

From crisis to catastrophe: COVID-19 engulfs China

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Video footage from late December shows elderly patients infected with COVID-19 on stretchers receiving oxygen stored in large blue bottles. They are being treated on the road outside the emergency department of Zhongshan Hospital, one of the largest in Shanghai.

Behind the emergency room doors, hundreds of patients and their relatives fill the foyer. More than 50 people can be seen waiting in a line in front of the first counter, regularly pushed by passing stretchers, wheelchairs and doctors in a hurry. In the rooms, corridors and even in front of the toilets, hundreds of mostly elderly patients are receiving the same treatment as those on the road outside.

“The healthcare system has collapsed. Hospitals everywhere in China resemble the one that I work in”, Li,* a doctor at Zhongshan Hospital, tells Red Flag via encrypted message. He says that while staff at the hospital no longer have to treat patients on the road, the hospital continues to be overwhelmed with COVID-19 patients. “Many are stuck waiting in the emergency room for hours, and there are not enough staff or resources to treat them.”

Since the ruling Communist Party abandoned its commitment to COVID zero in early December, the Omicron variant has moved through major cities at a blistering pace. In Beijing, an estimated 17 million people (80 per cent of inhabitants) have been infected, while in Shanghai, an estimated 17.5 million people have been infected (70 per cent of inhabitants, according to statements by local health officials). The highest rate of infection is in Gansu province in north-western China, with 23.9 million people (91 per cent of the population) infected with COVID-19. An estimated 900 million people in total have been infected since mid-December, according to a recent study by Peking University.

Official statistics are skewed by the lack of testing and criteria that rule out the virus as the cause of death if the deceased had a pre-existing health condition. But evidence is mounting of a massive unrecorded death toll from COVID-19: video footage on Chinese social media from countless locations across the country shows vehicles delivering bodies and residents in long queues at crematoria, and many social media users have posted about losing loved ones to the virus.

Most estimates put the likely death toll at more than 1 million in the coming year. UK health analytics company Airfinity estimated that China’s cumulative deaths since December would reach 584,000 by 23 January and 1.7 million by the end of April. It pegged daily cases at 2.99 million and daily deaths at 18,900 as of 9 January.

Although the wave of infections has reportedly peaked in major cities, the virus is now hammering smaller cities and rural areas, where serious illness and death will likely be more widespread given older populations and the lack of medical resources. As of 2020, there were only 1.6 healthcare workers for every thousand people in rural China, compared to 2.9 doctors and 3.3 nurses nationally.

Wu Zunyou, chief epidemiologist at the Chinese Center for Disease Control and Prevention, told reporters that the second wave will be accelerated by the arrival of Chinese New Year on 22 January, when many migrant workers traditionally travel from cities back to their homes in the country. He added that these two waves will be followed by a third wave lasting until mid-March. Many provinces, including Zhenjiang, Shandong and Hubei, expect the outbreak to peak later this month.

Despite the peak of the first wave of infections in major cities, hospitals continue to be overwhelmed. In addition, deaths tend to lag infection by several weeks, so hospitals and morgues will continue to fill even as cases in major cities decline. “The hospital cases and the severe cases will not peak at the same time”, Li says. “It’s one or two weeks later. So we may still be seeing more hospitalisations in the coming weeks and more severe cases and more deaths, even if the infections have already peaked. Health workers must continue working even when they test positive or have not fully recovered.”

Li contracted the virus in December and “had no choice but to continue working”. He says that many staff are having to work shifts of anywhere up to 48 hours while infected. “We work with high fever, tight chest, constant coughing and pumping heart. We can work hard; we can work overtime. But we are made of flesh, not iron.”

According to a survey by Yimi Research, an estimated six out of ten doctors and nurses have been working while infected. The survey found that 70 per cent of the surveyed 3,013 medical workers across China had contracted COVID-19 between 20 and 26 December.

Many hospitals have tried to separate the positive cases from the negative to protect the most vulnerable groups—including the pregnant, the elderly and those with severe chronic conditions—but they soon find there aren’t enough COVID-free health workers for the negative zone.

