



# **THE COVID-19 PANDEMIC:**

**The World Turned Upside Down**

Hal Marcovitz



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# CONTENTS

<b>Introduction</b>	<b>4</b>
A Danger to All	
<b>Chapter One</b>	<b>8</b>
The Pandemic Spreads Across the Globe	
<b>Chapter Two</b>	<b>17</b>
Life Under the Lockdown	
<b>Chapter Three</b>	<b>25</b>
Struggling Workers and Businesses	
<b>Chapter Four</b>	<b>33</b>
Schools Close Their Doors	
<b>Chapter Five</b>	<b>42</b>
Hospitals and Health Care Workers Fight the Pandemic	
<b>Chapter Six</b>	<b>51</b>
The Federal Government's Response to COVID-19	
<b>Chapter Seven</b>	<b>59</b>
Emerging from the Pandemic	
<b>Source Notes</b>	<b>67</b>
<b>Organizations and Websites</b>	<b>72</b>
<b>For Further Research</b>	<b>74</b>
<b>Index</b>	<b>76</b>
<b>Picture Credits</b>	<b>80</b>
<b>About the Author</b>	<b>80</b>



# The Pandemic Spreads Across the Globe

Wet markets are common throughout Asia. They are places that feature dozens of stalls, where merchants sell meat, fish, and poultry, often slaughtering the animals right in their stalls. Journalist Jason Beaubien describes a wet market he visited in Hong Kong:

It's quite obvious why the term "wet" is used. Live fish in open tubs splash water all over the floor. The countertops of the stalls are red with blood as fish are gutted and filleted right in front of the customers' eyes. Live turtles and crustaceans climb over each other in boxes. Melting ice adds to the slush on the floor. There's lots of water, blood, fish scales and chicken guts. Things are wet.<sup>5</sup>

Scientists have warned about the public health hazards of wet markets. Not only do merchants typically practice little hygiene in their stalls, but the animals—some wild, some domesticated—are often under stress while they are held in cages in these chaotic markets. These high stress levels can lower the animals' im-

mune systems, creating environments where diseases from different species can intermingle—jumping from a chicken to a hog, for example. Soon, these diseases have the potential to become zoonotic—meaning they can transition from animals to people. According to Felicia Keesing, a professor of ecology at Bard College in Annandale-on-Hudson, New York, “If we needed to make a perfect recipe how to make a pathogen jump, that would be it.”<sup>6</sup>

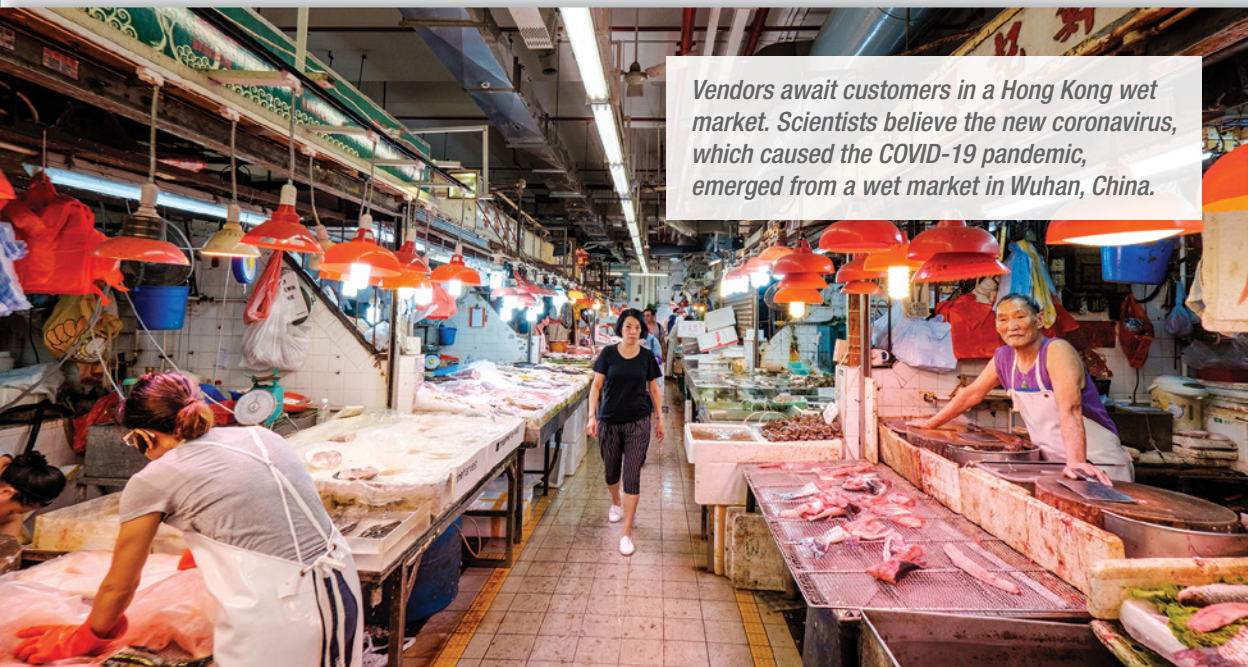
In late 2019, a disease is believed to have become zoonotic, jumping from either a bat or a pangolin—commonly known as a scaly anteater—to a person at a wet market in the Chinese city of Wuhan. Within weeks, COVID-19—the disease that emerged from the Wuhan wet market—was declared a worldwide pandemic.

