of 'face mask diplomacy'.
- By creating a global shortage of face masks and then choosing how and when to distribute aid, the Chinese government has driven a wedge between European countries following a trajectory of divide and conquer, or "divide et impera", by first ruining partnerships between countries and then appearing as the savior who delivered face masks to overwhelmed regions.
- DAFOH has observed similar patterns in recent history: Systematic tampering, manipulation and covering up of numbers has also been found in China's transplant system in the context of forced organ harvesting from Falun Gong practitioners and other prisoners of conscience, recognized as a crime against humanity and reason enough to disengage from the Chinese government.

The People's Republic of China (PRC) is bound by international law, under WHO International Health Regulations (IHR) (2005), to transparently report accurate public health information. However, throughout December 2019 and January 2020, the Chinese Communist Party (CCP) – the government of the PRC – failed in its obligations to do this. Instead, the Chinese state now portrays itself as the creator of a "Silk Road of Health," however, without taking responsibility for having created the "Silk Road of Pandemic."

After experiencing the speed of spreading in Italy and New York City, one can reasonably assume that the same virus would have a similar effect in Wuhan after its appearance in society in mid November. As a direct consequence of the CCP's decision to not share information about the initial stages of the outbreak of COVID-19, the contagious disease had a sufficient amount of time to spread globally. It is also reasonable to assume that the consequences of the virus for the global community could have been prevented through early warning and implementation of containment measures.

The infection then may not have left China, and if interventions had "been conducted one week, two weeks or three weeks earlier, cases could have been reduced by 66 percent, 86 percent and 95 percent respectively".<sup>1</sup>

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<sup>1</sup> <https://www.southampton.ac.uk/news/2020/03/covid-19-china.page>

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## 1. INTRODUCTION

The world is experiencing a catastrophic pandemic unfolding, in the form of the SARS-CoV-2 virus, and the disease also known as COVID-19, that began in Wuhan in the People's Republic of China (PRC) in late 2019. By 29th April 2020, the pandemic had claimed more than 227,000<sup>2</sup> lives globally, and more than 3,193,000 people have tested positive for the virus, with likely many times more having gone undiagnosed. Every continent, except Antarctica, has been affected.

This is not China's first experience of a lethal, viral epidemic related to respiratory infections. COVID-19 is related to SARS, the disease which evolved into an epidemic in China and overseas in 2002-2003. In November 2002, a form of atypical pneumonia called severe acute respiratory syndrome (SARS) began spreading rapidly around the world, prompting the World Health Organization (WHO) to declare the ailment "a worldwide health threat."<sup>3</sup> At the epicenter of the outbreak was China, where the outbreak of SARS infected more than 5,300 people and killed 349 nationwide. The Chinese Communist Party (CCP) attempted to cover up evidence of this epidemic for months, resulting in deaths and disruption at home and abroad, which could have been avoided. In the aftermath of SARS, and in response to the PRC's failure of transparent reporting, the World Health Organisation (WHO) strengthened its International Health Regulations (IHR) precisely in order to prevent future cover-ups, and safeguard against potential loss of life.

If during the COVID-19 outbreak the CCP had fulfilled its obligations under the IHR, much of the current tragedy could have been spared. Leaked data about COVID-19 from the Chinese Government<sup>4</sup> suggests, "The first case was identified on November 17 at the latest, and possibly significantly earlier". Throughout the early stages of the initial outbreak, Chinese authorities changed the narrative about the situation several times, provoking questions about the veracity of each of the statements. They cracked down on doctors discussing the virus on social media, and the police detained some of them. Even when the Chinese authorities declared the outbreak to the WHO on 31st December 2019, they gave no detail of the evidence they held on human-to-human transmission, and continued to suppress explicit data on the virus until they quarantined Wuhan on 23rd January 2020.

While being aware of the contagiousness of the virus, expressed in the imminent complete quarantine of Wuhan, CCP officials allowed for more than 5 million people in Wuhan to leave the city, days before the lockdown was implemented, knowing full well that the virus would spread throughout the country and even go abroad. This occurred when the virus arrived in Italy, Thailand, and Seattle. Furthermore, while the Chinese government misinformed the WHO, downplaying the virus, it began to stockpile crucial face masks and PPE from late January 2020. These actions suggest senior Chinese officials were aware of the pending consequences of the virus for the population.

The first case of COVID-19 to appear overseas was registered on 13th January 2020, in Thailand; this was a traveller who had just returned from Wuhan. Two Chinese tourists who had arrived in Milan on 23rd January were registered as Italy's first cases of COVID-19 on 31st January.<sup>5</sup> Although the first case was reportedly recorded on December 8th 2019,<sup>6</sup> the Wuhan municipal health commission didn't issue an official notice until several weeks later.

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<sup>2</sup> <https://www.worldometers.info/coronavirus/>

<sup>3</sup> <https://www.who.int/mediacentre/news/releases/2003/pr23/en/>

<sup>4</sup> [www.express.co.uk/news/world/1261940/coronavirus-origin-covid-19-strain-pangolins-bats-china-wuhan-pandemic](http://www.express.co.uk/news/world/1261940/coronavirus-origin-covid-19-strain-pangolins-bats-china-wuhan-pandemic)

<sup>5</sup> [https://en.wikipedia.org/wiki/2020\\_coronavirus\\_pandemic\\_in\\_Italy](https://en.wikipedia.org/wiki/2020_coronavirus_pandemic_in_Italy)

That notice maintained that there was no evidence that the new illness could be transmitted among humans and claimed that no health-care workers had been infected. Given the situation that we observed in Italy, where medical professionals were among the first who were infected, the report from Wuhan seems implausible. The commission repeated these claims on 5th January 2019, though 59 cases had been confirmed by then. Even after the first death was reported on 11th January 2019, the commission stated that there was no human-to-human transmission of the disease. China failed to share crucial information about virus transmission with the WHO, resulting in a protracted delay in WHO's decision-making process on declaring the risk of a pandemic. A recent study from the University of Southampton found that if interventions had been "conducted one week, two weeks or three weeks earlier, cases could have been reduced by 66 percent, 86 percent and 95 percent respectively".<sup>7</sup>

This deficiency of information from China in the initial stages of the outbreak has been critiqued around the world, as the CCP sought to conceal information at the source, and from the outside world. Throughout this critical period, there was little coverage of the outbreak. CCP's censors worked diligently to remove references to the outbreak from the public sphere, which is far easier today than it was during the SARS epidemic, thanks to the government's dramatically tighter control over the internet, media and civil society. Police have harassed people for 'spreading rumours' about the disease.

China has responded by deploying an advanced and sophisticated disinformation campaign to convince the world that it is not to blame for the crisis, including a substantial campaign on Twitter, where it has tens of thousands of bot accounts at its service.<sup>8</sup> China's influence on the WHO has also been brought into stark focus with both UK and US senior government figures calling the WHO's relationship with China into account. A strong rules-based international system requires robust international institutions.

The origins of the outbreak of COVID-19 have not yet been fully revealed to the public at this point; however, reports suggest the virus has likely leaked from Wuhan. However, when assessing the root cause for the pandemic, one needs to look at the limitations and the dynamics of the virus, and the conditions that has led to its spreading. There is a difference between a—currently unspecified—biological incident, limited in its reach and noticeable to the medical doctors and people who were infected, and the circumstances that allowed the virus to cross the border and leave the country. Thus, a key-contributing factor of the global pandemic has been the mismanagement of the crucially important early period when the virus first appeared and the reactions of the Chinese government since.

Although it is the virus that carries out the disease, it was the CCP's purposeful actions of disinformation that facilitated the global pandemic to occur, and thereby impeding a coordinated, global response that would have reduced the risks and consequences of the disease. It is this aspect of cover-up and disinformation that makes the CCP-controlled Chinese government accountable for more than two hundred and twenty thousand deaths, sabotaging the global economy and causing trillions of dollars of damages. Based on these circumstances, DAFOH also endorses the term "CCP virus" as synonym for SARS-CoV-2 and the view that it was the "CCP virus that caused this global pandemic".

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<sup>6</sup> <https://www.standard.co.uk/news/world/wuhan-lockdown-start-date-how-long-a4409866.html>

<sup>7</sup> <https://www.southampton.ac.uk/news/2020/03/covid-19-china.page>

<sup>8</sup> <https://www.propublica.org/article/how-china-built-a-twitter-propaganda-machine-then-let-it-loose-on-coronavirus>

On 17th April 2020, reports began to surface describing a link between Chinese officials restricting the publication of information about COVID-19 to the negotiations of the new trade agreement between China and the US. The new trade agreement was initially heralded as a success, bringing an end to the 'trade war' between China and the US, and which obligated China to buy US \$200 Million of American goods in exchange for the US easing tariffs imposed on Chinese exports. During the trade deal negotiations, China requested a specific clause be inserted relating to 'an act of God', under article 7.6 of the agreement.<sup>9</sup> This new clause alleviates either party of its responsibilities and commitments under the terms of the new deal, in the event of a natural disaster such as a global pandemic.

The circumstances, which led to Chinese officials requesting this clause has been called into question, as to has the fact that the previous 2000 China – US trade agreement<sup>10</sup> did not include this element. Phase one of the trade agreement was confirmed on 15th January 2020,<sup>11</sup> and then only a few days later on 20th January 2020 President Xi made his first public remarks about the virus calling for swift action to combat the outbreak. The timing between the signing of the trade deal, and the announcement of the outbreak has raised several red flags.

Multiple media reports cite that the first cases of COVID-19 were reported on the 17th November – almost 2 months before the trade agreement was signed. Danielle DiMartino Booth, author and chief executive of research and analytics firm Quill Intelligence, has raised concerns that “a 'pandemic clause' in the January trade deal between Washington and Beijing” demonstrates “evidence the Communist regime knew the extent of their crisis while publicly downplaying it”.<sup>12</sup> The implication that Chinese officials intentionally delayed communicating about the potential seriousness of the virus, so that a trade deal could be completed and tariffs lifted requires further and thorough investigation.

This report documents the CCP's negligence in the early stages of the outbreak, probes the intent of these actions and analyses how this contributed to the spread of the virus.

## 2. China - Attempting Plausible Deniability

### *Refusing to acknowledge culpability and failing to warn the world of the coming danger*

As the COVID-19 pandemic took hold in China, the initial contact with the disease, which is now drastically affecting countries in every corner of the world, and transparent reporting of the situation was vitally important. In the digital age and with the ease at which the global community can communicate, one would expect that a government, when it encounters a disease of such potential ferocity, would at a minimum issue health alerts and warnings at once, yet the Chinese government resorted to an orchestrated campaign of disinformation. Censoring and controlling data has been the focus, while even greater restrictions on public life and mobility have been introduced throughout China.

The mass campaign of censorship has not succeeded completely, which has resulted in considerable amounts of independent, corroborative data coming to light. Chinese doctors now applauded around the world as heroes, but regarded as an inconvenient whistle-blower by

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<sup>9</sup> <https://www.dailymail.co.uk/news/article-8229461/Senator-claims-China-deliberately-allowed-coronavirus-spread.html>

<sup>10</sup> <https://www.govtrack.us/congress/bills/106/hr4444/text>

<sup>11</sup> <https://www.theguardian.com/business/live/2020/jan/15/us-china-trade-deal-trump-tariffs-global-risks-uk-inflation-business-live>

<sup>12</sup> <https://www.dailymail.co.uk/news/article-8229963/Economist-claims-China-covered-early-coronavirus-outbreak.html>

the Chinese state, such as Dr. Li Wenliang<sup>13</sup> or local residents and authorities leaked data as frequently as possible.

Multiple media reports have cited Chinese government leaks that the first reported case of the COVID-19 was on 17th November 2019,<sup>14</sup> with suggestions there could also have been earlier cases. Official Chinese statistics highlight that on 31st December 2019, there were 266 confirmed cases of this new virus and on 1st January 2020 there were 381. At this stage medical authorities in China were prevented from disclosing or reporting details about the outbreak, while at the same time Taiwanese health officials, who had already completed a preliminary investigation, were issuing stark warnings to the World Health Organisation.<sup>15</sup>

In December, as soon as reports of a strange new respiratory disease emerged, Taiwan responded with urgency, spurred by past experiences and concerns relating to the SARS outbreak of 2002 – 2003. Before the reports of the virus were even logged with most international governments, Taiwan had already sent a medical team to investigate the virus and concluded that not only was the virus a danger but that human-to-human transmission was a real threat too. These reports however were muted by the WHO and not relayed to other countries, suggesting that the WHO adopted the narratives of Chinese officials.

The case of Dr. Wenliang draws a worrying comparison between the actions of the Chinese and Taiwanese authorities. Dr. Wenliang was one of the first doctors to encounter the virus, he recognized the similarities between this new disease and SARS and took action to inform his colleagues. He was severely reprimanded for “making false statements” and for having “severely disturbed the social order” — it is impossible to know how many lives would have or could have been saved if he was listened to in early January. His story became prominent and indicative of China’s response, as he shared his experiences, and while trying to raise awareness on his deathbed, Chinese officials issued an apology.

