

## FEATURE

# China's COVID-19 Failure Isn't a Win for Democracy

The pandemic years strained every system of government.

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By *Bob Davis*

During much of the pandemic, China turned its handling of COVID-19 into an advertisement for autocracy, bragging about how its political system had allowed it to save lives, ship vaccines to poor countries, and become the world's supplier of protective gear. "Judging from how this pandemic is being handled by different leaderships and [political] systems around the world, [we can] clearly see who has done better," Chinese President Xi Jinping said in early 2021 at the Central Party School in Beijing.

But with COVID-19 now spreading like a dust storm across China, filling crematoriums and emptying stores and hospitals of medicine, Beijing no longer looks like a winner. Estimates of deaths in the next six months run from 1 million to 2 million. In the conflict between democracy and autocracy, which U.S. President Joe Biden has declared to be this generation's defining battle, commentators on both the left and right are scoring this one for democracy.

Autocratic governments "can't admit mistakes and won't accept evidence they don't like," the *New York Times*' Paul Krugman crowed. "China's economy won't surpass America's in size by 2035 after all," because of Xi's COVID-19 policies, gloated the *Wall Street Journal*'s editorial board, citing a Japanese research paper and linking the failures to China's political system.

Yet, however hubristic China's declarations of victory were, the results of the pandemic are hardly a knockout win for democracy. Roughly 300 Americans a day are still dying from COVID-19, and the relatively high levels of protection enjoyed by the U.S. population are the result of widespread infection—and the deaths of more than 1.1 million Americans that came with it—as well as from high-tech vaccinations.

Public health campaigns to bring the pandemic under control faced opposition from right-wing politicians and millions of COVID-19 skeptics swapping tales on social media sites that are banned in China. And while the speed of the COVID-19 outbreak in China is

breathhtaking—and officials are covering up the death toll—public health analysts don’t expect China to match the United States’ pitiful record in dealing with the virus. Per capita, it would take roughly 4.5 million deaths for China’s COVID-19 toll to equal the United States.

COVID-19 stress-tested democracies and autocracies alike—and most failed in different ways. The United States and China are the most prominent examples, but systems from [Peruvian democracy](#) to [Russian autocracy](#) botched their pandemic responses.

In some cases, competition between political systems can be beneficial. The race between the United States and the Soviet Union to land a man on the moon, for instance, gave a big lift to science spending and pushed the boundaries of microelectronics technology, which was needed for a moon mission.

But a pandemic calls for countries to share information, coordinate lockdowns, and work jointly on vaccine development. None of that occurred. China hid information, blocked international investigations into the cause of the disease, and had its diplomats make wild claims that the virus arose in the United States. The United States, under then-President Donald Trump, branded COVID-19 the “China virus” and blamed China for its political woes. Frosty relations continue under Biden.

In many ways, China’s initial response was a replay of its muffed early handling of the SARS outbreak nearly two decades earlier. After trying to hide the emergence of a deadly airborne virus—later dubbed severe acute respiratory syndrome, or SARS—in coastal Guangdong province in late 2002, China quarantined those stricken and their close contacts. Movie theaters, discos, college campuses, worksites, and other public venues closed as authorities tried to convince panicked Chinese not to flee major cities and spread the disease to the interior. Within months, the virus was contained. Globally, 8,098 people became sick with SARS, [including](#) 774 who died—numbers that seem achingly small in the time of COVID-19.

No fresh vaccines or new technology was needed to fight the virus. “21st-century science played a relatively small role in controlling SARS,” a World Health Organization (WHO) review [concluded](#) in 2006. “19th-century techniques continued to prove their value.”

Facing a different coronavirus in 2020, China returned to the SARS playbook but on a massive scale, locking down vast segments of the population much more tightly than European countries that tried a similar strategy, such as Italy, could ultimately sustain. While the strategy bought valuable time to vaccinate, however incompletely, the Chinese population, it failed to defeat the virus.

SARS was far less infectious than COVID-19 and only spread after people developed

symptoms, such as a high fever. Quarantines blocked the virus from replicating. No such luck with COVID-19, which was spread by people who showed no symptoms and raced around the world after Chinese authorities suppressed information about the initial outbreak in Wuhan and failed to act swiftly.

