The Zika pandemic and Washington's indifference

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According to the Centers for Disease Control (CDC), as of late November, 182 people in Florida have been infected with Zika by local mosquitos, and in Massachusetts there are 101 cases of travel-associated Zika.

The CDC also reports there are 4,444 cases of Zika in the continental US and Hawaii, with 26 cases of Zika-related birth defects and 5 pregnancy losses secondary to Zika infection. According to the Associated Press, Puerto Rico had 500 new cases of Zika the last week of November, for a total of 34,562, including approximately 2,700 of the infections in pregnant women.

The *New York Times* reported on November 22 that Thailand had hundreds of Zika cases, with two cases of microcephaly by late September, and that Vietnam had its first Zika-related microcephaly case in late October.

In less than two years, the Zika virus pandemic has swept from Brazil to all of South America, apparently excepting Uruguay and Chile, to all of Central America, to Mexico, to every state in the continental United States, to Hawaii, to several Caribbean nations and to at least 11 Asian countries. The swiftness of the viral spread has astonished and genuinely alarmed infectious disease and health care investigators worldwide. As of mid-November, millions of persons in 75 countries are known to have been infected with Zika, a flavivirus related to dengue, yellow fever, Japanese encephalitis, and the West Nile viruses.

The velocity of Zika's spread stands in the sharpest contrast to the slowness and utter indifference of the capitalist politicians in Washington who declined *any* funding for Zika vaccine research until September of this year, when Congress approved $1.1 billion of the paltry $1.9 billion requested by President Obama in February. Meanwhile, untold sums are squandered in wars in at least eight countries, totaling more than $11 trillion in the last 15 years for the phony war on terror. And trillions more have been funneled in a financial pipeline from the US Treasury to the major banks, thereby enriching the few hundred billionaires who dictate the terms of existence to billions of human beings on the planet.

According to Wikipedia, the virus was first isolated in 1947 from a rhesus macaque monkey living in the Zika Forest near Victoria Falls, Uganda, with the investigative work done at the Yellow Fever Research Institute. Blood samples from humans in Africa and India confirmed its common presence in the decades since. In 2007, there were an estimated 100 cases of human Zika infections in Micronesia with no serious illnesses or deaths.

In 2013 and 2014, a spate of Zika infections occurred in French Polynesia and the Cook Islands in the South Pacific, which were reported in an infectious disease journal by an Australian physician from Melbourne. Speculations exist that a Tahitian soccer team visiting for a Brazilian-sponsored match in 2013 may have transported the virus to South America.

Regardless, Brazilian health authorities notified the World Health Organization (WHO) in the spring of 2015 that a wave of about 7,000 Zika infections had swept across the northeastern country. By that July, a few dozens of cases of Guillain-Barré adult paralysis, a known complication of Zika infection, had occurred from the same population. Then, by November of last year, a shocking and unprecedented spike in the occurrence of newborn microcephaly, babies born with dramatically diminished brain tissue and resulting small craniums, emerged from the same groups.

The "normally" occurring rates of this life-long disabling disorder in Brazil were formerly about 200 per year. In November 2015, there were 141 such cases, and by January, the number of newborn microcephalics approached 4,000. Subsequently, multiple health research centers have confirmed that live Zika virus in pregnant women attacks their fetuses in approximately 1 percent to

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30 percent of pregnancies. Babies born to Zika-infected mothers also have increased rates of blindness, deafness, club foot, and joint and muscle abnormalities.

Zika is spread primarily by *Aedes aegypti* and *Aedes albopictus* mosquitos, which are active primarily in the daytime and which must feed on blood in order to lay eggs. The virus is also transmitted by way of blood transfusions and by sexual intercourse.

A minority of Zika-infected persons become ill with a self-limiting course lasting generally less than a week, with fever, rash, headache, red eyes and sore joints. Many infected people have no symptoms whatever and spread the virus to their sexual partners unknowingly. The global reach and speed of spread of the disease is principally a byproduct of international and intercontinental air travel.

The planet's poorest societies with populations living in temperate zones and in districts and neighborhoods with numerous sources of stagnant water, and without adequate protective screening mesh, clothing, and chemical repellant, and without public health systems in place for mosquito eradication, will see the most exposure and rapid spread.

In otherwise healthy men and non-pregnant women, the virus is most often cleared from the body by the immune systems within a week, which may confer immunity to Zika for an indeterminate duration thereafter. For as-yet-unknown reasons, pregnant women are less able to clear the virus. Theories as to why include either because of the pregnant woman's dampened function of her immune system (so that the fetus is not immune-rejected by the mother), or perhaps that an infected fetus cannot clear the virus, and thus repeatedly reinfects the mother.

Despite the advances in global communications and research infrastructure, and the energy and interest of dedicated scientists and physicians to find a response to Zika, the spread of the virus is a testimony to the reactionary impact of the profit system on human beings, particularly the wide swathes of deep poverty on almost every continent. The present capitalist setup imposes ghastly inefficiencies with an immense human toll due to delays in the design, production and administration of a safe and effective vaccine against Zika.

Some 20 big pharmaceutical firms wait in the wings for the many billions to be made from the manufacture of the vaccines that are being researched and designed, largely in what remains of public sector facilities.

In August of this year, Dr. Anthony S. Fauci, immunologist and director of the National Institute of Allergy and Infectious Disease (NIAID), conveyed his frustration as to marked delays by the US government in providing funds for vaccine research, as Zika raced across the globe.

Dr. Fauci told Siddhartha Mukherjee, writing for the *New Yorker* in August, "We have had to borrow money from other accounts to get our work started (on designing a vaccine). If we don't receive the appropriations very soon, this will slow down the important preparations (for the next phases of vaccine development)."

Scientists at numerous centers, including the University of Wisconsin in Madison, the NIAID with Dr. Fauci's group in Bethesda, Maryland, the University of Maryland in Baltimore, the University of California in San Francisco, the University of Texas Medical School in Galveston, and the D'Or Institute for Research and Education and the Federal University of Rio de Janeiro, are working overtime with their staffs to deepen their understanding of the pandemic's problems and prepare a vaccine.

Potentially viable vaccines have been developed in record times by scientists at NIAID and at Beth Israel Deaconess Medical Center in Boston, and are presently being tested for efficacy and safety in human volunteers. But it is estimated that mass and focused vaccination for Zeka will not be available until early 2018.

The forces of political reaction in the US and in other countries are also striving to permanently abolish access to safe and affordable abortions, under any and all circumstances, thereby sentencing young families the world over to the life-long care of incurably brain-damaged and, in extreme cases, even vegetative Zika victims.

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