On December 31st, the same day Chinese officials notified the WHO<sup>16</sup> of potential concerns, local officials issued a low-key public notice, reporting 27 cases of a flu-type infection, without indication of the potential for human-to-human transmission. Advice was issued to the effect that anyone with a persistent fever should seek prompt medical assistance<sup>17</sup>. By this stage there were clear concerns arising from the medical community about the gravity of the threat posed by this new pneumonia like virus and the potential for human-to-human transmission. Chinese officials refused to act, and instead on the same day through the official Chinese media. Xinhua News Agency reported that “all cases found were related to a seafood market, and there were no clear signs of human-to-human transmission”.<sup>18</sup>

A western journal reported that by 11th January 2020<sup>19</sup> there were seven infected health workers.<sup>20</sup> Xinhua News Agency also published these reports on the same day. By this date, the Chinese authorities were, or ought to have been, aware of human-to-human transmission. Between January 11th - 17th Wuhan hosted a prescheduled CCP meeting<sup>21</sup>, during which time the Wuhan Health Commission strenuously denies any new cases of the virus – and when one compares these reports to other countries, in terms of how the virus

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<sup>13</sup> <https://www.bbc.com/news/world-asia-china-51364382>

<sup>14</sup> <https://www.scmp.com/news/china/society/article/3074991/coronavirus-chinas-first-confirmed-covid-19-case-traced-back>

<sup>15</sup> <https://www.ft.com/content/2a70a02a-644a-11ea-a6cd-df28cc3c6a68>

<sup>16</sup> <https://www.who.int/csr/don/05-january-2020-pneumonia-of-unknown-cause-china/en/>

<sup>17</sup> <http://wjw.wuhan.gov.cn/front/web/showDetail/2019123108989>

<sup>18</sup> [http://www.xinhuanet.com/english/2019-12/31/c\\_138669403](http://www.xinhuanet.com/english/2019-12/31/c_138669403)

<sup>19</sup> <https://www.straitstimes.com/asia/east-asia/china-reports-first-death-in-wuhan-pneumonia-outbreak>

<sup>20</sup> <https://henryjacksonsociety.org/wp-content/uploads/2020/04/Coronavirus-Compensation.pdf>

<sup>21</sup> <https://www.axios.com/timeline-the-early-days-of-chinas-coronavirus-outbreak-and-cover-up-ee65211a-afb6-4641-97b8-353718a5faab.html>

has spread, it creates a concerning anomaly. Noting too that the reported number of medical professionals, who had caught the virus, rose from the 7 documented on 11th January to 15 on January 21st<sup>22</sup>. A sharp increase, rather than a gradual rise, indicates that numbers were suppressed during the period of the conference, and further than that suggesting that the risks of human-to-human transmission was being intentionally ignored.

China provided the WHO with the COVID-19 genetic sequence on 10th January 2020, but without comprehensive data on how it was spreading. On 14th January 2020, a WHO official said that there had been “limited” human-to-human transmission. On the same day this statement was withdrawn by the WHO, which said there had been a misunderstanding and that there had been no evidence of this. The apparent disinformation about the mode of transmission has set off a chain of events that would later culminate in the global pandemic.

A dinner celebration for several tens of thousands was held in Wuhan on 18th January 2020. A few days later a city district where many of the attendees lived had to be cordoned off. Later, the Mayor of Wuhan claimed that the party had gone ahead because human-to-human transmission was then deemed to be “limited”. Xi Jinping did not acknowledge the outbreak until 20th January 2020, and Wuhan was put into quarantine only on 23rd January 2020. Around this time, the WHO decided not to declare a global health emergency, largely because of the lack of reported evidence of person-to-person transmission. On 25th January 2020, Chinese authorities admitted that an asymptomatic patient had infected all her family.<sup>23</sup> Thus, potentially since 17th November 2019, but certainly since 30th December 2019, China’s authorities knew about the COVID-19 outbreak but suppressed and concealed information about it.

When the WHO finally declared an international emergency on 30th January 2020, the disease had already been exported overseas from China. On 26th January 2020, the Mayor of Wuhan admitted on official media that five million people had left Wuhan prior to the imposition of the quarantine, stating, “We haven’t disclosed information in a timely manner and also did not use effective information to improve our work.”<sup>24</sup> In January, Dr. Li Wenliang spoke to the New York Times about official failures to disclose essential information about the virus to the public.<sup>25</sup> He later died of COVID-19 infection during the night of 6-7 February 2020. On 31st January 2020, the first two cases of COVID-19 were confirmed in the UK.

### *Preventing and restricting international bodies from supporting the global effort*

The two fields in which China appeared to need outside help, experts said, are molecular virology and epidemiology. The first involves sequencing the virus’s genome and manipulating it to refine diagnostic tests, treatments and vaccine candidates. The second involves figuring out basic questions like who gets infected and who does not, how long the incubation period is, why some victims die, how many other people each victim infects and how commonly hospital outbreaks are occurring.

During an outbreak like the one encountered in Wuhan, the conventional virology approach would be to collect and analyze data from every available source. In the case of a respiratory virus, one would aim to perform as many blood tests as possible – testing for antibodies.

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<sup>22</sup> <https://www.straitstimes.com/asia/east-asia/wuhan-virus-15-chinese-medical-workers-confirmed-infected-with-coronavirus>

<sup>23</sup> <https://www.medicalnewstoday.com/articles/coronavirus-research-woman-with-no-symptoms-infects-five-people#Wuhanto-Anyang>

<sup>24</sup> <https://www.theguardian.com/science/2020/jan/27/china-coronavirus-who-to-hold-special-meeting-in-beijing-as-death-toll-jumps>

<sup>25</sup> <https://www.theguardian.com/commentisfree/2020/feb/26/the-reaction-to-the-outbreak-has-revealed-the-unreconstructeddespotism-of-the-chinese-state>

This would then provide crucial data on how many people had been infected or indeed recovered from the illness, providing clear indications of how lethal and widespread the virus is.

When the seafood market in Wuhan was declared to be ground zero of the outbreak, the authorities from Wuhan committed a major epidemiological failure by closing and disinfecting the market without swabbing individual animals and their cages and without drawing blood from everyone working there. This step would have provided an important wealth of information about potential sources of the virus and people who had become infected but survived.

Chinese officials, following numerous offers of help from the international community “agreed to a mission of international experts” to come to China to better understand disease transmission and clinical severity. Dr. Michael Ryan, the W.H.O’s emergency response chief confirmed this agreement in February.<sup>26</sup> The United States too, offered the WHO Director General 13 specialists who were ready to go when called.

However, according to reports from the New York Times<sup>27</sup>, China has refused offers of assistance from two of the world’s foremost bodies on infectious disease. The U.S. Centers for Disease Control and Prevention (CDC) has been offering to send a team of experts from its Epidemic Intelligence Service for more than a month to no avail. The World Health Organization has also met resistance when attempting to travel to Wuhan to conduct investigations. The CDC said it hoped that by observing the medical conditions, it could improve an American response to any threat of a widespread outbreak in the U.S. Secretary of Health and Human Services Alex Azar stated at a news conference that it was out of his hands. “It’s up to the Chinese,” he said. “We continue to expect fully that President Xi will accept our offer. We’re ready and willing and able to go.”<sup>28</sup>

Going further than preventing the CDC<sup>29</sup> or other international bodies to come and study the virus first hand, Chinese officials have also made clear and direct attempts to prevent the international community from coming together in aim of understanding COVID-19. It is documented that China, in its capacity as Chair of the United Nations Security Council for the month of March, exercised a veto against a draft proposal on the pandemic, tabled by Estonia calling for transparency. The draft proposal specifically highlighted “growing concern about the unprecedented extent of the COVID-19 outbreak in the world, which may constitute a threat to international peace and security”. With the growing acceptance of China’s cover-up of the seriousness of the virus, and the disinformation campaign waged around the world, coupled with attempts to limit and prevent bodies such the United Nations Security Council from investigating and taking action, the question now remains, and one may wonder what is China’s true motive in this crisis?

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<sup>26</sup> <https://www.nytimes.com/2020/02/07/health/cdc-coronavirus-china.html>

<sup>27</sup> <https://www.nytimes.com/2020/02/07/health/cdc-coronavirus-china.html>

<sup>28</sup> <https://www.nytimes.com/2020/02/08/world/asia/china-coronavirus-american-dead.html>

<sup>29</sup> <https://www.foxnews.com/health/us-health-officials-on-coronavirus-outbreak>

### 3. Facemask Diplomacy – A Hidden Agenda

#### *Intentionally reporting low numbers and manipulating the narrative*

Since the outbreak of COVID-19 in late 2019, and as of 24th April 2020, China has reported 82,804 cases and 4,632 deaths, according to data compiled by Johns Hopkins University. As international scrutiny of the official statistics released by Chinese officials grew, the CCP released a reassessment of the deaths related to the virus in Wuhan. On 17th April 2020, the CCP announced that a further 1,290 deaths had been recorded in Wuhan, meaning the reported death toll in the original epicenter of the pandemic was now exactly 50% higher than first stated.<sup>30</sup> Every death is tragic, and every case is a reason for people and countries to come together to combat this deadly disease. So it is extremely concerning that reports have arisen from both senior UK and US government sources, estimating that the true number of cases in China is up to 40 times higher than what has been reported publicly.

Comparing the data from Chinese officials, with those available from the US, which as of May 3rd, documents more than 1,173,000 cases and sadly more than 67,900 deaths, provides many unanswered and difficult questions about the true scale of the tragedy in China.

While China eventually imposed a strict lockdown, beyond those of less autocratic nations, the skepticism toward China's reported numbers has continued to grow. The Chinese government has repeatedly revised its methodology for counting cases, creating a flow of unreliable data. Dr. Deborah Birx, advisor to the White House on its preparations for the outbreak, said that the narrative presented by Chinese officials was influencing assumptions around the world, about the nature of the virus.<sup>31</sup>

There is a growing acceptance that Beijing officials deliberately underreported the death toll in Wuhan, and the total number of cases across the entire country in February – while China was involved in a mass, global campaign to collect and stockpile PPE.

Numbers and statistics, which present China or Chinese officials in a negative light, are usually underreported and downplayed, especially when the national image is at stake. Now however, the Chinese government was keen to play up its supposed victory against the virus, while trying to portray the West's failures.

As a result, local officials have been left with an unsolvable problem, they have been warned not to "hide cases for the sake of reporting zero,"<sup>32</sup> but at the same time facing demands to report new domestic cases close to zero. A series of purges before the pandemic has left officials on edge, and any local authorities unlucky enough to have an outbreak in their territory could be in grave political danger.

With official figures untrusted, local residents, international journalists and governments have been forced to use deductive methods to draw conclusions on the gravity and true scale of the disease in China. For example residents in Wuhan have been reporting fears of a local death toll in the tens of thousands, at around 40,000,<sup>33</sup> based on reports of local

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<sup>30</sup> <https://www.washingtonpost.com/world/2020/04/17/amid-international-skepticism-china-defends-its-official-data-after-revising-wuhan-death-toll-by-50-percent/>

<sup>31</sup> <https://www.bloomberg.com/news/articles/2020-04-01/china-concealed-extent-of-virus-outbreak-u-s-intelligence-says>

<sup>32</sup> <https://foreignpolicy.com/2020/04/01/china-coronavirus-official-figures-underreporting-pandemic-response-xi-jinping/>

<sup>33</sup> <https://www.washingtonexaminer.com/news/wuhan-residents-estimate-regions-coronavirus-death-toll-much-higher-than-reported>

crematoriums working day and night during the lockdown. There have also been reports that multiple crematoriums are being delivered thousands of urns a day.<sup>34</sup>

Such data would not lead to conclusions that all the deaths would be associated with COVID-19, but through the discrepancy between expected figures and reported dramatic rises. None more so than with the reports of more than 21 million mobile phones being lost in January and February this year.<sup>35</sup> China's mobile telecommunications sector has almost continually reported upwards trajectory for nearly 23 years – while a dip in any sector would be expected during a lockdown, this is significant for a few reasons. Mobile phones in China are linked to a person's resident card (identity card), and China has mandatory requirements decreeing each mobile phone account registration include facial recognition scans.<sup>36</sup>

On top of these requirements, mobile phone apps have become a core part of the Chinese approach to overcoming the virus, with the introduction of the 'health code' app.<sup>37</sup> This app applies a traffic light system, linked to the person account, which has come to rule life in Wuhan since the outbreak at the beginning of this year. Using the app has become mandatory for anyone using the subway, checking into hotels or even entering or moving around in Wuhan. A green code means the user is healthy and can move around, within the constraints of other limitations, yellow indicates that the person is in the process of a mandatory 2 week quarantine and should not be outside and red demonstrates that the person is either infected or has symptoms and is awaiting diagnosis.

While a degree of fluctuations would be expected during a period such as a pandemic, the statistics demonstrating such a drastic drop in users pose a lot of unanswered questions. If anything, the assumption would be that because of such drastic measures as locking down entire cities in China<sup>38</sup> and keeping residents confined in their homes, then mobile phone usage would increase rather than decrease. The question remains as to what has really happened to the lost 21 million users, and indeed how much of the official narrative about this can truly be trusted?

Another way of assessing the situation is by observing the behavior of authorities and their reactions to the attempts to return to a form of normality again. It has been widely reported that medical staff have been withdrawn from Wuhan, hospitals are not overrun and social distances measures have been greatly reduced. Suddenly the narrative coming out of China is that almost all cases are imported from other countries, however there are reports of growing concern that a second wave and outbreak is fostering in China. Could this be false reports, arising from the fear on the unknown, given the extreme nature of the last few months, or could this be a sign that the virus has not been beaten as described in the media and simply be a tactic by Chinese officials to shift the blame and focus of the virus away from the actual source of the pandemic?

Given the unreliability of the official data, how can we judge the situation in China? And even less so, how can China be judged as having to successfully 'beaten the virus'? With the intensity of the media campaigns and narratives being put on display – portraying China as the saviour of the world, it begs the question of what exactly is the motive for China's current global propaganda campaign?

