
On the Consequences of Having Omnipotent National Presidents Who Do Not Heed Their Expert's Advices and Other Lessons From a Pandemic

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The current pandemic caused by the new coronavirus, finally named SARS-CoV-2, whose epicenter was located in China during its initial stages and later moved to Europe, has been established in a very alarming way, and for now, in the American continent. Thus, at the end of May 2020, the two countries with the highest number of new infections on the planet are the United States of America and Brazil. This unfortunate reality has taken place because the scant attention paid to this immense problem by the presidents of these two countries, without paying attention to the brilliant experts who are exhibiting as advisers in their administrations. Such a situation has possibly caused the pandemic to claim many more victims, and not only in their countries, than would have occurred on a more rational action scenario on their part. Therefore, these reflections aim to alert anyone who wants to know them on the consequences of this type of action by deaf rulers to the recommendations of world and national scientific authorities.

The Epicenters of the Pandemic

On December 29, 2019, the first 4 cases of patients affected by the new coronavirus were reported in the Chinese city of Wuhan and all of them were associated with the Wholesale Seafood Market in Huanan [1]. These were identified in local hospitals through a surveillance mechanism for “pneumonia of unknown etiology” that had been established after the SARS outbreak in 2003, in order to identify new pathogens such as SARS-CoV-2 in a timely manner [2].

Initial management in detecting the outbreak appears to have been very effective by the Chinese health system; however, the first steps in the fight against the new coronavirus were heavily marked by political actions to silence the warnings made on December 30 by ophthalmologist Li Wenliang, through a closed chat that he shared with students from the school of medicine, so that they would take personal care not to catch the SARS-like illness that had appeared in the hospital and to alert their relatives and loved ones [3]. Dr. Li is believed to have been infected around January 8 by caring for a glaucoma patient [4] and was quarantined; he finally died in February 2020, although the date and time of his death have been left in doubt by the appearance of two versions: according to the China Newsweek newspaper he died on February 6 at 9:30 p.m. [5], but the hospital report indicates that his death occurred at 2:58 on February 7 [6]. After his death, Dr. Wenliang probably became the first hero in the fight against the new coronavirus [7].

According to the pandemic data publicly managed on social networks on the evolution of the pandemic in China [8], it could be said that the situation of new infections was controlled on March 12 (see Figure 1), that is, 73 days after the first four cases had been reported and 36 days after reaching a maximum number of daily infections on February 4 [8]. For this reason, it could be assumed that the health and social actions taken by the Chinese authorities to address the situation probably emanated from the recommendations of their experts and it were applied without much controversy, resulting these quite effective, especially the quarantine decreed in the province of Hubei, the application of sufficient diagnostic tests and the isolation of positive cases. It is important to consider that China also had the disadvantage of being the first country to face the outbreak, thus not having any prior knowledge about this unknown and deadly pathogen, having been the first epicenter of the pandemic from its commencement until approximately March 13, when it was relieved by Italy, in this disastrous competition where no one wants to take the lead.

