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Research Study

Why England, America, and the World Slept? An Assessment of the Global Response to the SARS-CoV-2 (COVID-2019)

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ABSTRACT

Severe Acute Respiratory Syndrome (SARS) is a virus that struck across Asia from 2002 to 2004, known currently as SARS-CoV-1 in contrast to the SARS-CoV-2 that appears to be the cause of the Coronavirus (COVID-2019) pandemic that emerged in China late in 2019, then spread across much of the world from early 2020 onward, continuing to infect significant numbers of the populations of Europe, United States, parts of Latin America, but curiously no longer a threat to Asia. Even more curiously, COVID-2019 seems never to have been a threat to the Republic of China (Taiwan), for reasons to be discussed herein. Much of the rest of the world has sustained high rates of morbidity and mortality from this pandemic for reasons that can best be explained as governmental inaction. COVID-2019 is believed to have zoonotic origins, and seems to bear a close genetic similarity to bat-bourne viruses. Some analysts have hypothesised that COVID-2019 came from bats either directly or through an intermediate host such as pangolins. At this juncture much of the speculation over etiology is conjecture. More clear is the observation that national governments plus many state governments in federal structures such as the United States, missed the mark repeatedly, not so much on a political level as is fashionable to allege, but in scientific including medical communities that were and continue to be grossly unprepared for any disease of this magnitude, no matter its origin, except in Taiwan that responded brilliantly and rapidly. What course of action to pursue at this point to safeguard the global population against mutated resurgence of COVID-2019 or the emergence of its successors? Testing and vaccines are important. Vaccines are useful only to provide herd immunity from known diseases. What about the unknown?

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INTRODUCTION

Severe Acute Respiratory Syndrome (SARS) is a virus that struck across Asia from 2002 to 2004, known currently as SARS-CoV-1 in contrast to the SARS-CoV-2 that appears to be the cause of the Coronavirus (COVID-2019) pandemic that emerged at Wuhan, capital of China's Hubei Province late in 2019, then spread across much of the world from early 2020 onward, continuing to infect significant numbers of the populations of Europe, United States, parts of Latin America, but curiously no longer a threat to Asia. Even more curiously, COVID-2019 seems never to have been a threat to the Republic of China (Taiwan), for reasons to be discussed herein. Much of the rest of the world has sustained significant rates of morbidity, unacceptable mortality, for reasons that can best be explained as governmental inaction. As COVID-2019 is believed to have zoonotic origins, and seems to bear a close genetic similarity to bat-bourne viruses, some disease analysts have hypothesised that COVID-2019 came from bats either directly or through an intermediate host such as pangolins. At this juncture much of the speculation over etiology is conjecture.

More clear is the observation that globally most national governments, and in federal structures such as United States the state governments, missed the mark repeatedly, not so much on a political level as is often alleged, but within scientific including medical communities that were and continue to be grossly unprepared for any disease of this magnitude, no matter its origin, except in Taiwan. What course of action to pursue at this point to safeguard the global population against resurgence of COVID-2019 or the emergence of its successors? Testing is important as are vaccines, although the latter are useful only to provide herd immunity from known diseases. What about the unknown?

BACKGROUND:

Ever since SARS-CoV-2 emerged late in 2019 then became evident globally very early in 2020, research has been undertaken in an effort to try to identify the salient parametres of this disease including its proximate origin(s) [1,2,3,4] as well as effective intervention strategies [5]. At least one early research article was withdrawn [3], not because its methodology was flawed, but on account of inferences drawn beyond what its data supported: causation cannot be inferred from mere association. It suggested inferentially that the Chinese state manufactured SARS-CoV-2 deliberately, following the blueprint charted at the end of the last century by two officers of China's People's Liberation Army (PLA) [6], with no evidence that it was followed by Chinese leaders. That chilling hypothesis has been disproven since by scientists in the West [7].

On the other hand, literature in highly-respected journals published in 2019 suggests SARS-CoV [then soon to be SARS-CoV-1] already had become "a target for vaccine and therapeutic development" [8,9]. It is much more likely that China endeavoured to generate a SARS-Cov-1 vaccine than to use that virus in germ warfare. China's interest in such a vaccine is evident recently from its alleged surveillance of multiple Western pharmaceutical companies, Moderna by name, Gilead Sciences, Inc. and Novavax, Inc. by inference [10]. To develop a pandemic in order to profit from a vaccine befuddles one's imagination.

Laboratory safety is of as much concern when testing vaccines as when experimenting with biological warfare. In 2004, at the end of the SARS-CoV-1 epidemic, officials at the World Health Organisation (WHO) were known to have expressed concern over safety at Chinese virology laboratories in Beijing [11]. This same concern is the focus of the global community currently that has honed in on security at the Wuhan Institute of Virology Level 4 laboratory that was studying Remdesivir as a potential treatment for COVID-19 at the time the pandemic occurred [12]. Remdesivir, by Gilead, shows promise as a treatment momentarily [13].