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<sup>34</sup> <https://time.com/5811222/wuhan-coronavirus-death-toll/>

<sup>35</sup> [https://www.thepochothtimes.com/the-closing-of-21-million-cell-phone-accounts-in-china-may-suggest-a-high-ccp-virus-death-toll\\_3281291.html](https://www.thepochothtimes.com/the-closing-of-21-million-cell-phone-accounts-in-china-may-suggest-a-high-ccp-virus-death-toll_3281291.html)

<sup>36</sup> <https://www.theguardian.com/world/2019/dec/02/china-brings-in-mandatory-facial-recognition-for-mobile-phone-users>

<sup>37</sup> <https://time.com/5814724/china-health-code-smartphones-coronavirus/>

<sup>38</sup> <https://www.theguardian.com/world/2020/jan/23/coronavirus-panic-spreads-in-china-with-three-cities-in-lockdown>



*While the world remained in ambiguity, the emergence of facemask diplomacy began*

Between late January and end of February, China made a rallying call to the world, it was facing a new, undisclosed threat and needed support – and the world responded. Collectively, countries from around the world donated more than 2 billion face masks and 25 million pieces of protective clothing, offering to support China in its hour of need. In total, according to figures from the China Customs, more than 2.46 billion pieces of medical supplies, valued at more than US \$1.2 billion, were received by National Customs in China, between January 24th – February 29th.<sup>39</sup>

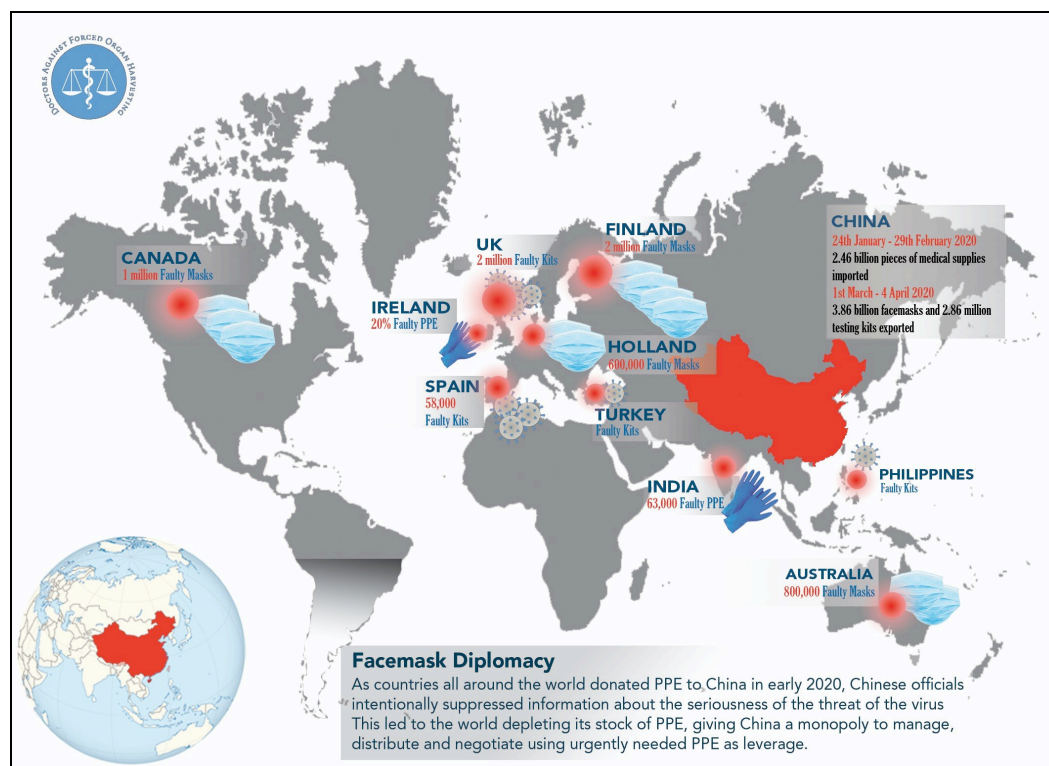


Figure 1: Facemask Diplomacy

During this period however, rather than gratefully receiving and distributing the donations, which were provided to help save Chinese lives, PPE was stockpiled and very hard to access in the regions throughout China, which needed them the most.<sup>40</sup> However, while the face masks and PPE were stockpiled, at an astonishing pace, information about this deadly new disease, which was crucially important for the countries who helped China, to take protective measures, was withheld and played down. The help in times of adversity was a one-way street, calling into question, whether the announced Silk Road is also a one-way road with China in driving direction.

As COVID-19 infections began to spread around the world in January and February, China saw a 'rapid growth in imports of commodities and key consumer goods'. Seeing the destruction and chaos that is being played out in every country, where the virus takes hold, it is hard to fathom that Chinese officials were not aware of the severity of the disease and its potential for global harm. So, the question must be asked, surround China's true motives

<sup>39</sup> <https://www.dailymail.co.uk/news/article-8178365/China-imported-2billion-masks-peak-coronavirus-crisis.html>

<sup>40</sup> [https://en.wikipedia.org/wiki/Shortages\\_related\\_to\\_the\\_2019%E2%80%9320\\_coronavirus\\_pandemic](https://en.wikipedia.org/wiki/Shortages_related_to_the_2019%E2%80%9320_coronavirus_pandemic)

in this crisis, with reports of countries being forced to buy back urgently needed medical supplies, which had originally been donated in good faith.

According to a senior White House official, executives from 3M and Honeywell had informed the White House that they had been prevented from exporting key medical supplies from their factories in China. This included the Chinese government blocking exports of all N95 respirators, gloves, boots and other medical supplies. Beijing began to 'corner the world market' in personal protective equipment (PPE), informing manufacturers that they would be paid standard wholesale rates, and would be prohibited from selling vital supplies to anyone else.

Between 1st March 2020 and 4th April 2020 China exported more than 3.86 billion face masks, 2.8 million COVID-19 testing kits and over 2.4 million infrared thermometers<sup>41</sup>, much of which has been sold, rather than donated, and the tagline of 'Made in China' has begun to have deadly connotations. No sooner had the shipments from China begun to arrive in such large volumes, so too began the outcry of sub-standard, faulty and even unlicensed PPE being rejected by countries all around Europe. The much-publicised efforts of support were in fact rather than helping actually putting medical professionals lives in danger, by creating a false sense of safety.

To date, the United Kingdom, Ireland, Spain, Holland, Czech Republic, Finland, Australia and India are among a growing list of countries that have been forced to return unusable and faulty PPE or testing kits. Many of the reports highlight sub-standard equipment as the reason for rejection, however perhaps one of the most troubling reports arose in Spain, one of Europe's hardest hit countries. The Chinese Embassy in Spain had to make a public statement, confirming, "Shenzhen Bioeasy Biotechnology, did not have an official license from Chinese medical authorities to sell its products".<sup>42</sup> Chinese officials have acknowledged this situation, but questions remain over how and why a country hit as hard as Spain, could possibly receive dangerous and unlicensed 'fake' PPE intended for hospitals and front line staff during a time of a global pandemic.

Attempts by the Chinese Communist Party to leverage a human tragedy, putting profit before people, at a time of a medical tragedy are troubling. Communist ideologies have been responsible for tens of millions of deaths, throughout the 20th and 21st century and is certainly no stranger to controversy, but some of the recent statements indicate the need for urgent action from the international community. According to report from *The Hill* Chinese officials "have recently stated that the regime will take advantage of the coronavirus pandemic to build a Health Silk Road."<sup>43</sup> Any situations, which position the CCP to capitalize and profit from the virus should be met with caution and questions. Why should the CCP be allowed to create or even consider a 'health silk road', when it was the actions of Chinese officials, suppressing data and instigating a campaign of disinformation, which has directly contributed to the spreading of this deadly disease around the world and thus created anything but health along its Silk Road?

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<sup>41</sup> <https://www.nytimes.com/2020/04/11/business/china-mask-exports-coronavirus.html>

<sup>42</sup> <https://www.bbc.com/news/world-europe-52092395>

<sup>43</sup> <https://thehill.com/opinion/international/490816-can-china-use-coronavirus-to-pave-the-way-to-a-new-world-order>

## 4. Concerns About the Chinese Red Cross Society

### *A state-controlled arm of the Chinese Communist Party*

The Red Cross is a symbol of humanitarian aid and medical support around the world. The International Committee of the Red Cross, as it is formally known, is a 3-times Nobel Prize Laureate,<sup>44</sup> honored and internationally respected as an independent charity. The Red Cross Society of China however, is a state-run government department,<sup>45</sup> which although consisting of medical professionals, is organized and controlled by officials from Beijing. The similarity in the name portrays an image of independence, which many would automatically assume to be correct, however the Chinese Red Cross Society (CRCS) is neither affiliated nor connected to the International Committee of the Red Cross.

Concerns about the CRCS are multi-faceted and connected to their ability to successfully function as a medical institution, effectively distributing and managing aid supplies on the ground, and when this is needed and coercive operations undertaken abroad by Chinese Communist Party members, under the misleading banner of a widely respected international body. Questions about the CRCS's ability to function during a major disaster have existed for years in the form of concerns about the management of aid and funds. The 2008 earthquake,<sup>46</sup> and the 'Guo Meimei affair' from 2011, where money was very publicly embezzled by internet celebrity Guo Meimei<sup>47</sup> have both been described as a PR disaster for the CRCS.

In February, 2020 the CRCS came under fire and intense scrutiny, at home and abroad, for its inability to distribute aid to the institutions most in need, and has been accused of stockpiling and mishandling urgently needed medical supplies in warehouses. In Wuhan, at the epicenter of China's COVID-19 outbreak leaked videos of CRCS officials providing local government officials with PPE at a time when hospitals urgently needed these caused outcry on Chinese social media.<sup>48</sup>

The Red Cross Society of Hubei province has become the target of public anger following the much-publicized problems and concerns about the distribution of medical supplies. China's civil affairs ministry announced that all public donations to Hubei had to be funneled through five government-backed charity organisations, while Wuhan remained under lockdown with thousands of people infected by the deadly CCP induced pandemic. The organisations are the Red Cross Society of Hubei, Hubei Charity General Association, their branches in Wuhan, and the Hubei Teenagers Development Foundation, which is affiliated with the Communist Party Youth League.

Ge Yunsong, a Peking University law professor, posted an article online in which he appealed to the Ministry of Civil Affairs to end the monopoly of these five organisations having the power to distribute public donations.<sup>49</sup> When PPE were actually being disrupted to hospitals, reports have highlighted how masks, urgently needed by hospitals treating COVID-19 patients, were sent to privately run hospitals that specialise in plastic surgery. Elements that indicate that the CRCS, as a state run department, has not learnt its lessons

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<sup>44</sup> <https://www.nobelprize.org/prizes/themes/the-red-cross-three-time-recipient-of-the-peace-prize>

<sup>45</sup> [https://en.wikipedia.org/wiki/Red\\_Cross\\_Society\\_of\\_China](https://en.wikipedia.org/wiki/Red_Cross_Society_of_China)

<sup>46</sup> <https://www.nationalreview.com/corner/chinese-red-cross-reviled-at-home-touted-abroad/>

<sup>47</sup> <https://www.theatlantic.com/china/archive/2013/05/does-anyone-trust-the-chinese-red-cross/275508/>

<sup>48</sup> <https://edition.cnn.com/2020/02/06/asia/red-cross-china-donations-intl-hnk/index.html>

<sup>49</sup> <https://www.scmp.com/news/china/society/article/3048512/china-red-cross-under-fire-poor-delivery-coronavirus-supplies>

from previous national emergencies. Nor too has it been able to demonstrate the depth of trust and competence required to warrant the much promoted narrative that the CRCS can act not only as the saviour of China but other countries around the world.

The links between the CRCS and the CCP become much more apparent, when one analyses the narrative that has been depicted of the CRCS's 'active role' in helping to stop the virus in other countries effected by outbreaks. Completely missing are the elements of how and where the virus originated from, and the campaign of covering up and suppressing information about the virus in its early stages. Instead, one will hear narratives of the unexplained and unproven success of China beating the virus on home soil followed by the trumpeting sound of medical professionals sent to other countries, supposedly demonstrating the superior capacity of the PRC.

Since CRCS officials have been arriving in Italy, and multiple European countries, questions have arisen about the motives of some of the actions undertaken by CRCS personnel. Reports emerged that in conjunction with CRCS' much publicised help, Huawei was attempting to set up cloud based 5G networks directly with hospitals in Wuhan.<sup>50</sup> This immediately caused concern about security, related to Italy's critical infrastructure and data protection. China's pursuit of establishing itself as Italy's 5G partner through the state affiliated company Huawei, is well documented.

Organizations like the CRCS, which is publicly known to be under state control, and Chinese companies like Huawei, capitalizing on situations and further establishing networks during a time of crisis causes concern. Huawei, which, despite concerns raised by numerous governments and reports, insists that it is independent, is directly linked to China's growing 5G network. Vicky Xu, researcher with the Australian Strategic Policy Institute's Cyber Policy Centre, found numerous examples of Huawei installing, managing and being responsible for China's escalating surveillance network. In Xinjiang, Huawei has been working directly with the Karamy Police Department – installing cloud-computing projects, creating and supporting a modular data centre for the Public Security Bureau of Aksu Prefecture and a sophisticated intelligent security industry innovation lab in the regional capital of Urumqi. Upon publication of her report in 2019 Vicky Xu stated, "The idea that Huawei is not working directly with local governments in Xinjiang is "just straight-up nonsense".<sup>51</sup>

Attempts by the CRCS and Huawei, to apparently capitalize on the vulnerability created by the CCP induced pandemic to push the CCP's agenda of wanting to establish itself as Italy's 5G provider, indicate that the motives of the help provided by the CRCS are not simply humanitarian. The question that has to be asked is why would a team of medical professionals push for the establishment of a service, shrouded by international concerns about privacy and surveillance, if they are not being directed to do so by Chinese officials from Beijing?

## **5. Cause and Effect - The Systematic Manipulation of Medical Data**

### *The deceptive narrative of SARS, COVID-19 and forced organ harvesting*

Reports of systematic manipulation and tampering of figures related to virus outbreaks or medical malpractice are not new situations for China. During the SARS outbreak from 2002,

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<sup>50</sup> <https://thediplomat.com/2020/03/china-italy-and-coronavirus-geopolitics-and-propaganda/>

<sup>51</sup> <https://www.theglobeandmail.com/amp/world/article-huawei-providing-surveillance-tech-to-chinas-xinjiang-authorities/>

Chinese officials were accused of covering up details about the situation in China and the disease itself.<sup>52</sup> Not only does it appear that China has not only not learnt the lessons from the 2002 SARS outbreak, but it has directly violated the International Health Regulations (IHR), which were updated after the original SARS outbreak. The updated IHR regulations apply to 'all events that may constitute a public health emergency of international concern'. The new regulations stipulate that information from all relevant official and non-official sources and independent experts must be listened to, along with requirement for deliberate transparent processes.<sup>53</sup>

The growing public acknowledgment, from senior political sources in the US and UK,<sup>54</sup> that Chinese officials have covered up the true extent of the outbreak of the COVID-19, indicate that China has failed to comply with IHR regulations governing the response to an event, which could cause a public health emergency.