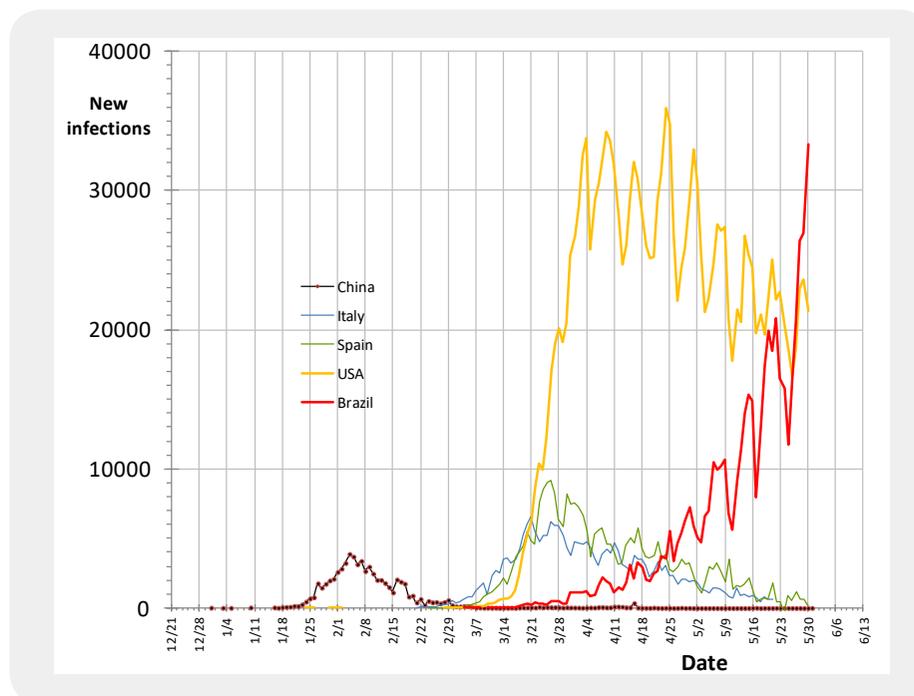


Figure 1: Time evolution of confirmed COVID-19 new infections for China, Italy, Spain, USA, and Brasil from January 12 to May 30, 2020. Data collected from Wikipedia [8-12].

On the other hand, Italy reported its first cases of infection with the new coronavirus on January 31, 2020, for two Chinese tourists in Rome, and a week later an Italian citizen returning from Wuhan, China, was diagnosed positive for SARS-CoV-2 [9]. By early March COVID-19 had spread to all regions of Italy. The initial overconfidence on the part of the political authorities, some of which advised the population not to stop doing what was customary, as well as the subsequent decision to preserve social rights and the economy with non-rigorous regional isolation measures, seem having been key factors in the baneful spread of the virus, despite the great efforts made by the health system and scientific researchers, who could not believe what was happening. Additionally, the country was unable to find where to purchase supplies in sufficient quantities for the treatment of emergencies, which led to the collapse of health institutions. Fortunately, the Italian state received in full crisis effective support from Russia for effective disinfection in several of the most affected regions.

It could be said that the new infections situation was controlled for May 30, that is 117 days after the first cases were detected and around 70 days after the maximum number of daily infections was obtained (March 26, Figure 1). This last period is practically twice that observed in the case of China.

The events in Spain were quite similar to the Italians but presenting a higher number of infected, which mostly lived in the two most populous cities and, additionally, those with the most contact with other countries: Madrid and Barcelona. The first case was reported outside its continental territory, in the Canary Islands, on January 31 for a German tourist [10]; however, transmission within its continental borders was rapid and by mid-February, the country's 50 provinces had been hit by the virus. The government's indecision to apply rigorous isolation measures, fundamentally due to the heavy dependence of the economy on tourism (internal and external), allowed the situation to become critical in mid-March, displacing Italy from the epicenter of the pandemic. By May 30, it can be said that the situation began to be controlled with regard to the number of new infections, having taken it for about 117 days after the first reported case and about 65 days after the peak (March 26, Figure 1).

Furthermore, the first positive case for COVID-19 in the United States was reported in the state of Illinois, on January 23, 2020, for a traveler returning from Wuhan, China; his wife was reported on January 30 as the first case of secondary transmission in that country [13]. Subsequently, in mid-May, a truly brutal stage of exponential growth began, mainly focused on the state of New York, thereby transferring the epicenter of the pandemic to the new continent. Although it is generally assumed that most of the statistical data for the countries is underestimated, especially in the initial stage, it is believed that in the case of the United States, such underestimation is even greater due to the relatively low number of reliable tests carried out initially.

Perhaps for this reason, it can be seen in figure 1 (data collected from Wikipedia [11]) that around 40 days elapsed from the moment the first cases were reported to the start of the exponential growth phase, in which the country's controversy on the COVID-19 was the main course, starring the president and his particular vision of the moment. It can also be seen that there is no defined maximum peak in the curve and that even when the general trend of the number of new infections is downward from April 25 (about 90 days after the first case was reported), it shows a pronounced oscillating pattern. At this point it is important to highlight the strong discrepancies between the national and regional authorities regarding the application of

sanitary and social distancing measures, with the country's president trying to impose measures to save the economic aspects and failing to respond in a timely manner to the public recommendations of renowned scientific experts who were part of its advisory team, such as Dr. Anthony Fauci, immunologist, director of the National Institute of Allergy and Infectious Diseases of USA and the National Institute of Health. As of May 30, 128 days after the first case was reported, the outbreak had not been brought under control, resulting a paradoxical situation as it is one of the most developed countries on the planet.