MATERIALS AND METHODS:

Materials.

Materials used by authors of major empirical studies of SARS-CoV-2 have been limited and varied and are listed in those studies: O-linked Glycan sugars to follow the receptor-binding domain (RBD) in the spike protein of SARS-CoV-2 [1], PyMOL molecular visualization system [2], "therapeutic antibodies, cytokines, and nucleic acid-based therapies targeting virus gene expression [plus] various types of vaccines" [5].

Methods.

Methodologies employed in the first four empirical research studies referenced herein [1,2,3,4] vary depending upon the research *foci*. In three, focus was on determining from what source the pathogen(s) emanated [1,2,3], so the methods involved comparing genetic data of viruses found in human patients afflicted with COVID-19 with parallel data found in bats or pangolins, tending to show the viruses found in the human patients were from bats located primarily in areas of China far from Wuhan (Guangzhou, Kunming). In the fourth study referenced herein, focus has been on determining DNA sequences common to COVID-19 patients generally or more common to patients showing severe lung dysfunction, with a preliminary result (not yet peer reviewed) "that all risk haplotypes associated with the risk for severe COVID-19 form a clade with the three high-coverage Neandertal genomes [within which] they are most closely related to the Vindija 33.19 Neandertal" [4]. According to that study, "Neandertal haplotype occurs in South Asia at a frequency of 30%, in Europa at 8%, among admixed Americans at 4% and at lower frequencies in East Asia. The highest frequency occurs in Bangladesh, where more than half the population (63%) carries at least one copy of the Neandertal risk variant and 13% is homozygous for the variant" [4]. In a fifth study referenced, the focus was on progress made to treat COVID-19 patients and to develop vaccine to at once create herd immunity and minimize severity of conditions in patients who contract this disease, without forecasting mutation that is too early to predict [5].

RESULTS AND DISCUSSION:

If published data is accurate and if it is interpreted appropriately, then most of the global population seems not to be at risk of contracting severe symptomatology from COVID-19. This is very important, because it may suggest that genetic testing is more crucial than testing for the disease itself or antibodies, plus that entire economies should stay open. It may mean also that the reason why Taiwan was spared most effects of this pandemic is not so much its rapid governmental response that included "big data analytics, new technology, and proactive testing" as has been reported [14] in contrast to the genetics of Taiwan's largely homogenous population of East Asian ancestry. This is not to denigrate Taiwan's commendably swift response to emerging disease that should function as a model to be replicated in future by other nations along with new technologies Taiwanese companies have developed in their quest to achieve pandemic preparedness [15]. An example of technology is QVS-96 "fully automated detection integration system developed by TCI GENE, a wholly self-owned subsidiary of TCI Co., Ltd. … the system, with the highest accuracy so far … regarded as the best solution for the growing demand for virus testing … put into practical use for epidemic control" [16]. Nor should the lower-tech preparations Taiwan implemented be sidelined, including stockpiling of personal protective equipment (PPE) such as surgical masks, gloves, goggles, clothing, disinfectants. Taiwan heeded warning signals. Many countries ignored them. Warnings had emerged, however, a major one in a prestigious scientific journal on 28 February 2019 delineating ways to optimise border controls [17], followed with modelling of the risk of spreading COVID-19 published 31 January 2020 [18], accurate as it turned out to be, that appear not to have been read, or to have been ignored, by key epidemiologists.

It cannot be presumed that any single element of Taiwan's fast response to COVID-19 threats

was unimportant. On the contrary, we must heed Taiwan's response in its entirety, at least at the moment. Some aspects thereof may be more critical than others, and so an ordinal list will be presented herein. Most important of all factors seems to be Taiwan's forward planning and disease intelligence system: rumours abounded for months ending in 2019 that some SARS-CoV-19 type of disease was present within limited areas of central China, and Taiwanese authorities took these rumours seriously, seem to have investigated them in detail, launched a comprehensive plan to intervene if necessary. Part of Taiwan's intervention strategy is likely to have involved its willingness to assist mainland responders even if the disease were not to have spread to Taiwan, because above all Taiwanese authorities consider themselves to be Chinese. So Taiwan developed the TCI QVS-96 screening capability and operationalised it to provide an early warning of this disease entering Taiwan in the bodies of travelers from the mainland [15, 16]. Taiwan did much more than that. It sent warnings to the World Health Organisation (WHO) on 31 December 2019, explaining that an epidemic was unfolding in China that could transform into a pandemic without a globally coordinated intervention strategy, a warning the WHO kept hidden over several weeks time to avoid disturbing Chinese officials [19], before eventually releasing the information it should have made public on 01 January 2020 [20]. It was not until 11 March 2020 that WHO declared COVID-19 to be a pandemic.