The WHO has come under fire for repeatedly issuing statements praising the efforts of Chinese officials and their response, during the initial stages while the virus was establishing itself in Wuhan. Dr. Tedros Adhanom Ghebreyesus, Director General of the WHO, has publicly praised China's 'transparency' over the outbreak,<sup>55</sup> while independent reports suggest transparency has been clearly restricted. This is not the first time that the relationship between the WHO and Chinese officials has been called into question. Since 2006, there have been numerous independent reports documenting the illegal practice of forced organ harvesting from Falun Gong practitioners and other prisoners of conscience throughout China. As the world has failed to adequately respond to or investigate these reports, the accounts and details coming out of China have grown in severity. In 2016, in a report titled 'Bloody Harvest / The Slaughter – an update'<sup>56</sup> estimated that there were between 60,000 – 100,000 illegal organ transplants taking place each year in China. When delegates of the WHO joined an inspection visit of Chinese transplant hospitals in 2017, the delegation visited hospitals that were preselected, but it did not independently investigate forced organ harvesting of Falun Gong practitioners. Yet, after the visit transplant experts and WHO delegates who were part of the delegation projected the assessment that China would abide by WHO ethical standards. Medical professionals and independent investigators have described the assessments that emerged from those staged hospital visits as willful blindness and negligence.

In 2018, an independent Tribunal was established by ETAC (International Coalition to End Transplant Abuse in China) to investigate forced organ harvesting. The Tribunal, which was chaired by Sir Geoffrey Nice QC, former lead prosecutor at the UN's International Criminal Tribunal for the Former Yugoslavia, conducted a robust, year long investigation, which including hearing testimonies from more than 50 fact witnesses and lead investigators. The Tribunal issued its verdict in June 2019, declaring that "forced organ harvesting has been committed for years throughout China on a significant scale and that Falun Gong practitioners have been one – and probably the main – source of organ supply" and "crimes against humanity against the Falun Gong and Uyghurs has been proved beyond reasonable doubt".<sup>57</sup> Another fatal, decade long omission of the WHO's duty to oversee health related concerns.

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<sup>52</sup> <https://www.theguardian.com/world/2003/apr/09/sars.china>

<sup>53</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1315361/>

<sup>54</sup> <https://www.dailymail.co.uk/news/article-8172369/China-tried-cover-coronavirus-not-telling-truth.html>

<sup>55</sup> [https://www.washingtonpost.com/world/asia\\_pacific/chinese-officials-note-serious-problems-in-coronavirus-response-the-world-health-organization-keeps-praising-them/2020/02/08/b663dd7c-4834-11ea-91ab-ce439aa5c7c1\\_story.html](https://www.washingtonpost.com/world/asia_pacific/chinese-officials-note-serious-problems-in-coronavirus-response-the-world-health-organization-keeps-praising-them/2020/02/08/b663dd7c-4834-11ea-91ab-ce439aa5c7c1_story.html)

<sup>56</sup> [https://endtransplantabuse.org/wp-content/uploads/2017/05/Bloody\\_Harvest-The\\_Slaughter-2016-Update-V3-and-Addendum-20170430.pdf](https://endtransplantabuse.org/wp-content/uploads/2017/05/Bloody_Harvest-The_Slaughter-2016-Update-V3-and-Addendum-20170430.pdf)

<sup>57</sup> <https://chinatribunal.com/final-judgment/>

The concerns relating to China's well documented and growing illegal organ transplant industry have been further increased, following multiple reports of 'emergency' double lung transplants for patients suffering from COVID-19 (Fig. 2). Reports of emergency double lung transplants, on patients suffering from a relatively unknown pathogen stand out, because of the added risk that the virus would again infect the transplanted organs. In terms of procedure, lung transplants by their nature are very complicated and require additional measurements to be matched, before a transplant can be performed. In addition to matching a person's blood and tissue type, the size/height of donor and recipient must be similar, otherwise the transplanted lungs would not be able to function correctly. More than this, the American Society of Transplantation (AST) has stated, "the difficult part about a double lung transplant is, it can be hard to get two perfect lungs from one donor. Because of this, patients often have to wait longer for double lung transplants than for single lung transplants"<sup>58</sup>

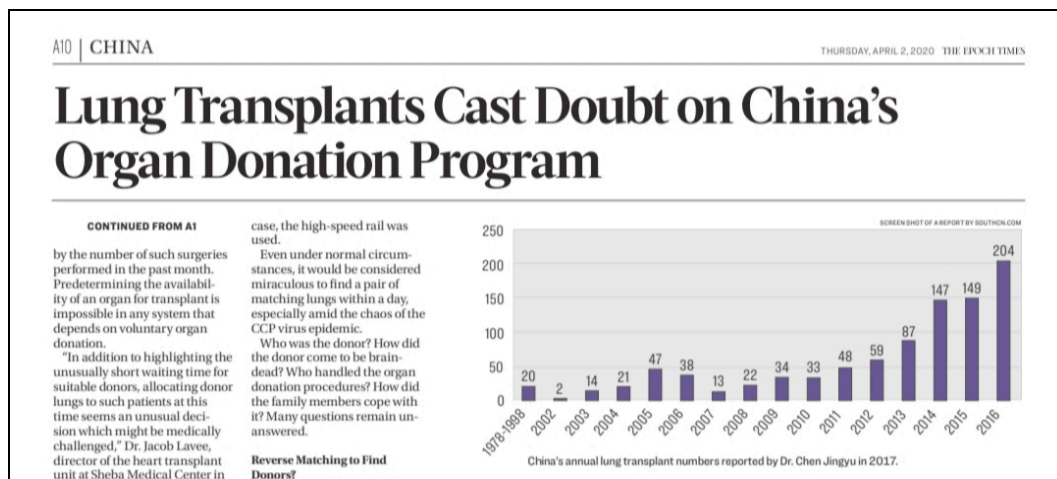


Figure 2: Courtesy of The Epoch Times, April 2nd, 2020

Internationally, the average waiting time for a lung transplant is between 3 – 6 months, and dependent on the recipients blood and tissue group this may be longer.<sup>59</sup> When reports emerged on the 29th February 2020,<sup>60</sup> that Chinese medical professionals were promoting a successful emergency double lung transplant, questions about the source of the donor were raised. The reports described that the donor was 'brain dead' and have left medical professionals questioning the circumstances and speed of the transplantation, as the donor was sourced and found within a matter of days. Further reports then emerged, of similar procedures, in similar circumstances on 1st March, 8th March and 11th March 2020.<sup>61</sup> The connotations of having four similar procedures, in what can only be described as unexplained circumstances, following the judgment of the China Tribunal leads one to very uncomfortable conclusions.

The connections between forced organ harvesting and religious persecution have been continually raised by activists, NGOs and concerned groups since the initial reporting of this in 2006. As reports of organ transplants centers, being established on a commercial scale, have emerged, the links between religious persecution and illegal forced organ extraction

<sup>58</sup> [https://www.myast.org/sites/default/files/pdfs/getting\\_new\\_lung\\_0.pdf](https://www.myast.org/sites/default/files/pdfs/getting_new_lung_0.pdf)

<sup>59</sup> <https://my.clevelandclinic.org/health/articles/9971-lung-transplant-finding-an-organ-donor>

<sup>60</sup> <https://www.dailymail.co.uk/news/article-8064683/Chinese-surgeons-conduct-double-lung-transplant-coronavirus-patient-new-treatments.html>

<sup>61</sup> [https://www.theepochtimes.com/lung-transplants-cast-doubt-on-chinas-organ-donation-program\\_3290203.html](https://www.theepochtimes.com/lung-transplants-cast-doubt-on-chinas-organ-donation-program_3290203.html)

have become synonymous. In the 1990's Falun Gong was the largest qi-gong meditation practice in China, with between 70 – 100 million practitioners throughout China at its peak. During those years Falun Gong enjoyed highest regard and recognition throughout China. In 1999, the CCP instigated its largest ever campaign of persecution and suppression, against this spiritual practice seemingly because it deemed it a threat as the practice had become too popular. The persecution began after former Chinese president Jiang Zemin issued an order to 'eradicate Falun Gong'<sup>62</sup> and very soon after this order was issued alarming reports started to surface that Falun Gong practitioners were specifically being targeted for forced organ harvesting.

The link between intent of religious persecution and forced organ harvesting faced by Falun Gong practitioners in China, for more than 21 years, has been explored by the academic paper 'Cold Genocide: Falun Gong in China'.<sup>63</sup> This paper has been peer reviewed by the International Association of Genocide Scholars and is currently registered as number one in their chart for most popular papers. Cold Genocide investigates how Falun Gong has been the target of physical, psychological, social and spiritual persecution while demonstrating the attempts of the CCP to normalize this in modern Chinese society and the subtle ways in which this has been achieved.

Another telling illustration of how the threat of religious persecution in China has escalated beyond simply human rights concerns into an all together far more serious and threatening human rights tragedy is the ongoing persecution faced by Uyghur Muslims. Since 2017, the Uyghur autonomous region of Xinjiang has been subjected to vastly increased levels of surveillance and control by CCP officials. This has been characterized by the emergence of large scale 'labour camps' which have come to dominate the landscape in Xinjiang.

On 1st November 2017, Xinhua News Agency published reports describing how 18.8 million residents, much of who originated from Xinjiang, had undergone mandatory medical testing under the "Physicals for All program".<sup>64</sup> In December 2017 Sophie Richardson, China director at Human Rights Watch stated "The mandatory databanking of a whole population's biodata, including DNA, is a gross violation of international human rights norms, and it's even more disturbing if it is done surreptitiously, under the guise of a free health care program".<sup>65</sup>

In August 2018, the UN publicly raised concerns about the treatment of Uighurs, and Gay McDougall, a member of the U.N. Committee on the Elimination of Racial Discrimination went on record to state, "We are deeply concerned at the many numerous and credible reports that we have received that in the name of combating religious extremism and maintaining social stability [China] has changed the Uighur autonomous region into something that resembles a massive internment camp that is shrouded in secrecy, a sort of 'no rights zone'".<sup>66</sup>

The persecution, which has been applied and geo-targeted in Uyghur autonomous region of Xinjiang, is a refinement of the methods that have been deployed against Falun Gong practitioners for more than 20 years. The process of mass forced collection of bio-metric data, large scale arbitrary imprisonment, accompanied by reports of organ harvesting faced by Uyghurs

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<sup>62</sup> <https://scholarcommons.usf.edu/gsp/vol12/iss1/6/>

<sup>63</sup> <https://scholarcommons.usf.edu/gsp/vol12/iss1/6/>

<sup>64</sup> <https://www.hrw.org/news/2017/12/13/china-minority-region-collects-dna-millions>

<sup>65</sup> <https://www.newsweek.com/china-gathering-blood-dna-iris-massive-database-millions-muslim-province-746529>

<sup>66</sup> <https://www.reuters.com/article/us-china-rights-un/u-n-says-it-has-credible-reports-that-china-holds-million-uyghurs-in-secret-camps-idUSKBN1KV1SU>

is a product of the failure of the international community to appropriately respond to the concerns which have been raised publicly since 2006.

The observations and attention of international media, responding to reports of large-scale imprisonment of Uyghurs in Xinjiang, is vastly different to the reaction of the media in 1999 when the persecution of Falun Gong was instigated. The capacity of the media to help shine a light on suffering and conflict has grown as the internet has opened up global communications as never before. A question that has not been appropriately addressed by either international media or governments is the consequence of the silence, which was not present when the persecution of Falun Gong was intensified. When one considers the scale of the reports which have arisen from the persecution faced by many in Xinjiang, with a population of approximately 20 million people, with the magnitude of the persecution of Falun Gong faced by more than 70 million people throughout China, the disparity of media and government attention is alarming.

As the media scrutiny and international attention on Xinjiang developed, the response from Chinese officials changed. Initially, there was complete denial that of any wrong doing with CCP officials declaring there was “no such thing”<sup>67</sup> and then as international awareness of the situation grew, the announcements evolved to declare that the labour camps would now be called ‘vocational training centers’, and become commonly referred to as ‘party re-education camps’. This was followed by steps taken to normalize this process, by introducing laws legalizing and governing the use of these camps, under the pretence of “combating extremism”.<sup>68</sup>

Another aspect, which could be described as subtle, or perhaps not so subtle, is the continued attempts by Chinese officials and the CRCS to control and narrate the flow of information it publishes. Data provided by the CRCS has regularly raised questions, relating to the authenticity of the information, and non more so than with data provided in relation to statistics on organ donation in China. In November 2019 a BMC Medical Ethics reviewed paper titled ‘Analysis of official deceased organ donation data casts doubt on the credibility of China’s organ transplant reform’<sup>69</sup> was published, providing a detailed analysis of data supplied by the CRCS and other programs. The paper concluded that there was a ‘systematic falsification and manipulation of official organ transplant datasets in China, which are related to the CRCS among others.

With reports concluding that the systemic manipulation of data is rife in China today along with situations as serious as crimes against humanity, the question lingers as to why the WHO has repeatedly stated that “the view of the World Health Organization remains that China is implementing an ethical, voluntary organ transplant system, in accordance with international standards”.<sup>70</sup> These views are being expressed in tandem to publicly stating it has “concerns about transparency”<sup>71</sup> in relation to China’s organ transplant system, and even more alarming is that “the evidence that it uses is based on the self-assessment made by the country that is a signatory, and in this case that is China”.<sup>72</sup>

For the WHO to issue public reassurances, which are relied on by governments around the world, on situations as serious crimes against humanity and for these assurances to be backed up by the self-assessment of the very perpetrators which are being accused, lacks

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<sup>67</sup> <https://www.nytimes.com/2018/08/13/world/asia/china-xinjiang-un.html>

<sup>68</sup> <https://www.bbc.com/news/world-asia-45812419>

<sup>69</sup> <https://bmcmethics.biomedcentral.com/articles/10.1186/s12910-019-0406-6>

<sup>70</sup> <https://hansard.parliament.uk/lords/2020-03-02/debates/E84C6B2C-14D5-4FDD-AA52-62B742412C13/OrganTraffickingSanctions>

<sup>71</sup> <https://hansard.parliament.uk/lords/2020-03-02/debates/E84C6B2C-14D5-4FDD-AA52-62B742412C13/OrganTraffickingSanctions>

<sup>72</sup> <https://hansard.parliament.uk/Lords/2019-07-25/debates/341A8E55-95DE-4689-8023-E0D5DDCCC254/ChinaOrganHarvesting>



rationality and common sense. When systems like this are allowed to remain in place, it provides the foundation for mistakes to be made. The WHO leadership was directly involved in delaying the WHO's decision to upgrade COVID-19 to a global pandemic, and questions about what investigations were conducted by the WHO, to lead them to their conclusions remain unanswered.