Hua,* a doctor from the obstetrics and gynaecology department at Wuhan University’s Renmin Hospital, central Hubei province, told Red Flag via encrypted message that her hospital initially designated an area for pregnant women, but a patient who tested positive after undergoing surgery on 19 December soon infected the entire department.

Hua says she is concerned about the prevalence of severe illness caused by COVID-19 among pregnant women. “Fever is a dangerous situation for pregnant women and babies”, she says. “When some babies are cut out of the amniotic fluid, it feels like they’ve been in boiling water. Many are sent to the ICU immediately after birth.”

Jing,* a nurse at the same hospital, says there are so many patients with pneumonia caused by COVID-19, mostly in their 70s and 80s, that the hospital had to take over wards from other departments, such as paediatric, surgical and orthopaedic, with beds filled as soon as they become available.

Jing also witnessed deaths, mostly of the elderly, more frequently than before the COVID-19 wave. “Too many old people have passed away lately. One or more every day on average in our hospital. It used to be very rare, maybe one in a few months”, she says.

Li says that those who are routinely held up by the Communist Party as “the heroes who build the nation”—mothers, the elderly, health workers—have become “nothing but cannon fodder in this crime against humanity”.

For many commentators, the pace at which the Chinese government has abandoned its commitment to COVID zero has come as a shock. For almost three years, Xi Jinping pinned his legitimacy to

suppression of the virus. Unlike the United States, where a “profits before people” political framework often dominated, resulting in more than 1 million fatalities, China’s policy had, until late last year, averted mass death. (Despite having four times the population of the US, China had reported just more than 5,000 fatalities by late November.) For the Communist Party, COVID zero demonstrated a commitment, in its words, to put “people first, life first”.

Ji Hengge,* a Marxist on the Chinese mainland, says that despite the different approaches of the US and China towards COVID-19, both strategies have been underpinned by a commitment to maintaining the logic of competitive capital accumulation.

“When COVID-19 first emerged in late 2019, the Chinese government initially adopted a policy of suppressing information about the virus”, he says. “It was only when COVID-19 was no longer under control—generating popular backlash against the Chinese state’s failure to deal with the virus—that the government shifted to a strategy of suppressing the virus. By April 2020, these measures had evolved into the ‘dynamic COVID zero’ strategy.”

During 2020 and 2021, COVID zero was largely successful, with overwhelming public support for the health measures. For the Chinese capitalist class, the economy was able to maintain growth and profitability, while the avoidance of mass infection and death was used to increase the legitimacy of the government. Meanwhile, the surveillance capacities of the regime were expanded by increasing its monitoring of personal information and movement.

Over the course of 2022, however, confidence in the strategy began to fall apart. “During the Shanghai lockdown, which brought production and life to a halt, many more people died from the lockdown measures than from COVID-19 itself”, Ji Hengge says. “This discontent finally erupted into the anti-lockdown social movement in November 2022. In response, they quickly abandoned COVID zero.”

Before the pandemic, China’s economic growth rates had been in decline for several years. Ji Hengge says that the impact of the pandemic has exacerbated a decline in Chinese manufacturing and burst China’s real estate bubble:

“Although the abandonment of COVID zero will lead to a recovery in industries such as hospitality and tourism, and a small recovery in manufacturing, the fundamental problems that triggered the economic crisis will not have been solved. Factories will continue to lay off workers and attempt to relocate overseas. The US-China trade war over high-tech industries such as semiconductors will continue. The real estate crisis will increase the level of financial risk in China, which will make international finance capital less stable. And so, the Chinese economy will show slow growth in the next few years, and may even contract at times.”

Ji Hengge says that recession in China would further concentrate monopoly in the economy and push big capitalists to increase their export of capital overseas. “In terms of trade and investment, this will intensify competition with other countries. It will also lead to increased geopolitical confrontation.”

Inside China, political polarisation has emerged among some of the government’s most ardent online supporters. Many have begun to express unease at the way in which the abandonment of COVID zero is playing out.