Additionally, Taiwan commenced to implement testing for COVID-19 among persons suspected of having or having exposure to that disease, then contact tracing to determine their mobility when infected and possibly contagious. At the same time, Taiwan increased manufacturing and stockpiling personal protective equipment (PPE) including tens of thousands of surgical masks, gloves, goggles, clothing, together with intensive care equipment such as ventilators. Finally, Taiwan lost no time in closing indoor gatherings or limiting the number of persons allowed to gather indoors, requiring sheltering in place or compulsory quarantining of anyone testing positive, and requiring social distancing coupled with mandatory and periodic disinfecting of people congregating outdoors. In effect, the "guidelines" the Taiwanese centers for disease control (CDC) implemented came to be followed by Taiwan's counterpart CDCs in most countries, although long afterwards [20].

So similar to the title of John F. Kennedy's thesis at London School of Economics: "Why England Slept?" in the context of the West's abysmal lack of preparedness for World War II, emerging now is the question why England, America, and much of the world has slept in the context of the current pandemic?

Answers are not simple, as some prefer to think. Former U.K. foreign secretary David Miliband, currently head of the International Rescue Committee, has forecasted that "Coronavirus is not just a problem for rich countries. We are only as strong as our weakest health system" [21], arguably echoing his brother, Ed Miliband, who in 2011 accused their own Labour Party of providing "sofa government" [22]. Simply put, the COVID-19 pandemic documents how most of the world is unprepared and ill-equipped to meet the requirements of emergencies that will occur for any reason, from any causation, such as a cataclysmic asteroid collision at or nearby to our planet, unintentional collapse of nuclear reactors, or nuclear warfare caused deliberately or by accident such as miscalculation, each in addition to disease. COVID-19 appears to affect some segments of our population more acutely than others. What if this disease mutates or if another emerges to severely disable a much larger fraction of the populace?

Countries worldwide require domestic or Allied sourcing of testing devices, PPE and therapeutic medicines such as Remdesivir [14] that must be made available globally and not hoarded. No country should play with disease, any more than a child should toy with matches. What good reason is there for China or any

nation to construct or maintain level 4 bio-warfare labs? Countries, especially liberal democracies, have to safeguard their technologies more carefully, especially dangerous technologies involving organisms capable of causing pandemics. That the West has been less than vigilant is apparent from substantial evidence that materials as well as personnel and technologies at core research institutions have been compromised [23,24,25]. This is inexcusable, as is United States public funding of China's Level 4 Wuhan Laboratory in the amount of US$ 7.4 million over multiple years of time [26]. Across China, rank and file citizens blame America and Europe for the spread of this pandemic. Partly resulting from propaganda, could elements of this widespread inference be grounded in fact? However, we know that United States Centers for Disease Control (CDC) director Robert R. Redfield, M.D. learned of the emerging COVID-19 from Chinese counterparts on 02 January 2020 [27], told the U.S. Secretary of Health and Human Services the next day, who told President Donald J. Trump on 18 January 2020 [28], longer than two weeks after the Chinese warned Dr. Redfield and three days before publication of a letter in *Science China* suggesting this disease could be transmitted from human to human [29]. Dr. Redfield briefed Congress much later on 04 June 2020 [30]. Afterwards, a study of surviving patients labeled "long haulers" suggests they may be infected not by a respiratory illness at all but by a cardio-vascular disease [31]. In turn, this raises the question whether COVID-19 is one disease or multiple diseases, reflecting not only global treatment confusion but diagnostic ambiguity. England, America, and the world have "slept" because they have yet to identify or articulate the parametres of the COVID-19. Or governments have suppressed the findings, such as those advanced by nanotechnology expert Professor Giuseppe Tritto, M.D., president of the World Academy of Biomedical Sciences and Technologies (WABT), founded by UNESCO in 1997, suggesting that COVID-19 is a bioweapon that accidently escaped from the Level 4 Biowarfare Laboratory at Wuhan [32], advanced also by Sir Richard Billing Dearlove, K.C.M.G., former head of the British Secret Intelligence Service known as "MI6" based on an earlier briefing of the report referenced by Dr. Tritto [33].

CONCLUSION:

Most of the world was unprepared for the outbreak of SARS-CoV-2 that became COVID-19 pandemic very early in 2020. In fact, just about the entire world except for Taiwan. Emerging literature suggests some populations are at risk more than others to severe symptomatology, possibly because of Neandertal haplotype genomes that are largely absent in the populations of East Asia [4]. Nevertheless, Taiwan was thoroughly prepared for emergencies, be they occasioned from disease, warfare, natural disaster, even an asteroid collision. In future the rest of the world must be equally prepared. This responsibility is that of governments, primarily, but necessarily it becomes the responsibility of the *Healthcare* community within each political subdivision from city and county to province or state to the central governments plus the World Health Organisation (WHO). Each has failed abysmally.

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