In 2003, after receiving reports of 150 cases of a new respiratory disease in China, SARS, the “WHO immediately issued emergency travel recommendations to alert health authorities, physicians and the travelling public to what was now perceived to be a worldwide threat to health”.<sup>73</sup> These alerts were prompt and delivered the intended aim of preventing this new disease from spreading, and kept the number of additional global cases to a minimum. In 2020, the WHO has applied a vastly different approach, which has drawn a devastatingly different outcome. The WHO waited until the 30th January 2020, when there were reports of as many as 9,823 cases, to issue a statement declaring that the outbreak of COVID-19 was “a public health emergency”,<sup>74</sup> and then until 11th March 2020, to declare “a global pandemic”.<sup>75</sup>

In 2020, with the additional support of the upgraded IHR, which were designed to improve responses to potential viral outbreaks, the WHO waited until there were 118,000 reported cases and 4,291 confirmed deaths, before declaring the situation a global pandemic. The rationale for such a varied response between the two outbreaks is unexplained, as is the WHO's stance, of continuing to advise “against the application of travel or trade restrictions to countries experiencing COVID-19 outbreaks”.<sup>76</sup> The consequences of these delays and the WHO repeating Chinese claims about the CCP induced pandemic have had disastrous and deadly consequences around the world.

## 6. Timeline – How COVID-19 Unfolded

Date	Event
17th November, 2019	The first person is infected; a 55 year-old from Hubei Province- according to the South China Morning Post, citing government documents.
1st December, 2019	The earliest documented patient, a man in his 70s who was bedridden from a stroke, falls ill. He has no connection with the Wuhan seafood market. This case is one week earlier than the official account, which says the first patient appeared on Dec. 8
Mid December, 2019	First evidence appears of human-to-human transmission among close contacts, according to a study published in The New England Journal of Medicine on Jan. 29.

<sup>73</sup> <https://www.who.int/mediacentre/news/releases/2003/pr23/en/>

<sup>74</sup> <https://www.npr.org/sections/goatsandsoda/2020/03/11/814474930/coronavirus-covid-19-is-now-officially-a-pandemic-who-says?t=1587665177525&t=1587665288374>

<sup>75</sup> <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

<sup>76</sup> <https://www.who.int/news-room/articles-detail/updated-who-recommendations-for-international-traffic-in-relation-to-covid-19-outbreak>

27th December, 2019	A Chinese lab sequences most of the virus genome from samples from a 65-year-old patient and reports the findings to Wuhan health officials and the state affiliated Chinese Academy of Medical Sciences.
30th December, 2019	Dr. Ai Fen, a director of the emergency department at Wuhan Central Hospital, shares a report of a contagious, SARS-like virus in her department group chat on WeChat, a Chinese social media platform. She is later reprimanded by her hospital for "'spreading rumors."
30th December, 2019	Dr. Li Wenliang of Wuhan shares the report with his former medical school classmates on WeChat, warning them to take precautionary measures.
30th December, 2019	Later that day, Wuhan Central Hospital transmits a notice from the Wuhan Health Commission that warns health workers not to spread information about the "unknown pneumonia," or face potential penalties.
30th December, 2019	Wuhan Health Commission issued an urgent notice, asking hospitals to report any "pneumonia patients with unknown causes.
31st December, 2019	Wuhan Health Commission confirms 27 cases of an unknown pneumonia disease, but said it was "preventable". It also says that there have been no infections of health workers, and no apparent evidence that the disease can spread between people.
31st December, 2019	Chinese authorities notify the World Health Organization (WHO) about the outbreak.
1st January, 2020	A Hubei Provincial Health Commission official tells a genomics company to stop testing virus samples and to destroy all existing samples.
1st January, 2020	Local police summon eight Wuhan medical workers who had shared information about the virus online and reprimand them for "rumor mongering."
2nd January, 2020	A government-run virology lab in Wuhan obtains the full virus genome. This information is not made public until seven days later.

2nd January, 2020	The PLA Naval University of Engineering in Wuhan, a military university, bans entry to visitors whose body temperature is over 100.4 degrees Fahrenheit, according to a leaked internal note.
3rd January, 2020	Local police call in Dr. Li Wenliang and reprimand him for "rumor mongering."
4th January, 2020	Hong Kong activates a "serious response" level to the outbreak. Beijing sends a team of medical experts to Wuhan.
7th January, 2020	Dr. Li Wenliang contracts the virus while treating an infected patient. He later dies on Feb. 7.
7th January, 2020	Chinese leader Xi Jinping gets involved in the response by issuing the first containment order. This isn't made public until February.
9th January, 2020	Xu Jianguo, a lead expert in the response team, tells Chinese state media that researchers mapped the full virus sequence two days earlier and believes it's a new coronavirus.
11th January, 2020	Chinese health authorities share the genome sequence with the WHO
11th January, 2020	Two Important CCP conferences are held in Wuhan. On Jan. 11, Wuhan health officials reported a drop in the number of infections. For the remainder of the conferences, they report no new cases.
13th January, 2020	Thailand confirms its first infection; a Chinese tourist who traveled from Wuhan is the first known case outside China.

14th January, 2020	The WHO says that Chinese authorities had found no clear evidence of human-to-human transmission. It also notes "limited human-to-human transmission, potentially among families" is possible.
15th January, 2020	China and the US sign a new trade agreement, obligating China to buy US \$200 Million of American Goods in exchange for the US easing tariffs imposed on Chinese exports
15th January, 2020	The person who will become the first confirmed U.S. case, a man from Washington state, returns from Wuhan.
15th January, 2020	Chinese officials say that the risk of human-to-human infection is low.
16th January, 2020	Japan reports its first case, a Chinese national from Wuhan, becoming the second foreign country to confirm an infection from the virus. The man tested positive between Jan. 10 and Jan.15.
18th January, 2020	Local officials hold an annual potluck banquet in Wuhan's Baibuting community for 40,000 families, despite a request by committee staff to cancel it. Beijing dispatches a second panel of health experts to Wuhan.
20th January, 2020	Famed Chinese doctor Zhong Nanshan, who is part of China's response team, confirms that the disease can spread from human to human. He notes that one patient had infected 14 health care workers.
20th January, 2020	By the end of the month, more than 3,000 health care workers will be infected in Hubei Province, as revealed by a Chinese official on March 6.
20th January, 2020	South Korea reports its first case, a 35-year-old Chinese woman who traveled from Wuhan.

20th January, 2020	Chinese leader Xi Jinping makes his first public remarks about the disease in a speech reported by Chinese state media, calling on authorities to take swift actions to combat the outbreak,.
21st January, 2020	The United States, the first country outside of Asia, confirms its first case. A man from Seattle tested positive on Jan. 20.
23rd January, 2020	Wuhan imposes a lockdown. By then, around 5 million people had left the city without being screened for the virus. A study published in Science magazine on March 16 estimates 86 percent of all infections were undocumented prior to the Jan. 23 travel restrictions.
24th January, 2020	Thirteen other cities in Hubei Province, whose capital is Wuhan, are placed under lockdown. Hubei authorities announce a bid to build a temporary hospital in days. Chinese Lunar New Year festivities begin. Prior to that, hundreds of millions of Chinese travel around the country to celebrate the occasion with family.
27th January, 2020	Authorities in Hubei Province say they will free up 100,000 hospital beds for patients.
27th January, 2020	Wuhan Mayor Zhou Xianwan concedes that disclosures of the outbreak were not timely and attempts to shift blame to the central government, saying he needed permission from higher ups before releasing information.
27th January, 2020	Beijing extends the New Year holiday to Feb. 2 and closes schools indefinitely.
28th January, 2020	U.S Health and Human Services Secretary Alex Azar says Beijing declined an offer to send a team of health experts to China. On Feb.7, he will say the United States had been offering for more than a month.
30th January, 2020	The WHO declares the outbreak a global health emergency.

## 7. History Repeating Itself — The Deception Protocol

### *ADHDP – Acts, Denial, Hiding, Disinformation, Profiteering*

The consequences of the actions during the crucial early stages of detection and the failure to act or report on these developments, by the CCP have had a direct and significant effect on the outbreak of COVID-19. The ramifications of the CCP's actions, in relation to the virus, are now being witnessed in every corner of the world and by the millions of people who have contracted the infection. The nature of these actions however is not something that is singular, either in terms of its approach or the deadly consequences, which have been felt.

History has stood by and watched, as the consequences of actions led by the CCP have had a graver and more severe impact, while the international community has failed to respond. Over the past 20 years there have been numerous examples of actions from the CCP, which have followed a very similar pattern and model. DAFOH has found that when comparing the SARS outbreak from 2002, the COVID-19 pandemic which is currently gripping the world and the practice of forced organ harvesting (Fig. 3), the actions of the CCP can be formulated into the following sections — Acts, Denial, Hiding, Disinformation and Profiteering — composing a sequence of patterns that can be described as Deception Protocol (Fig. 4).

Comparison: SARS, Covid-19, FOH			
	SARS	COVID-19	FOH**
COUNTRY OF ORIGIN	Guandong province, China	Hubei province, China	China
FIRST REPORTED	First reported in November 2002	First reported in November 2019	First testified in 2001*
CASES	8,098	More than 2,600,000 worldwide	60,000 - 100,000 annually
DEATHS	774	More than 185,000 people worldwide	Estimated > 1 million
WHO RESPONSE	Issues a global alert for a severe form of pneumonia on March 12, 2003	Declared emergency on Jan 30 and pandemic on March 11, 2020	Has not conducted a meaningful investigation*
PERIOD ACTIVE	2002 - 2004	November 2019 - present	2001 - present

\*While the date of the first forced organ harvesting remains unknown, the first official testimony about this is the testimony of Dr. Wang Guoqi, a Chinese Medical Doctor, who testified in front of the House of Representatives subcommittee on human rights. See page 114 on [http://commdocs.house.gov/committees/intlrel/hfa73452.000/hfa73452\\_Of.htm](http://commdocs.house.gov/committees/intlrel/hfa73452.000/hfa73452_Of.htm)

\*\* FOH - Forced Organ Harvesting

Figure 3: Comparison of SARS, COVID-19 and Forced Organ Harvesting

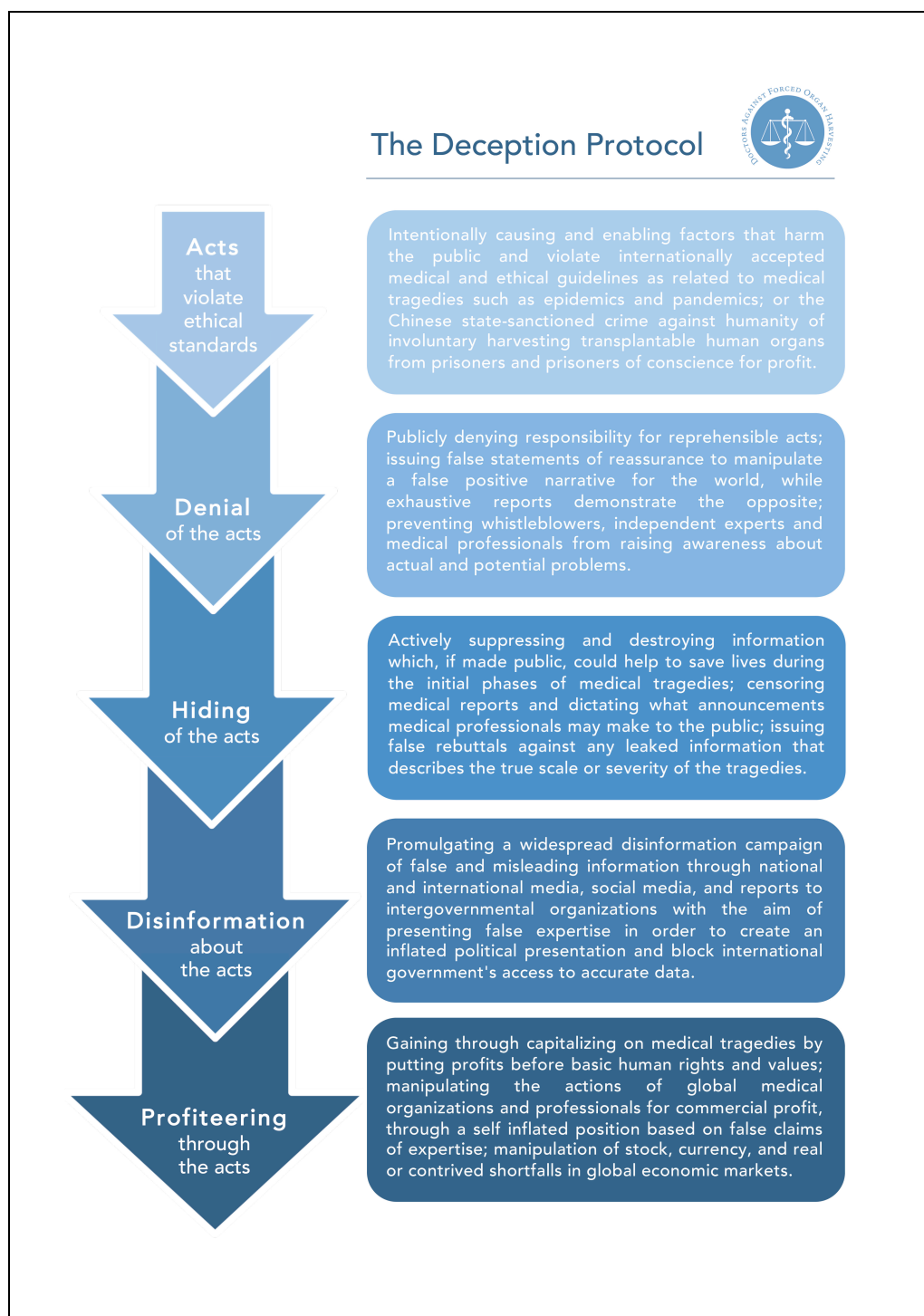


Figure 4: The Deception Protocol

### 1) Acts that violate ethical standards

On 11th March 2020, the WHO declared the COVID-19 outbreak was a global pandemic, after weeks of playing down the threat of the situation, thanks, in no small part, to the

actions of the CCP. The WHO released a statement<sup>77</sup> urging governments to take and aggressive action to help stop the spread of this new and extremely contagious disease. When faced with a situation of an emerging disease, with the potential ferocity as that faced by the COVID-19, one would expect governments to respond with urgency, transparency and with the will to help stem the threat by all means possible.