“The tsunami of infections caused by Omicron in Beijing has surpassed expectations”, wrote Hu Xijin, a nationalist former newspaper editor, on his Weibo account on 25 December. Concerning the COVID-related deaths of old people, he told his nearly 25 million followers, “This kind of price

causes people sorrow". Another Chinese journalist, with nearly 1.9 million followers, called the relaxation of COVID controls "chaotic" and "ill prepared". On 29 December, a neo-Maoist website, Utopia, published a commentary accusing the government of ditching its strategy too swiftly. "We're not a racing car, but a big bus full of old, weak, ill and handicapped people", it said. "A smooth and steady transition is extremely important." (The article has since been deleted by the censors.)

Many commentators have also sought to blame the protests that took place in late November for the current outbreak and rising deaths. But Au Loong Yu, author of *China's Rise: Strength and Fragility*, says that the demands and aims of the November protests must be separated from the current wave of infections and deaths. "The November protests did not have as their goal the abandonment of all the health measures. The protests were not even anti-lockdown per se. What they were fighting against was 'lock up': 'lockdowns with Chinese characteristics'", he says via email.

He notes that "lockdowns with Chinese characteristics" had no regard for basic human needs, such as access to food or medicine, and failed to protect human life. "The people endured the lock up for three whole years", he says. "Then they understood that the only way to protect human life and their freedom of movement was to rebel against the lock up."

In the absence of any political leadership that could provide the protests with coherent demands—such as public health measures that both protect lives and respect other basic human needs—the Chinese state was able to suppress the protests through the threat of repression, while conceding to one of their main demands ("end the lock up"). In doing so, the government was able rapidly to abandon the entirety of the health measures over the course of December.

Although the abandonment of COVID zero has not been met with the same scale of resistance seen in November, there have been moments of confrontation.

In mid-December, demonstrations took place at medical schools and hospitals in Chongqing, Chengdu, Nanjing, Xuzhou, Nanchang, Kunming, Guangzhou, Nanning, Nanchong and Hefei. Most of the demonstrators were professional graduate students in various hospitals who must perform the same work as other trainees and residents, but are deprived of the same salary rights on the grounds that they are students. "If we are regarded as doctors, then we must have equal pay for equal work, guaranteed treatment and clear scope of work responsibilities", graduate students from Soochow University said in a statement. "If we are regarded as students, then unreasonable requirements for posting must be cancelled, give the students a holiday to go home and rest, and stop the squeeze in the name of dedication."

In Chengdu, Sichuan province, south-western China, 300 students from the West China School of Medicine demonstrated and marched in mid-December after the death, due to heart failure, of a medical student surnamed Chen, who was working as a trainee. Although the administration did not link his death to COVID-19 or any underlying health issues, a post by Chen's classmates on Weibo revealed that he was forced to continue working after testing positive for the virus days before he died.

In early January, thousands of retrenched workers clashed with riot police at a pharmaceutical plant in Chongqing operated by COVID test kit manufacturer Zybio. The factory fired more than 10,000 workers, many of whom were owed back pay, due to a drop in orders from medical companies following the government's abandonment of the COVID zero strategy.

Video footage shows workers throwing traffic cones, boxes and stools at police carrying riot shields. In another video, hundreds of workers are seen destroying rapid antigen test supplies and finished products while chanting, "Return our money!" In response, Zybio has been forced to pay at least

some of the unpaid wages.

Ji Hengge says that sporadic struggles of Chinese workers have been taking place around unpaid wages for the period of leave due to COVID-19 infection, albeit in an isolated manner. “Alongside the Foxconn riots in Zhengzhou last November, these are early indicators that working-class combativity may become more frequent in the coming period”, he says.

The handling of the outbreak has created a crisis of legitimacy for Xi Jinping’s government. “This crisis further exposes that the CCP is corrupted to its core”, says Au Loong Yu. “And one thing is increasingly clear to larger numbers of the population: Xi Jinping and the CCP are the biggest threat to the health of the Chinese people.”

Robert Narai

Lam Chi Leung contributed to this article.

*Name changed.

P.S.

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