Faced with a relentless and shifting foe in the virus, China built a vast testing, surveillance, and lockdown bureaucracy to enforce its zero-COVID policy. But the strategy had no clear endpoint. In other countries that had tight controls, such as New Zealand and Australia, that time was used to vaccinate the population and, almost as crucially, build out the health care system to prepare for the inevitable arrival of a full-scale outbreak. In China, the energy devoted to maintaining zero-COVID ate up time and resources, and health care investment shrank in 2020 and 2021.

The lockdowns in China and elsewhere came at an enormous cost, wrecking supply chains, creating shortages, and spurring inflation. It also forced students out of classrooms and into their homes behind computer screens and made it difficult for patients to see doctors for maladies other than COVID-19. Whether democracies or autocracies were better at handling those different challenges is difficult to assess—especially in a country such as China, where the ability to do unfettered, on-the-ground research is sharply limited.

In China, the downsides of an autocratic response became increasingly apparent as the pandemic dragged on, particularly the reluctance by the man in charge to change course. Throughout 2022, Xi focused on the upcoming 20th Party Congress that October, trumpeting his handling of COVID-19 as another justification for his unprecedented third term and stacking the ruling Politburo Standing Committee with allies. “In responding to the sudden outbreak of COVID-19, we put the people and their lives above all else, worked to prevent both imported cases and domestic resurgences, and tenaciously pursued a dynamic zero-COVID policy,” he told the Party Congress, repeating the same language he’d used in a July meeting.

Xi’s rigid policymaking included a refusal to import more effective vaccines developed in the United States and Europe using new mRNA technology. Importing Western ones would be seen as an admission that Chinese technology was less capable, especially if Chinese people flocked to Western alternatives. China was sending millions of doses of its Sinovac vaccine overseas to poor nations.

“How could China persuade other countries to import its vaccines if it approved Western vaccines ... thus implicitly acknowledging their superiority?” said Minxin Pei, an expert on Chinese politics at Claremont McKenna College.

The Chinese leadership also rejected efforts to ease the zero-COVID lockdowns, which were hurting the economy and sowing popular discontent. In April 2022, the European Union Chamber of Commerce in China quietly asked Vice Premier Hu Chunhua in a letter to ease lockdowns for those who were vaccinated and to import Western jabs. Zero-COVID requirements were “causing significant disruptions, extending from logistics and production all the way along the supply chain within China,” the European Chamber complained in the letter, which was not released publicly.

Some in the Chinese government were sympathetic and hoped to use foreign pressure to convince the bureaucracy to ease up, said Jörg Wuttke, the European Chamber’s president. But the plan was quickly rejected after it became public. In a May 2022 Politburo meeting, Xi doubled down on zero-COVID, saying pandemic control had reached a “critical stage.” At the Party Congress, Hu, once considered a rising star, was dropped from the Politburo.

In July 2022, a plan by Beijing municipal authorities to require vaccinations to enter movie theaters, museums, and other public venues was canceled after little more than one day. Lockdowns had become so ingrained as the COVID-19 response that vaccinations had become suspect, particularly in a country with a history of adulterated medicines and other safety scandals.

With zero-COVID endorsed so strongly from the top, any deviation from it was politically risky—especially in the run-up to the critical Party Congress, when officials’ careers could so easily be made or broken. China’s early success came from “trusting public health professionals and allowing local governments to innovate,” said Yan Long, a University of California, Berkeley sociologist who focuses on health politics. That attitude was replaced “by a centralized and politicized approach,” she added.

But other repressive autocracies were more flexible. Vietnam, for instance, matched the early intensity of China’s lockdowns and border closures. As the virus morphed, however, the Communist government’s policies adapted, unlike in China. Vietnam imported whatever vaccines it could get, whether Chinese or Western, and bused people from remote villages to vaccination sites.

Anxious to guard its emerging position as a manufacturing alternative to China, it eased many of its restrictions in September 2021. “We cannot resort to quarantine and lockdown measures forever, as it will cause difficulty for the people and the economy,” Prime Minister Pham Minh Chinh said at the time. Vietnamese officials focused on what they called “living with COVID-19.” Overall, Vietnam’s death rate from COVID-19 is about 15 percent that of the United States.