The CCP's actions during the early stages of the 2020 pandemic have mirrored the actions, which were taken during the SARS outbreak of 2002.<sup>78</sup> After the SARS epidemic of 2002 – 2003, the WHO reformed its regulations through the International Health Regulations (IHR). The fact that the actions, or absence of actions by the CCP led to an epidemic which caused more than 8,000 cases and 810 deaths should have been a key factor in preparing China to be much more equipped to deal with the threat posed by respiratory diseases. However rather than learning from the lessons from previous experiences, the CCP has repeated and even worsened its approach with the 2019 pandemic, leading to such deadly consequences.

International human rights laws guarantee everyone the right to the highest attainable standard of health and obligates governments to take steps to prevent threats to public health and to provide medical care to those who need it. The United Nations International Covenant on Economic, Social and Cultural Rights,<sup>79</sup> which most countries have adopted, states everyone has the right to “the highest attainable standard of physical and mental health.” Governments are obligated to take effective steps for the “prevention, treatment and control of epidemic, endemic, occupational and other diseases.” The covenant also decrees, that “The right to health is closely related to and dependent upon the realization of other human rights”.

When one considers the most basic of human rights, the right to health and life itself, with the tragedy of illegal state sanctioned forced organ harvesting in China, then the disregard of internationally accepted obligations becomes apparent. A practice, that has suffered a similar fate to the escalation between the outbreaks of SARS and then COVID-19. After the China Tribunal declared that ‘Crimes Against Humanity’ had been committed, beyond any reasonable doubt, and that China was, for all intense purposes a ‘criminal state’<sup>80</sup> it was clear that as a result of inaction the degree of crimes and the seriousness of the situation had become much more severe.

In June 2019, Chinese doctors participated in a ceremony, aimed to revive the Hippocratic Oath in Greece, which was much published in Chinese media.<sup>81</sup> The Chinese government has failed, in practice, to endorse or support one of the most recognised and trusted ethical standards around the world – that doctors and medical professionals are the people society trusts the most. As one of the most widely known elements of the Hippocratic Oath,<sup>82</sup> doing no harm is first and foremost. Knowing of a contagious, harmful virus but failing to warn others, violates basic ethical standards. Forced organ harvesting, too, violates ethical standards and is criminal.

## 2) Denial of the acts

The initial phase of any epidemic or pandemic are crucial for limiting the spread and threat of the disease, and so is recognising the signs of a potential epidemic or pandemic and

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<sup>77</sup> <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>

<sup>78</sup> [https://en.wikipedia.org/wiki/2002%E2%80%932004\\_SARS\\_outbreak](https://en.wikipedia.org/wiki/2002%E2%80%932004_SARS_outbreak)

<sup>79</sup> <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>

<sup>80</sup> <https://chinatribunal.com/final-judgment/>

<sup>81</sup> [http://www.xinhuanet.com/english/2019-06/13/c\\_138138255.htm](http://www.xinhuanet.com/english/2019-06/13/c_138138255.htm)

<sup>82</sup> <https://www.medicinenet.com/script/main/art.asp?articlekey=20909>



responding appropriately. The IHR regulations were targeted for criticism in the wake of the 2002 SARS outbreak, which led to the inclusion of key criteria, opening up international regulations so that official government reports would not be the only accepted source of information.

The public denial of acts reminds of SARS and COVID-19. When the first clinical evidence of COVID-19 emerged in Wuhan, Chinese authorities failed to warn the public for weeks and harassed, reprimanded, and detained those who did, while simultaneously issuing public statements that there was no cause for alarm. In 2002, when SARS initially first appeared, Chinese military surgeon Dr. Jiang Yanyong,<sup>83</sup> was publicly reprimanded and eventually served 45 days in a military jail<sup>84</sup> for attempting to reveal the reality of SARS to Chinese media. While Dr. Yanyong's attempts were prevented from being broadcast in China, this was however leaked to western media. Dr. Yanyong was honoured in 2004 with the Ramon Magsaysay Award for Public Service, with the board recognising "his brave stand for truth in China, spurring life-saving measures to confront and contain the deadly threat of SARS".<sup>85</sup>

On 30th December 2019. Dr. Li Wenliang sent "a message to a group of fellow doctors warning them about a possible outbreak of an illness that resembled severe acute respiratory syndrome (SARS) in Wuhan".<sup>86</sup> His actions were founded on experience and concern for the well being of his colleagues and the patients he was trying to treat. However, once news of Dr. Wenliang's messages had reached Chinese officials he was visited at home by security services who 'accused him of "making false statements" and "actioning illegally to disturb social order", and was then forced to sign a statement saying he will not discuss the disease anymore.<sup>87</sup>

The similarities in the treatment of two medical professionals, who were motivated by the aim of helping others, is compelling. Dr. Yanyong, now aged 88, was commended internationally for his efforts to go against the system in China, at a time of crisis, while Chinese officials have not treated him with the same accolades. Since his efforts to raise the alarm in 2002, he has been subjected to harassment and since April 2019 been under house arrest, for writing a letter to senior officials encouraging a "reassessment of the 1989 Tiananmen Square pro-democracy movement".<sup>88</sup> Dr. Wengliang, while treating the very patients he was trying to warn, contracted and died from the disease he tried to make the public aware of. It appears that speaking up against the CCP's narrative during the initial stages of an epidemic or pandemic result in a life sentence in one form or another.

Denial, in the process of the act, is a trend, which has been documented continuously in relation to forced organ harvesting. The threat of speaking out against the tyranny, which has encapsulated the Chinese medical field, has been prevalent since the reports detailing this practice first emerged. The process of intimidating medical professionals and preventing them from speaking up against crimes against humanity and acting to stop this, goes against the very ethical principles which safeguard the medical profession. A probably widely spread form of denial can also manifest as silence. Although forced organ harvesting from prisoners of conscience in China has been investigated to exhaustion, the abusive practice itself as well as its beneficiary, the transplant tourism, are covered in silence for too long.

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<sup>83</sup> [https://en.wikipedia.org/wiki/Jiang\\_Yanyong](https://en.wikipedia.org/wiki/Jiang_Yanyong)

<sup>84</sup> <https://www.nytimes.com/2004/07/21/world/china-releases-the-sars-whistle-blower.html>

<sup>85</sup> <https://web.archive.org/web/20070614083317/http://www.rmaf.org.ph/Awardees/Citation/CitationJiangYan.htm>

<sup>86</sup> [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(20\)30382-2/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30382-2/fulltext)

<sup>87</sup> <https://www.theguardian.com/world/2020/feb/06/li-wenliang-coronavirus-whistleblower-doctor-profile>

<sup>88</sup> <https://www.theguardian.com/world/2020/feb/09/sars-whistleblower-doctor-under-house-arrest-in-china-family-confirms-jiang-yanyong>

### 3) Hiding of the acts

Hiding information and covering up crucial details, are both facts, which are synonymous with the outbreaks of SARS and COVID-19. By suppressing information the CCP creates an atmosphere of “false safety”, which can be more deadly than a pathogen that is properly concealed. Covering up and providing false or misleading information is also a key factor in the concerns about organ transplant processes in China. This common trait, which is used to express the narrative dictated by CCP officials, means that medical professionals and the public are both at risk for either passively or actively contributing to situations, which in reality, are beyond their control.

As the concerns about SARS were growing, Chinese authorities reacted by keeping information restricted to senior officials. On 2nd January 2003, a team of medical experts was sent to Heyuan, to assess reports of a new disease. The case is referenced as ‘Hai and Hua’ who were both diagnosed with an unknown virus.<sup>89</sup> Reports continued to surface about this new strand of virus and on the 20th January 2003, a team of medical experts who were sent by the Chinese Ministry of Health, arrived in Guangzhou to investigate reports of this new respiratory disease. They reported their findings on 27th January 2003, referencing an unknown disease, and this was sent to the local provincial health bureau and Beijing’s Ministry of Health, designated as ‘top secret’, meaning only senior health officials could read the files.<sup>90</sup>

The delays were prolonged by the fact there were no local officials senior enough to read the report for 3 days, due to the Chinese New Year celebrations. Throughout February information about the disease was continually suppressed. On 8th February 2003, reports of bird flu started to appear on internet sites, and on 10th February 2003, local media acknowledged the existence of the disease and encouraged some preventative measures. Then on 11th February 2003, the Guangzhou city government announced the illness was “comprehensively” under effective control and on 23rd February 2003, the provincial propaganda bureau halted all reporting of the disease.<sup>91</sup> This approach continued throughout March, and the WHO was provided with very little details. There was no official announcement from officials in Beijing until 2nd April 2003, by which time SARS had had sufficient time to expand into different regions, as no preventative measures had been put in place.

The failures of Chinese officials in 2002 / 2003 to appropriately respond to reports from concerned health professionals in a timely manner, has been repeated in 2019 / 2020, this time with much more serious consequences. Following the efforts of whistle-blowers like Dr. Wenliang and Dr. Ai Fen, who was the first doctor to publicly raising concerns about COVID-19, and who has now been reported as ‘missing’,<sup>92</sup> the CCP has regularly hidden information from the public. By 27th December 2019, Wuhan had 180 confirmed cases of the virus, yet waited until 3 days later, on 30th December 2019, to notify the WHO, while making no attempts to inform the Chinese public.

Details have emerged that Chinese officials, during a secret meeting, had determined that they were facing a pandemic on January 14th, but took no action to release this information

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<sup>89</sup> <https://www.ncbi.nlm.nih.gov/books/NBK92454/#ch2.r31>

<sup>90</sup> <https://www.ncbi.nlm.nih.gov/books/NBK92479/>

<sup>91</sup> <https://www.ncbi.nlm.nih.gov/books/NBK92479/>

<sup>92</sup> <https://rsf.org/en/news/whistleblowing-doctor-missing-after-criticizing-beijings-coronavirus-censorship>

publicly until January 20th.<sup>93</sup> These six crucial days, not only allowed for the virus to spread unchecked, but officials in Wuhan, the area suspected of being the epicentre of the outbreak, attempted to break a Guinness World Record for the largest ‘pot luck banquet’ ever hosted, involving more than 40,000 families.<sup>94</sup> According to a report from NTD Television, “committee staff asked local authorities to cancel the gathering over fears of the coronavirus but authorities refused their request”.<sup>95</sup> Intentionally suppressing information about a suspected pandemic, and then allowing for public events like this to go ahead, are not only reckless but in fact criminal. As a direct consequence of these decisions, by senior CCP officials, thousands of people were infected in Wuhan, and then allowed to travel domestically and internationally instigating the start of the spread of the virus, which evolved into a global pandemic.

False and misleading information, which has been made to portray an image of “false safety”, has routinely been documented by researchers investigating forced organ harvesting. Examples of data which causes concern include: between 1977 and 2009, China performed according to its own data about 120,000 organ transplants, and Chinese officials have admitted to have had only 130 organ donors during this period. Information from China’s Organ Transplant Response System (COTRS) states that China’s organ transplant programs has gone through a period of extraordinary growth. The report ‘Analysis of official deceased organ donation data casts doubt on the credibility of China’s organ transplant reform’ found that “from 2010 to 2018, annual voluntary deceased donors went from 34 to 6316, an increase by 185 times; kidneys and livers transplanted went from 63 in 2010 to 10,481 in 2016 (the last year for which precise data is available), an increase by 166 times”.<sup>96</sup>

In 2015, Chinese medical officials announced that China would no longer be using executed prisoners as organ donors, a practice which was and has been vilified around the world. However, the 1984 law stipulating that organs can still be removed from executed prisoners remains in place,<sup>97</sup> and a disturbing new trend has emerged, where executed prisoners are now afforded the right to ‘donate their organs’, in a system devoid of any transparency.

There is a growing acceptance by senior government officials, from the UK, US, that the ‘officially reported’ COVID-19 statistics have been underreported significantly. Government sources from the UK have estimated that the number of cases and deaths in China, maybe up-to 40 times higher.<sup>98</sup> The public scrutiny over the figures being reported by Chinese officials stems from the comparable analysis of numbers from China and other countries that have experienced outbreaks. The low case and death count, especially in light of the fact the CCP induced pandemic originated in China, has posed lots of as yet unanswered questions. When one compares the current global pandemic with the epidemic suffered in 2002 – 2003, one also starts to see a similar pattern when one compares the fatality rate in China, with other countries or regions like Hong Kong. For SARS, the country with the most cases and deaths was China, with a fatality rate of 6%, and the countries or regions (Hong Kong) which had the second to fifth highest numbers of cases and deaths, had a fatality rate of ranging between 13% - 21% - drawing questions again about the reliability of data provided by Chinese officials. After denial of unethical acts, the hiding of those acts suggests that the acts will continue to occur. Denial and Hiding indicate reluctance to distance oneself from

<sup>93</sup> <https://apnews.com/68a9e1b91de4ffc166acd6012d82c2f9>

<sup>94</sup> <https://bitterwinter.org/coronavirus-china-kept-it-secret-for-six-fatal-days/>

<sup>95</sup> [https://www.theepochtimes.com/wuhan-neighborhood-infected-with-coronavirus-after-families-attend-banquet\\_3238635.html](https://www.theepochtimes.com/wuhan-neighborhood-infected-with-coronavirus-after-families-attend-banquet_3238635.html)

<sup>96</sup> <https://bmcomedethics.biomedcentral.com/articles/10.1186/s12910-019-0406-6>

<sup>97</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4668660/>

<sup>98</sup> <https://www.dailymail.co.uk/news/article-8163767/Downing-Street-says-China-faces-reckoning-coronavirus.html>

and change the previous acts. To add another layer of protection to the denial and hiding, disinformation is needed to distract from the committed acts.