**“If we needed to make a perfect recipe how to make a pathogen jump [from animals to humans, an Asian wet market] would be it.”<sup>6</sup>**

—Felicia Keesing, a professor of ecology at Bard College in Annandale-on-Hudson, New York

## **The Disease Spread Quickly**

Deadly pandemics have occurred before. In 1347, a plague known as the Black Death spread across Europe and beyond, killing some 137 million people worldwide. And in the two years following the end of World War I in 1918, the Spanish flu spread



*Vendors await customers in a Hong Kong wet market. Scientists believe the new coronavirus, which caused the COVID-19 pandemic, emerged from a wet market in Wuhan, China.*



from Europe to America and other countries, taking some 50 million lives worldwide.

But neither the Spanish flu nor the Black Death traveled with the swiftness of COVID-19. The speed with which the disease spread from China to other parts of Asia and on to Europe, North America, and other continents can be attributed largely to the availability of long-distance travel in the twenty-first century. In other words, a traveler infected with COVID-19, but not yet showing symptoms, could board a plane in China and arrive in the United States just hours later—perhaps infecting many people onboard as well as in the airports and elsewhere. And those peo-

## How Viral Infections Affect People

COVID-19 is a disease caused by a viral infection. In this case, the virus is known as a coronavirus because when it is observed under a microscope, it resembles an orb surrounded by a hazy crown. The Latin word for “crown” is *corona*. The World Health Organization named the disease on February 11; *COVID-19* stands for “corona virus disease of 2019.”

There are many different types of viruses and many different illnesses that result from viral infections. The common cold is a mild form of a viral infection, perhaps afflicting a patient with a sore throat, cough, runny nose, and slight fever for a few days. Or, as in COVID-19, a viral infection can prompt severe symptoms that can be fatal.

A virus is a germ. When a virus enters the body, it attaches itself to healthy cells, injecting its genetic material into those cells. That allows the virus to duplicate itself in the body. It also damages the cells, which, in turn, cause the patient to suffer symptoms such as headaches, fevers, and difficulty breathing. Many people have strong immune systems that help them either experience no symptoms from a virus or endure the infection with mild symptoms. Others, such as elderly people or those whose immune systems have been compromised by prior illnesses, may experience severe symptoms. Because of the harsh symptoms experienced by otherwise healthy people, COVID-19 is among the deadliest diseases to have been sparked by a virus in the history of human culture.

ple, in turn, could infect others. As Victor Davis Hanson, a history professor at Stanford University in California, explains, “Modern life squeezes millions into cities as never before. Jet travel, with its crowded planes and airports, can spread diseases from continent to continent in hours.”<sup>7</sup>


The first reported death from COVID-19 occurred on January 11, when a sixty-one-year-old customer of the Wuhan market succumbed to the disease. The death occurred just before the lunar new year, which is a major holiday in China; millions of Chinese citizens travel to celebrate the holiday with family members in other cities. It is likely that many of those travelers unknowingly spread the disease to others throughout China and elsewhere.

On January 16, authorities in Japan disclosed that a Japanese man who had traveled to Wuhan was now infected with COVID-19. In the United States, the first case was confirmed on January 20 in the state of Washington. Cases also surfaced in South Korea, Taiwan, and Thailand. On January 23, Chinese authorities closed the city of Wuhan to travel and ordered all of its residents to stay in their homes. By this point, 17 people had died in China, and the number of infected people worldwide stood at 570. The first death outside China—a forty-four-year-old man in the Philippines—was reported on February 2. The death toll by that date stood at more than 200, with some 9,800 cases reported around the world.

## ***The Diamond Princess***

Some of those cases were found among the thirty-six hundred passengers aboard the *Diamond Princess* cruise ship, which docked in Yokohama, Japan, on February 5. The passenger list included more than four hundred Americans. The passengers were quarantined aboard the cruise ship, where the disease spread throughout the close quarters of the vessel. Screenings aboard the ship detected more than six hundred cases. On February 19, passengers who had tested negative for the disease were permitted to leave the ship and return to their homes.

In rapid succession, reports of the disease came from countries around the world. The first case in Europe was announced on February 14, when officials in France said an eighty-year-old tourist from China had died in a Paris hospital. It was the first known death



“What makes me most angry is that we had a month and a half to get ready after our first case, and we had weeks to prepare after watching what’s happened in Italy.”<sup>8</sup>

—Ángela Hernández Puente, a Spanish labor leader

from the disease outside Asia. On February 21, the disease surfaced in the Middle East when Iran reported the deaths of four COVID-19 patients. The African nation of Nigeria reported its first case on February 28. Two days earlier the disease had surfaced in Latin America. On February 26 Brazilian officials announced that a sixty-one-year-old man from São Paulo had tested positive after returning from a business trip to Italy. In fact, Italy as well as Spain were among the hardest-hit countries in Europe. By late April, Italy had reported more than

201,000 cases and some 27,000 deaths, and Spain had reported more than 232,000 cases and more than 23,800 fatalities.

