

## S.6 English Language

### Topic: Should You Be Worried About the Coronavirus?

Week: 2nd Week (10-14 Feb)

# Should You Be Worried About the Coronavirus?

Public health experts explain the risks and what we still don't know.

By Spencer Bokot-Lindell

Jan. 28, 2020

① For the third time this century, a new strain of coronavirus, a family of pathogens that cause respiratory illness in birds and mammals, has jumped species and infected humans. Having broken out in the city of Wuhan, the virus, likely spread through coughing and sneezing, has now sickened more than 4,500 people and killed at least 106 in China.

② On Monday, The New York Times reported that five people in the United States had tested positive for the illness. But how worried should you really be? Here's what public health experts and others are saying.

#### **'A cause for caution — not for alarm'**

③ The outbreak is believed to have started at a wholesale market in Wuhan, where vendors legally sold live animals, including wildlife, in close quarters, sparking debate about China's game trade. "This is where you get new and emerging diseases that the human population has never seen before," said Kevin J. Olival, a biologist and vice president of research with EcoHealth Alliance, a nonprofit research organization.

④ In response to the contagion, China — still carrying the memory of SARS, the century's first coronavirus to make the leap to humans, which killed nearly 800 people — has temporarily banned the sale of wild animals and effectively placed more than 35 million people on lockdown, blocking expressways and canceling all flights and trains out of the region.

⑤ **It's the largest quarantine in history, but it's unlikely to contain the virus,** writes Howard Markel, a professor of the history of medicine at the University of Michigan.

⑥ The quarantine has taxed Wuhan's ability to care for its sick while doing little to prevent the virus's spread, Dr. Markel notes. Amid the Lunar New Year holiday, China's busiest travel season, some five million people had already left the city before it was sealed.

⑦ "The more we learn about it, the greater the possibility is that transmission will not be able to be controlled with public health measures," Dr. Allison McGeer, a Toronto-based infectious disease specialist, told Helen Branswell at STAT News.

⑧ "I think that our first concern can rightly be the people in China," the Columbia University epidemiologist Simon Anthony told Slate.

### **'We don't know how bad it will get'**

⑨ **There's still a good deal we don't know about the coronavirus.** It's too early to determine exactly how deadly or contagious it is, and as the Times columnist Nicholas Kristof has pointed out, the Chinese government seems to have tried to play down the outbreak, perhaps undercounting the number of infections and deaths. A vaccine will probably not be viable until this summer at the earliest.

⑩ **The United States needs to do more to prepare for an epidemic,** writes Dr. Saad B. Omer, the director of the Yale Institute for Global Health. For one thing, he argues, there's little evidence that President Trump is taking the potential threat from the coronavirus seriously enough. But more broadly, there are clear lessons to heed from the SARS and 2014 Ebola outbreaks:

⑪ The American response should be led by major public health scientists and agencies, such as the C.D.C. and the National Institutes of Health, rather than politicians: "Decisions such as border screenings, travel restrictions and potential quarantine have major public health consequences, and they should be driven by science and emerging biological and epidemiological evidence," Dr. Omer writes.

⑫ Congress also needs to fund the nationwide network of hospitals and treatment facilities established after the 2014 Ebola epidemic, which enables prompt testing and isolation of patients, write Ronald A. Klain, the former White House Ebola response coordinator from 2014 to 2015, and Nicole Lurie, a former assistant secretary for preparedness and response at the Department of Health and Human Services. That funding is set to expire in four months.

⑬ **The coronavirus could also threaten the global supply chain of pharmaceuticals,** Ed Silverman reports.

⑭ Roughly 80 percent of active ingredients used by commercial sources to produce finished medicines come from China, he writes. Most ingredient production occurs several hundred miles east of Wuhan, but it's not hard to imagine the virus and the quarantine spreading in that direction, bringing with them the possibility of shortages.

⑮ “We need a government entity that monitors global supply and demand — and events like this outbreak — to understand our vulnerabilities, predict possibilities and have a plan to prepare, rather than scramble,” Rosemary Gibson, a health care and patient safety expert at the Hastings Center, told Mr. Silverman. “We track food supplies around the world. We do this for energy supplies. We need to do the same thing for medicines.”

### **‘Disease and discrimination are two sides of the same coin’**

⑯ **The first victim of an infectious disease outbreak is often rational decision-making**, write Mr. Klain and Ms. Lurie, which tends to open the door to discrimination in forms both malicious and misguided.

⑰ Ann Coulter, a right-wing commentator, beseeched President Trump on Twitter to ban travel from China.

⑱ In New York City, one school district canceled a field trip to Chinatown ahead of the Lunar New Year celebrations. One parent, Amy Lee-Ludovicy, a Hong Kong native, told The Times that she worried her two children were facing discrimination in ways they had not before. “They are being taught, ‘Let’s just stay away from them,’” she said.

⑲ **There is a troubled history in predominantly white countries of racializing infectious diseases**, writes Alan Zheng in The Sydney Morning Herald.

⑳ “The Ebola outbreak perpetuated images of the ‘Dark Continent’ and exacerbated existing patterns of xenophobia toward black communities,” he writes, also noting how Haitians in the United States were barred from donating blood in the 1980s after being unfairly labeled a risk group for AIDS.

㉑ “Reporting of the virus latches on to a double anomaly: the fear, speculation and uncertainty inherent in the spread of new diseases, as well as a fascination with the darkened interiors of China — a country which continues to evade mainstream literacy in Australia and whose size and scale conjure fantasy at every turn,” he writes.

Source: <https://www.nytimes.com/2020/01/28/opinion/coronavirus-risk.html>