#### 4) Disinformation about the acts

Disinformation campaigns, being used during a time of crisis and aimed at deflecting culpability are a tactic that has been deployed in multiple settings, by the CCP, since it rose to power during the 1949 communist revolution.<sup>99</sup> The initial focus of deflection came when Chinese officials claimed that the US military sent personnel to Wuhan in October 2019<sup>100</sup> to plant COVID-19. After much rebuttal from US politicians, and general discord in the media about these allegations, Chinese media then turned its attention towards Italy, suggesting next that Italy could in fact be the original source of the virus.<sup>101</sup>

Along with outlandish claims attempting to shift blame of the origin of the virus away from China, with the new 'digital age' so too have disinformation campaigns evolved to adopt digital methods. Chinese officials have been associated with large-scale social media campaigns, designed to push the 'official Chinese narrative'. Digital censorship has become a key element of controlling the information flow, and "Canadian academics have conclusively proven China used artificial intelligence technology to censor all early warnings about the coronavirus, a decision which likely killed tens of thousands of people".<sup>102</sup>

Frank Gaffney, former assistant secretary of defense for international security policy, stated "Deception, disinformation, manipulation, distortion of the facts, obscuring their true intentions, and the patient steady erosion of the will to resist on the part of others is something that very much feeds into the global ambitions of the Chinese Communist Party to dominate the world."<sup>103</sup>

Chinese officials today are essentially following processes, which have evolved through the years, from different forms. During the SARS outbreak, on 9th April 2003, two and a half months after reports were initially provided to senior health officials, "officials from throughout China had been summoned to Beijing to discuss efforts to counteract SARS".<sup>104</sup> This effort in or itself, demonstrates that senior Communist party authorities were directly involved in the management of the outbreak. However on 20th April 2003, global media attention was focusing intently on China, and its response to SARS, and former President Hu Jintao sacked the Minister of Health as a public show of action.<sup>105</sup>

When one considers that reports were made to senior health officials on 27th January 2003, and then a meeting for senior party officials was held in Beijing on 9th April 2003, it is unlikely that Hu Jintao and former Prime Minister Wen Jiabao, had not been directly involved in the campaign to change the narrative of SARS. It was also announced on 21st April that the SARS outbreak in Beijing was 10 times larger than what had previously been declared.

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<sup>99</sup> <https://history.state.gov/milestones/1945-1952/chinese-rev>

<sup>100</sup> <https://www.globaltimes.cn/content/1183658.shtml>

<sup>101</sup> <https://www.taiwannews.com.tw/en/news/3903271>

<sup>102</sup> [https://www.skynews.com.au/details/\\_6149800334001](https://www.skynews.com.au/details/_6149800334001)

<sup>103</sup> [https://www.theepochtimes.com/china-launches-global-disinformation-campaign-in-attempt-to-shift-blame-for-ccp-virus\\_3276503.html](https://www.theepochtimes.com/china-launches-global-disinformation-campaign-in-attempt-to-shift-blame-for-ccp-virus_3276503.html)

<sup>104</sup> <https://www.theguardian.com/world/2003/apr/09/sars.china>

<sup>105</sup> <https://www.theguardian.com/society/2003/apr/21/china.sars>

During the SARS period, when Dr. Jiefu Huang was operating as the Vice Minister of Health, transplantation numbers in China began to show sustained, close to exponential growth. Huang stated in 2005, that most of the transplant organs were coming from executed prisoners. He now holds the positions of Chair of the China National Organ Donation and Transplant Committee, President of the China Organ Transplant Development Foundation and is a member of the WHO Task Force for Donation and Transplantation of Human Organs and Tissues.

Dr. Huang is also a liver surgeon. He told the Guangzhou Daily in March 2013, “Last year [2012], I did over 500 liver transplant surgeries. The one that was done in Guangzhou in November [2012] was the first liver transplant case according to the voluntary donation standard of China.” It is said that China’s new self-described public organ donation program started nationwide in 2013, raising questions about the source of livers transplanted in 2012. Huang was a senior medical figure during SARS, and recently the Covid-19 outbreak, and a key figure in China’s organ transplant system for over 20 years. Concerns about the authenticity and transparency of data provided by Huang, and potential conflicts of interest in his role on the WHO Task Force for Donation and Transplantation have not been adequately addressed.

## 5) Profiteering through the acts

Through the actions of Chinese officials denying and hiding information about medical tragedies, and then providing false and misleading data, the CCP positions itself to profit in various forms. This can arise through actually profiting financially or through the facade of an enhanced image, as a country of influence. When a country is either deemed to be responsible for an initial outbreak occurring or for the spreading of an outbreak due to mismanagement, any situations that arise afterwards that allow for them to capitalize should be investigated thoroughly. Furthermore, incidents, which provide medical professionals with a false and elevated status should be treated with extreme caution, as the potential ramifications of this ‘false profiteering’ could be very dangerous.

When SARS first hit in 2002, this was a new threat that carried many unknown risks and fears, which led to many Chinese nationals wanting to stay at home to avoid the potential dangers. This was at a time when broadband connections were being made widely available, internet companies were establishing themselves in China, and also when Google was famously banned from China.<sup>106</sup> On 6th December 2002, more than 300 Chinese officials from the Golden Shield Project came together to discuss the ‘Chinese information system’,<sup>107</sup> and then in November 2003 the ‘Great Firewall of China’ was launched.<sup>108</sup> The growth and restrictive nature of the Golden Shield project has been well documented over the last 21 years and can be summarised into 4 stages; one - domain names and IP addresses were blocked throughout China, two – censorship of key words not approved by the communist party was introduced, three – detecting and counteracting VPN’s and circumvention tools, four – increasing cyber security laws specifically targeting anonymity.<sup>109</sup>

These characteristics have been prevalent and growing as surveillance techniques have become more sophisticated and the restrictions imposed on information and communication have become more severe. Chinese officials capitalized on the uncertainty surrounding SARS in 2002 and 2003 to lay the foundations for the extensive surveillance network, which

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<sup>106</sup> <https://jhrmcgill.ssmu.ca/2012/03/10/censorship-in-china-a-timeline/>

<sup>107</sup> <https://www.opensocietyfoundations.org/uploads/e7d8b223-df0a-4975-b40b-c9914a58b626/china-internet-censorship-20041101.pdf>

<sup>108</sup> [https://en.wikipedia.org/wiki/Golden\\_Shield\\_Project](https://en.wikipedia.org/wiki/Golden_Shield_Project)

<sup>109</sup> <https://hongkongfp.com/2017/09/03/evolution-chinas-great-firewall-21-years-censorship/>

now grips every aspect of Chinese life. Measures taken by Chinese officials to monitor and restrict all most every aspect of life in China has again been under international scrutiny with the introduction of health apps to combat the threat of the pandemic.

While COVID-19 was beginning to take hold in China, and cases were starting to appear in other countries, Chinese officials regularly promoted the sense that as a result of their previous SARS experience, they were in a position of expertise to manage the current crisis. However, as the gravity of the situation has been felt by other countries, so too, has the impression deepened that “China seems determined to see that it does not suffer the loss of image that happened after SARS”.<sup>110</sup> While the Chinese outbreak was in its infancy and when the threat was being considerably downplayed, Chinese officials grateful received and stockpiled donations of face masks and PPE. When the disease began to spread to other countries, it had become apparent that these crucial medical supplies had become in short supply as a direct result of China receiving more than 2 billion face masks during the months of January and February.

One of the first, and hardest hit countries of the virus spreading was Italy. When the situation first took hold in Lombardy, EU countries were unable to help supply the urgently needed PPE, because their own stocks had been depleted, when donating these to China. While China portrayed the image as the generous saviour of this crisis, reports began to emerge demonstrating how Chinese officials were in fact profiting from the outbreak. Reporting from FOX News found that “the personal protective equipment (PPE) China forced Italy to buy was actually the same PPE Italy donated to China”.<sup>111</sup> The circumstances, which allowed for Chinese officials to issue a global call for help, depleted stocks of PPE around the world and leveraging this situation to sell back and profit from the very goods, which were donated to China in its hour of need, requires a full and further investigation.

When considering the intent of the actions, which have created the phenomenon of ‘face mask diplomacy’, we also have to examine the reported connection between the US – China trade agreement and Chinese officials suppressing information about COVID-19. The implications of senior CCP officials intentionally delaying the release of data, which would have helped governments around the world, prepare for the threat to come are stark. How many lives could have been saved in a question which we will never truly know the answer too, however the consequences of these actions, which have been displayed for everyone to see, and the intent behind these actions remains the question that needs to be raised.

As circumstances such as this have come to light, and the public questioning from politicians of China’s attempts to conceal and restrict the flow of information have grown, questions about attempts by Chinese state backed companies to profit from medicines or vaccines have been raised. Reports have been published stating “experimental vaccines are being developed by a Beijing-based unit of Sinovac Biotech and by the Wuhan Institute of Biological Products, an affiliate of state-owned China National Pharmaceutical Group”.<sup>112</sup> On top of these reports, the Wuhan Institute of Virology bio-lab filed a patent for the “commercial use of Remdesivir”<sup>113</sup> on the 21st January 2020, one day after the virus was formally acknowledged by President Xi. The implications of the Wuhan Institute of Virology, filing a claim for commercial ownership of a drug, which was originally developed by American scientists to treat Ebola, and that initial indications suggest that can be effective in treating COVID-19, exactly one after President Xi acknowledged the virus

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<sup>110</sup> <https://www.theguardian.com/global/commentisfree/2020/jan/23/china-coronavirus-sars-cover-up-beijing-disease-dissent>

<sup>111</sup> <https://www.foxnews.com/world/china-italy-coronavirus-supplies-buy-back>

<sup>112</sup> <https://www.aljazeera.com/news/2020/04/china-approves-coronavirus-vaccines-human-trials-200414083310079.html>

<sup>113</sup> [https://www.dailymail.co.uk/news/article-8257201/China-global-cover-concerns-filed-patent-drug-helps-patients-recover.html?ito=facebook\\_share\\_article-top](https://www.dailymail.co.uk/news/article-8257201/China-global-cover-concerns-filed-patent-drug-helps-patients-recover.html?ito=facebook_share_article-top)

deserve to be fully examined. Ethical questions about whether Chinese state run companies should be at the forefront of research, development and the manufacturing of supplies to pioneer the global response linger. These doubts are strengthened when the timing and introduction of crucial medicines suggest prior knowledge of the disease.

Chinese officials have stated, “Beijing’s response to the virus outbreak demonstrates the superiority of its governance system”.<sup>114</sup> Attempts to dictate the narrative and expunge on China’s actions and reactions relating the CCP induced pandemic appear to be ongoing, and so too does the frequency of public statements from non-Chinese officials questions these accounts.

History repeats itself, time and time again, through medical tragedies in China, which are escalating in severity effecting millions of people around the world, as the international community fails to effectively respond. The practice of forced organ harvesting, which has been allowed to foster and grow, unabated, to the present, generates reports that these acts “constituted genocide and industrial-scale murder and torture”.<sup>115</sup> As China’s organ transplant system has grown in stature and capacity, so too has its ability to take the principle of profiteering before people to extreme new levels. A system, which has been designed to facilitate on demand organ transplants begs the question, why has the international community failed to respond to these reports? The failure of the international community, to react decisively on transplant abuse, has sent a signal to the CCP that it is acceptable to cover-up medical malpractice. So too, has it become an accepted norm, that China will not be pressed on the growing number of concerns relating to its human rights record or covering up and suppressing information. The international community as a whole has to face the painful question whether it has a co-responsibility in China’s daring gambit to sacrifice thousands of lives to save its own existence.

China Organ Harvest Research Center has found “In China, waiting times for kidney and liver transplants were commonly listed in weeks. China’s Liver Transplant Registry System indicated in 2005 and 2006 that more than 25% of cases were emergency transplants, for which organs were found within days or even hours”.<sup>116</sup>

The question emerges how unethical acts, the pandemic and the forced organ harvesting turn into profiteering.

## **8. China’s ‘Silk Road of Health’ Gets A Boost From COVID-19**

On March 16, while Italy was in the middle of its coronavirus outbreak, Chinese President Xi Jinping held a phone conversation with Italian Prime Minister Giuseppe Conte. In addition to promising the delivery of medical teams and much-needed supplies, Xi raised the notion of working with Italy to build a “Silk Road of Health”. Although the term appears to have been created for the coronavirus crisis, the Silk Road of Health is not a new concept. In January 2017, Xi Jinping signed a memorandum of understanding with the World Health Organization (WHO) committing to the construction of a “Silk Road of Health” that would aim to improve public health in countries along China’s Belt and Road Initiative.

Shortly after signing the memorandum with the WHO, a Chinese delegation, under the leadership of Dr. Jiefu Huang, attended a conference on organ donation in the Vatican in

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<sup>114</sup> <https://www.brookings.edu/blog/order-from-chaos/2020/04/01/the-us-china-and-asia-after-the-pandemic-more-not-less-tension/>

<sup>115</sup> [https://www.nzherald.co.nz/world/news/article.cfm?c\\_id=2&objectid=12241731](https://www.nzherald.co.nz/world/news/article.cfm?c_id=2&objectid=12241731)

<sup>116</sup> <https://www.chinaorganharvest.org/overview/on-demand-transplants/>

February 2017, where Huang is said to have proposed that the WHO establish a task force on organ donation and transplantation. The WHO later established such a group and invited Huang to become a member. The move placed Huang at the heart of a task force that was tasked with policing unethical organ harvesting practices. The decision by WHO to involve Huang remains morally dubious as he was also deputy minister of health at a time when transplant organs in China were harvested from executed prisoners and Falun Gong practitioners. The proposal that WHO establish the Task Force on Donation and Transplantation came shortly after the Silk Road of Health had been invoked. This might indicate that establishing a platform for the exchange of transplant organs along the “Silk Road” is a part of the Belt and Road Initiative agenda. China previously attempted to establish a transplant organ exchange platform with Taiwan, but Taiwan rejected the proposal.

While the COVID-19 epidemic has spread out of China along the routes of the Belt and Road Initiative (BRI), those same corridors, ports and logistics hubs are now being used to provide medical support to partner countries in need as Beijing attempts to position itself as a global leader in healthcare—a move which Chinese President Xi Jinping calls the “Silk Road of Health.”

Most critically, Beijing succeeded from the start in steering the World Health Organization (WHO), which both receives funding from China and is dependent on the regime of the Communist Party on many levels.