Singapore, a milder autocracy, also adjusted rapidly. As an island, it was easier for Singapore to shut out travelers. It also had an independent public health establishment trusted by the population. Even before the COVID-19 outbreak, the government built an infectious disease hospital that is usually only partially full, said Deborah Seligsohn, an expert on Chinese governance at Villanova University, “so that it would have spare capacity needed for a pandemic.”

In China, the government finally relented about a month after the Party Congress. With political protests rising and the economy stalling, the government suddenly lifted nearly all restrictions in early December. Essentially, it declared victory, arguing that the omicron variant wasn’t as deadly as previous ones and keeping secret the count of those infected, hospitalized, and dead. “The most difficult period has passed,” state news agency Xinhua wrote in a December commentary.

Western journalists report crematoriums working 24/7, hospitals overflowing, empty city streets as people continue to hunker down, and shortages of medicine. Wuttke, the European Chamber president, said his members now must plan for widespread stoppages as workers get ill or fear reporting to work. Deaths are estimated at 9,000 or more a day.

But the virus also exposed the problems of democracy in responding to public health crises. While the United States’ scientific talent and wealth helped produce powerful vaccines using new technology only a year after COVID-19 emerged, the U.S. political system failed to convince enough people to roll up their sleeves to head off hundreds of thousands of deaths.

Prior to the pandemic, the United States was considered the best prepared of 195 nations to handle a pandemic, according to the Global Health Security Index, a project of the Johns Hopkins Center for Health Security and the Nuclear Threat Initiative, an anti-nuclear organization. That proved hubristic.

The United States had problems turning out COVID-19 tests, sharing information on the virus’s spread, and coordinating federal and state responses. “Often data shared among public health agencies was sent by fax machine,” said Angela Rasmussen, a virologist at the University of Saskatchewan’s Vaccine and Infectious Disease Organization.

Populist politicians rallied opposition to wearing face masks and opposed vaccine mandates. Trump and some officials promoted crackpot cures for COVID-19, including hydroxychloroquine, an anti-malarial drug, and downplayed the vaccines their administration had helped create. Populist leaders in other countries, particularly Mexico and Brazil, followed suit.

“With autocracy, you don’t have armed people turning up at state capitals saying, ‘We’re tired of masking and quarantining,’” said Alan Schnur, a retired WHO communicable disease specialist who worked on the SARS outbreak in China. “In China, people don’t mess around with the government.”

Meanwhile, social media helped spread conspiratorial views that COVID-19’s danger was overstated and the number of hospitalizations and deaths hyped. Conspiracy theories, usually a hallmark of autocracies lacking a free press able to sort fact from fiction, have become a more prominent feature of democracies, too. About the same percentage of over-80 Americans have received two shots in China as in the United States.

In 2021, Yanzhong Huang, a senior fellow for global health at the Council on Foreign Relations, confidently predicted that the United States would achieve “herd immunity” ahead of China. Now, he says he overestimated the ability of the Biden administration to convince Americans to get vaccinated and boosted. “The political environment turned out to be more harmful,” he said.

In one of the most telling indicators of failure, Chinese life expectancy topped the United States’ during the pandemic for the first time since the United Nations started keeping records in 1950, as Americans were buffeted by COVID-19 and drug overdoses.

Other democracies, however, fared better, particularly Australia and New Zealand, both island nations, where it was easier to shut borders to infectious outsiders. In both places, faith in the political system, according to Pew Research Center polling, was far stronger than in the United States.

But South Korea—a nation with U.S. levels of distrust in government—also performed well. There the government focused on rapidly testing for COVID-19, tracking those who were infected, and convincing people to quarantine. More than twice the percentage of South Koreans have received vaccine boosters than Americans. The percentage of people there who died from COVID-19 is one-fifth that of the United States.

“It is very difficult to make a general statement on which political regime has responded to the pandemic more effectively,” said Pei, the Claremont McKenna scholar. Performance varies between democracies and autocracies, he said, and within each system.

Most important, said Rasmussen, the virologist, is for democracies and autocracies to work together on public health rather than focus on blaming one another, as the United States and China largely have done. “What’s really needed is genomic surveillance capacity where it doesn’t exist at all” to find viruses before they spread, she said. “You don’t really know how many other coronaviruses are around us.”

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