As the pandemic spread throughout Europe, leaders of Spain and Italy received criticism from public health officials for not realizing the dangers posed by COVID-19. Critics charged that leaders of the two countries let public activities in Spain and Italy go on too long before they issued stay-at-home orders and similar measures to stem the spread of the disease. Italy did not issue its stay-at-home order until March 10, and Spain waited until March 15 to order citizens to remain in their homes. “What makes me most angry is that we had a month and a half to get ready after our first case, and we had weeks to prepare after watching what’s happened in Italy,”<sup>8</sup> said Ángela Hernández Puente, a leader of a health care worker labor union in the Spanish capital of Madrid.

## Lockdowns Across Europe

For citizens of Italy and Spain, as well as other European countries, the lockdowns were difficult to endure. Spain and Italy are



both known for their lively nightlife, where people dine late in the evening and congregate in crowded bars. But even for those raising young children in Europe, the stay-at-home orders meant dramatic changes to their lifestyles.

Cristina Higgins, an American university professor living in Bergamo, Italy, said many of her friends fell ill from the disease before the stay-at-home orders were issued. “We have friends who are getting sick. It’s very stressful,” Higgins said. “I am nauseous all day long, because every time I look at the news or talk to somebody else, something terrible has happened. And I don’t know what’s going to happen next.”<sup>9</sup>

During the pandemic, Higgins, her husband, and their three young children rarely ventured outside past the driveway of their apartment building. Their children’s school provided lessons through videoconferencing over the internet. Homework was assigned and turned in through e-mail. At night, the family played Monopoly and other board games. The only trip Higgins’s husband made away from home was a once-a-week visit to a local grocery store. Patrons were ordered to remain several feet apart from one another—a concept known as social distancing—to minimize



*Residents of Turin in Italy practice social distancing in April 2020 as they wait their turn to enter a supermarket. Social distancing has become a part of the new reality of daily life in most countries.*

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# ORGANIZATIONS AND WEBSITES

## **Center for Infectious Disease Research and Policy (CIDRAP)**—[www.cidrap.umn.edu](http://www.cidrap.umn.edu)

Maintained by the University of Minnesota, CIDRAP has made several resources available about COVID-19. Visitors to the group's website can find maps charting the spread of the disease; a timeline reporting how the disease emerged from Wuhan, China; and a video showing how the disease spread, county by county, in America.

## **Johns Hopkins Center for Health Security** [www.centerforhealthsecurity.org](http://www.centerforhealthsecurity.org)

The center examines pandemics and other international health threats. By accessing the link for "Medical and Public Health Preparedness and Response," visitors can download copies of the organization's report *A National Plan to Enable Comprehensive COVID-19 Case Finding and Contact Tracing in the US*.

## **Mayo Clinic**—[www.mayoclinic.org](http://www.mayoclinic.org)

The renowned medical center based in Rochester, Minnesota, maintains a website that is following the development of vaccines for COVID-19. It discusses the different types of vaccines under development as well as the expected timeline that must unfold before they can be made available to the public.

## **Mütter Museum**—<http://muttermuseum.org>

Maintained by the College of Physicians of Philadelphia, the Mütter Museum features exhibits on past pandemics that have afflicted the world. Visitors to the museum's website can find a story and photographs behind the museum's exhibit *Spit Spreads Death: The Influenza Pandemic of 1918–19 in Philadelphia*.



# FOR FURTHER RESEARCH

## Books

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# INDEX

*Note: Boldface page numbers indicate illustrations.*

- Acker, Peter C., 21  
Aluko, Titilayo, 38–39  
anosmia, 15  
antibodies, **64**  
Ayi, Madhvi, 42, 43  
Ayi, Minnoli, 43  
Azar, Alex, 51, 54
- Beaubien, Jason, 8  
Berger, Katie, 59  
Beutner, Austin, 37–38  
Biden, Hunter, 52  
Biden, Joseph, 52, 58  
Biomedical Advanced Research and Development Authority, US, 65  
Black Death (1300s), 9, 66  
Bourne, Holly, 15  
Bush, Kothney-Issa, 25–26, 27–28  
Bush, Marek, 25–26, 27–28
- Campbell, Michael, 45  
Center for Infectious Disease Research and Policy (CIDRAP), 72  
Centers for Disease Control and Prevention (CDC), 52, 73  
on deaths of health care workers, 44  
first becomes aware of COVID-19, 51  
social distancing guidelines of, 19  
Collins, Francis, 65  
Congress, US  
emergency aid bill approved by, 57  
impeachment of Trump and, 53–54  
passes economic stimulus bill, 30  
contact tracing, 59–61, **60**  
apps for, 61–62  
coronavirus, 4, 65–66  
antibodies and, **64**  
origin of, 9  
COVID-19 (coronavirus disease)  
extent of pandemic, 5–6  
first death from, 11  
risk to health care workers, 43–45  
spread from patients to health care workers, 45  
Sweden's response to, 63  
symptoms of, 15  
work on drugs to treat, 65