Chronological, in August 2017, the Chinese government hosted a seminar in Beijing titled the “Belt and Road Forum on Health Cooperation: Toward a Health Silk Road,” where WHO Director General Dr. Tedros Adhanom Ghebreyesus praised Xi’s “visionary” proposal for utilizing the Belt and Road network to strengthen cooperation in the health sector. In his speech Tedros noted:

“WHO has proposed a strategic partnership with China to target vulnerable countries along the Belt and Road and in Africa (...) The outcomes focus on resilient health systems that will identify, contain and prevent the escalation of pandemics and other crises”.

He ended his speech by endorsing China’s recommendation that “the health leaders of 60 countries gathered here, and public health partners, build a healthy Silk Road, together.”

At the beginning of Dec 2017, an article entitled “China’s Silk Road and global health” has been published online on The Lancet that discussed the rapidly developing Belt and Road Initiative and related global health activities.

This year, at the beginning of January, WHO’s international experts didn’t get access to China until Director-General Tedros Adhanom visited President Xi Jinping at the end of January. Before then, WHO appeared to uncritically repeat information from the Chinese authorities, ignoring warnings from Taiwanese doctors—unrepresented in WHO—and reluctant to declare a “public health emergency of international concern,” denying after a meeting on Jan. 22 that there was any need to do so.

After the Beijing visit, though, the WHO said in a statement that it appreciated “especially the commitment from top leadership, and the transparency they have demonstrated.” Only after the meeting did it declare, on Jan. 30, a public health emergency of international concern. After China reporting only a few new cases each day, WHO declared the coronavirus a pandemic March 11—even though it had spread globally weeks before.



WHO has broadcast Beijing's message. "In the face of a previously unknown virus, China has rolled out perhaps the most ambitious, agile and aggressive disease containment effort in history," WHO experts said in their February report on the mission to China. The country had gained "invaluable time for the response" in an "all-of-government and all-of society approach" that has averted or delayed hundreds of thousands of cases, protecting the global community and "creating a stronger first line of defense against international spread."

And while a report by Caixin on the Chinese province of Heilongjiang said that a considerable percentage of asymptomatic cases has not been reported—which amounts to about 50 percent more known infections in China, according to a *South China Morning Post* report on classified government data—WHO seems to take numbers reported by Beijing at face value.

"I thought the greatest success of the Chinese party-state was in getting the WHO to focus on the positive sides of China's responses and ignore the negative sides of the responses," said Steve Tsang, director of the China Institute at the SOAS University of London. "With the WHO presenting China's responses in a positive light, the Chinese government is able to make its propaganda campaign to ignore its earlier mistakes appear credible and to ignore the human, societal, and economic costs of its responses."

Indeed, WHO appears to have closed its eyes to such problems. "China reported and isolated ALL individuals with laboratory-confirmed COVID-19," Christian Lindmeier, a WHO spokesperson, said in mid-March. However, Chinese authorities only in the beginning of April started to make current numbers of asymptomatic cases with lab-confirmed infections public—which also are included in the WHO case definition for COVID-19. "Every country has its own self-reporting processes", Lindmeier said. WHO epidemiologist Bruce Aylward, who headed the visit, said in an interview that China was not hiding anything. When asked how many people have been put in quarantine, isolation, or residential restriction, Lindmeier referred to numbers from China's National Health Commission—which are much smaller than the numbers calculated by the *New York Times*. "WHO works with these data," he said.

Mareike Ohlberg from the Berlin-based Mercator Institute for China Studies said the statements of the WHO have clearly been heavily influenced by the Chinese Communist Party. She says she was surprised that, from the start, many experts uncritically repeated information from Beijing and "preached confidence in the WHO and the Chinese government." The WHO report rightly emphasized the heroic commitment of the population of Wuhan. "But it's important that the WHO does not degrade itself to an instrument of the Chinese government—which does not want to make transparent how the population suffered," she said.

The Silk Road of Health presents a framework through which Beijing may choose to revamp its BRI, which it will likely do out of necessity due to COVID-19-induced shocks to the Chinese and BRI host economies. As China halted international travel, quarantined cities, and imposed lockdowns across the country in response to the epidemic, it compromised the labor and supply lines that BRI projects rely on. As China restarts its economy, which was already slowing, it may not be able to commit the same level resources to new BRI projects, which receive massive government subsidies. Moreover, BRI participant countries will soon be facing economic crises of their own, and more BRI projects will be expected to stall as many less-developed countries are economically ravaged by the crisis, rendering them unable to service their debts.

BRI remains enshrined in the CCP constitution and continues to be a signature foreign policy of Xi Jinping—yet it is so vaguely defined that Xi can renovate it opportunistically.

The Silk Road of Health may be a convenient new banner for a signature foreign policy that China will simply not abandon even under significant strain.

It remains to be seen whether the Silk Road of Health will also evolve into an attempt of Beijing to facilitate transplant exchange, not as a form of transplant tourism, but using the Belt and Road Initiative to implement exchange programs for organs and transplants. Similar attempts have been maintained with Taiwan when Chinese officials proposed to Taiwan to establish an organ donation exchange program between the two countries, which Taiwan rejected.

The Health Silk Road could also be an opportunity to rebrand pre-existing aspects of BRI as more germane to the COVID-19 crisis. One could envision certain elements of the Silk Road of Health being linked up to China's Digital Silk Road, for example. If Beijing seeks to keep some high-profile aspects of BRI up and running, the Digital Silk Road's relatively low price tag will make it a more attractive option compared to other more capital-intensive traditional infrastructure options. The Silk Road of Health could be merged with the Digital Silk Road for the sake of health monitoring. Digital tools to monitor contact tracing and quarantine enforcement have been deployed around the world to combat COVID-19, from Singapore and South Korea to Israel and India. China, for its part, has required some citizens to download an app that shares health, location, and travel data with local authorities. Healthcare codes are accessed through Alipay and WeChat, and Ant Financial and Tencent have partnered with and provided support to local governments to roll out the systems across the country. Beijing looks likely to rely on the Alipay standard as it rolls out a national model.

With a long track record of Chinese companies sending digital surveillance technologies to BRI countries, it would not be surprising to see Beijing export its digital tools to other countries that seek to monitor quarantines and sort populations in an effort to safely restart local economies.

According to its foreign ministry, China has provided medical supplies to more than 125 countries and four international organisations, as well as holding 70 videoconferences with experts from more than 150 countries. About half of the countries to which China has sent medical teams are partners in the Belt and Road Initiative, President Xi Jinping's multibillion-dollar plan to boost trade and infrastructure ties across Asia, Africa and Europe.

Elisa Gambino, a doctoral student at the University of Edinburgh who has researched Africa's role in the belt and road plan, said that by helping nations to tackle Covid-19, Beijing was effectively protecting its long-term interests.

"Contributing to the containment of Covid-19 in vital belt and road countries also protects and secures Chinese companies' presence and Chinese investment more broadly," she said.

## **9. Conclusion**

Once one has examined the available direct and indirect evidence of the COVID-19 outbreak, the aspects that truly stand out, or leave a lingering doubt, are those that are connected to the actions of the CCP. Aside from the ever growing and far-reaching consequences, now affecting every corner of the globe, the nature and scale of the disinformation campaign, which has been orchestrated has caused delays, mistrust and confusion. When challenged to respond with a transparent and forthright approach, Chinese

officials have labeled attempts by the international community to investigate and understand the cause of the outbreak as a 'distraction'. Further to China exercising its right to veto a call for a transparent investigation, by the United Nations Security Council, Chinese officials have also rebuffed further attempts to instigate an international investigation.

Australian Prime Minister Scott Morrison has led a call for the World Health Assembly, the decision-making body of the WHO, to investigate the cause and circumstances behind COVID-19. Following this announcement, senior Chinese diplomat Chen Wen stated an "independent inquiry is politically motivated".<sup>117</sup> Terminology, which not only deflects or alleviates responsibility, but also attempts to portray China as a victim, should be considered in the overall context of the situation. Since reports of the outbreak first emerged in November 2019, Chinese officials have continually and intentionally disregarded its obligations to report true, transparent data and safeguard life, and instead chosen to work on furthering their own agenda, at a cost of life, which is already immeasurable.

The extreme nature of the disinformation campaign, which has been waged at every opportunity, has been characterized by Tom Tugendhat MP - Chair of the UK Foreign Affairs Select Committee who has "accused the Chinese Communist Party of putting its own survival ahead of that of the survival of people during the coronavirus outbreak".<sup>118</sup> Mr Tugendhat has also stated "The one thing that really marks out the Chinese Communist Party is not that they didn't have sufficient data, but that they deliberately falsified the data".<sup>119</sup> These concerns have been echoed by governments and NGOs in almost every country where COVID-19 has taken hold, partly because of the unrealistic nature of the 'official statistics', which have been presented to the world.

China is recognized as an autocratic state, with little or no freedom, except that which is provided by communist party officials, being ranked 177th out of 180 countries in RSF's 2019 World Press Freedom Index,<sup>120</sup> and Cédric Alviani, the head of RSF's East Asia bureau. "It is important that the public is not taken in by the Chinese propaganda and gives preference to reporting by media outlets that respect journalistic principles".<sup>121</sup> The connection between absolute authority and the tendency to disregard or ignore the welfare concerns of its citizens should not be underestimated. Similar traits and characteristics have been documented in almost every area connected to the management, or mismanagement, of virus outbreaks and medical malpractice throughout China.

When investigating situations as serious as a global pandemic or crimes against humanity and common themes emerge, it is vital that both the circumstances, which have contributed to situations and the associated intent, are questioned. The analysis described in the deception protocol reveals through medical tragedies such as SARS, COVID-19 and forced organ harvesting that the primary function of the CCP is one of self-preservation, regardless of consequences. When you combine the nature of the communist party in China, with inaction and silence from the international community then the conditions for medical tragedies to foster grows, while the CCP's attempts to whitewash away their actions have become ever more emboldened.

As a direct consequence of the circumstances, which have been afforded to the CCP, allowing them to operate in an environment of relative international impunity, the scale and

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<sup>117</sup> <https://www.bbc.co.uk/news/world-asia-china-52420536?SThisFB>

<sup>118</sup> <https://www.bbc.com/news/uk-politics-52414635?SThisFB>

<sup>119</sup> <https://www.bbc.com/news/uk-politics-52414635?SThisFB>

<sup>120</sup> <https://rsf.org/en/news/beware-chinas-coronavirus-disinformation-rsf-says>

<sup>121</sup> <https://rsf.org/en/news/beware-chinas-coronavirus-disinformation-rsf-says>

severity of medical tragedies in China has escalated. The consequences of state-controlled manipulation and disinformation campaigns being allowed to develop unabated have led to ever-greater concerns. The approach adopted by Chinese officials during the SARS campaign, was focused on suppressing, covering up and denying the existence of the epidemic, until international pressure forced officials to acknowledge the problem. When one compares SARS with COVID-19, the same tactics and methods have been deployed by the CCP, while the effect this time has had global reverberations. Considering that after the SARS outbreak was declared over in 2004, the WHO specifically formulated new international health regulations (IHR) to help manage and prevent against future epidemics and pandemics, the manner in which the CCP has discounted its international obligations has to be considered by governments around the world.

The implications of inaction and silence have also been felt across China for the last 20 years, in relation to forced organ harvesting from prisoners of conscience. Since accounts from medical professionals of forced organ extraction first emerged in 2001,<sup>122</sup> the nature, scale and seriousness of these crimes, now recognized as a crime against humanity, has not received the international response that this situation deserves. The correlation between the persecution of Falun Gong practitioners and the Uyghur Muslims in China cannot be understated.

The observations and attention of international media, responding to reports of large-scale imprisonment of Uyghurs in Xinjiang, is vastly different to the reaction of the media in 1999 when the persecution of Falun Gong was instigated. The capacity of the media to help shine a light on suffering and conflict has grown as the internet has opened up global communications as never before. A question that which has not been appropriately addressed by either international media or governments is the consequence of the silence, which was not present when the persecution of Falun Gong was intensified. When one considers the scale of the reports which have arisen from the persecution faced by many in Xinjiang, with a population of approximately 20 million people, with the magnitude of the persecution of Falun Gong faced by more than 70 million people throughout China, the disparity of media and government attention is alarming. The disparity of awareness between these two human rights tragedies shines a light on and draws questions about the extent of CCP instigated practices, when they remain behind closed doors – remembering the concerns stem from an institution which still publicly denies the occurrence of the Tiananmen Square Massacre.

To put the events and omissions surrounding the coronavirus into greater context one should also take a look into the history of the CCP as Joseph Bosco did in a recent opinion piece. He says:

*“In a 1957 speech, China’s revolutionary leader Mao Zedong made an announcement that shocked the world: “I’m not afraid of nuclear war. There are 2.7 billion people in the world; it doesn’t matter if some are killed. China has a population of 600 million; even if half of them are killed, there are still 300 million people left.”*

*“Three years earlier, he told India’s prime minister: “If the worst came to the worst and half of mankind died, the other half would remain while imperialism would be razed to the ground and the whole world would become socialist.”*

In summary, the nature, intent and actions of the CCP should no longer be allowed to continue unabated. The COVID-19 pandemic has shown a light on the CCP and exposed the

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<sup>122</sup> [http://commdocs.house.gov/committees/intlrel/hfa73452.000/hfa73452\\_of.htm](http://commdocs.house.gov/committees/intlrel/hfa73452.000/hfa73452_of.htm)

nature of its being, for the whole world to see. The path of the CCP induced pandemic has been clearly documented, where ties with China were close, outbreaks ensued and tragically deaths, which if IHR had been applied stringently, and in the spirit with which they were created, may have been preventable. The COVID-19 outbreak will now forever be measured by the statistics of the cases and the number of deaths. However, with the lives, which were lost, the families who suffered will always remember this human tragedy on a very personal level. To conclude that the suffering and deaths, which have been experienced by people, and does not distinguish between race, stature or location, is no easy conclusion to make, but it is the correct one. The CCP's actions have directly contributed to the spreading and severity of the virus and as such, the responsibility for the COVID-19 outbreak lies firmly with the decisions made by Chinese officials during and since the initial stages of the catastrophe. In the words of Chen Guangcheng, the respected Chinese human rights lawyer "The CCP is the biggest and most serious virus of all".<sup>123</sup>

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<sup>123</sup> <https://www.catholicnewsagency.com/news/chinese-communist-party-is-the-most-serious-virus-of-all-human-rights-activist-says-51849>