On the other hand, the pandemic in Brazil, unfortunately a strong candidate to become the new epicenter of the pandemic, has behaved similarly to that of the USA. The first positive case for SARS-CoV-2 was reported by health authorities to a citizen of Sao Paulo on February 25 [14]. The exponential growth phase of the number of new infections started about 35 days after the first case was detected. Until May 30, the curve shown in the Figure 1 (data collected from Wikipedia [12]) had not reached a maximum value and despite the fact that the initial growth stage that has been observed has not been as violent as that of the USA, to date, it has already worryingly exceeded its values. Interestingly, the Brazilian curve also shows very pronounced oscillations. The strong discrepancies existent between the different government levels are also remarkable in this case, regarding the policies that the country should apply, with many governors and national authorities strongly opposing to the flippancy of the President, which has confronted the media accusing them of creating fantasies regarding the issue, threatening to withdraw the country from the WHO and ceasing to publish official data on the pandemic, to the point that the Supreme Federal Court has had to intervene ordering the president to completely restore the daily disclosure of epidemiological data on the COVID-19 pandemic in the usual agency's website, following the terms that had been previously published [15].

As it can be seen in Figure 1, until May 30 the situation in Brazil could not be controlled and became critical, especially because this vast country shares borders with 10 Latin American countries. To make matters worse, the pandemic has been worryingly escalating in some countries in this region, such as Peru, Ecuador and Chile.

Main Lessons from COVID-19

Undoubtedly, the difficult world situation that arose as a result of the pandemic caused by the new coronavirus should leave many lessons for human beings of current and, perhaps, of the succeeding generations. The doubt is because of the little collective memory that usually has most of the self-called rational beings.

Undoubtedly, among the most exemplary teachings that this pandemic will leave, it must be included in a special place that humans understand perfectly that our species is as fragile as any other species that inhabits the planet and that, as in any of them, there are weaker sectors due to various factors, such as age conditions, pre-existing health problems, risks due to increased exposure to the virus owing the type of activity carried out, etc. However, it is important to highlight that the pandemic has had a non-discriminatory nature, unlike any other usual event associated with human activities, not distinguishing between its victims due to religious beliefs, sex, skin color, economic power, political power, fame etc. Thus, we have seen how the victims of this terrible pathogen can go from the doorman of a government palace to the Prime Minister

himself. Similarly, this fragility has also been observed to be accentuated when the different conglomerations of human beings, whether they be called countries, regions, provinces, etc., do not have authorities concerned with the common welfare, who act in concert to confront in the most efficient way extraordinary situations as this type of pathogens, but on the contrary, attending to their personal interests, especially those of economic and/or political nature.

Another important teaching of the pandemic has been having allowed to assess in its proper dimension the importance of many service provider unions in the area of health, other than that of medical doctors, such as nurses, technicians specialized in hospital services, clinical laboratory assistants, paramedics, ambulance drivers, cleaners, etc., who provide their services receiving wages not commensurate with their degree of responsibility, and as in the present case, risking their lives and that of their families; a risk that has always been there but that is seen for the first time in all its magnitude. For all of them, symbolic recognition has been worldwide, as has been seen across the globe. Let's hope that this recognition can also be made in the very near future, with greater justice, and that at least these anonymous heroes of every day obtain salaries similar to those of other heroes who in peacetime risk much less and receive much more, such as athletes or military personnel.

Another of the educational edges of the pandemic is related to the urgent need for countries to train their own scientists who can help in the fight against these and future critical situations; however, it is equally important that the authorities take their opinions into account when making decisions regarding the management of situations such as the present one. In this sense, the handling of the COVID-19 pandemic by some governments whose fundamental decisions have been dictated by omnipotent presidents has allowed us to observe practically in real time, thanks to globalization, examples of how bad things can go when these decisions are marked by the personalism of a leader who ignores the recommendations of the experts.

Finally, the pandemic has also exposed the reality of the health systems of many of the "developed" countries, which had been long hidden by publicity campaigns of the governments to make believe their populations, and the rest of the world, how wonderful have been their administrations.

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