

An ominous warning ignored by governments

## Netflix's *Pandemic: How to Prevent an Outbreak*

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*Pandemic: How to Prevent an Outbreak* is a six-part documentary concentrating on medical professionals and scientists around the world fighting to contain the spread of viruses.

Launched on Netflix during the coronavirus outbreak in Wuhan, China in late January, the series, directed by Doug Shultz and Isabel Castro, has now been widely viewed around the world. As the US became an epicenter of the current pandemic last week, the series jumped into the top ten most-viewed on Netflix.

Hundreds of millions of people are currently sheltering in their homes—aside from the millions homeless on the streets—as a result of the rapidly spreading COVID-19 disease, which is devastating the health, jobs and lives of vast numbers.

The interest in *Pandemic* indicates the widespread desire to understand how a virus can have such a tremendous impact on human life. The events of the past few weeks have shown how a “trigger event,” such as a new virus, exposes a host of intractable problems and the irrationality of the entire social and economic system. The Netflix series sheds light on some of these issues and reveals that while there are still many unknowns about pandemics, the ability also exists to understand, predict and fight against their spread, if society were organized along rational, consciously planned lines.

The first episode begins on an appropriately ominous note. A team of scientists and researchers scans the ground with tools to locate bodies in a mass grave in Pennsylvania resulting from the 1918 flu pandemic. In a voiceover, Dr. Dennis Carroll, formerly the Director of the US Agency for International Development’s (USAID’s) Pandemic Influenza and other Emerging Threats Unit, as well as senior infectious diseases advisor for the US Centers for Disease Control and Prevention (CDC), explains: “We could be standing in any number of towns across the US, Kenya, Vietnam. This grave site is a reminder of the devastation a flu pandemic can wreak. It’s not a matter of if, but when.”

This dire warning is the overarching message repeated numerous times in *Pandemic* by scientists, doctors and others. While most of the world’s population hardly needs to hear this in late March 2020, the specialists’ message clearly demonstrates there was advance awareness that a pandemic was a predictable risk for the human population. The various ruling elites have vast quantities of blood on their hands.

Carroll explains his role is to “prevent, detect, control, and respond to emerging viral threats.” Although the opening scene of a mass grave was shot in Butler County, Pennsylvania, Carroll’s position at the time takes him around the world, to Asia to study birds, and to

Italy to discuss with researchers from the Food and Agriculture Organization. By the end of the film, he retires from his job at USAID after 30 years to head the Global Virome Project, a global cooperative scientific effort to reduce the risk of viral outbreaks. One is left with the definite impression he is frustrated with government inaction.

“You need to move from being reactive to proactive,” Carroll explains about a virus. “Reports should come out two to three weeks earlier in livestock; it bothers me when it is first picked up in humans.”

Carroll refers to the 1918 flu pandemic, which emerged near the end of World War I, pointing out that even at a time “when population movements were a fraction of what they are today,” the disease spread rapidly and led to 50 to 100 million deaths. In 1918, he goes on, “there were 1.8 billion people, now there are 7.8 billion people. Not 50-100 million would die [in a similar circumstance], but hundreds of millions.” The continuity of health services will be threatened, he goes on. “Also, you’ll have severe issues with normal infrastructure operating. If the workforce becomes ill, you’ll have vulnerabilities.” All of this, of course, is coming horribly true before our very eyes.

The series also introduces the viewer to Dr. Syra Madad, Senior Director of the Special Pathogens Program for New York City Health and Hospitals. Speaking last year, Madad issues a grim warning. “Three thousand flights pass through New York City every day. If a person arrives with a novel virus it could very quickly spread. With no prior immunity, the outbreak would spread very aggressively. Hospitals now operate at 110 percent capacity. In a matter of weeks it would incapacitate the city. The demand for burials will become overwhelming. Within one month it could spread throughout the country, a month after that throughout the world.”

Changing what needs to be changed, these words are only too relevant to the present disaster, especially in New York City, the current epicenter of the coronavirus.

“MERS [Middle Eastern Respiratory Syndrome], SARS [Severe Acute Respiratory Syndrome], Ebola are always on my mind, that’s exactly why I do what I do,” Madad explains, “They don’t respect boundaries. It’s not just for my children, but the greater good of humanity.”

The series also follows scientists Jake Glanville and Sarah Ives at a startup vaccine company in San Francisco, Distributed Bio. With limited funding, the company is attempting to create a universal flu vaccine.

Glanville, a co-founder of the company who grew up in impoverished Guatemala, explains that he and his colleagues want

“the world to have access to our vaccines, all the world, including people who can’t afford it. That’s obviously low on the list for investors. When you take venture capital, you lose control of your company or business. Right now we are funding this out of our own pockets ... Eventually we are going to need to get this vaccine into human trials, and we are not going to be able to fund that ourselves.”

The scientists have no choice except to make continual appeals to investors for funding. The climax of this thread of the story is an eagerly awaited email from the Gates Foundation regarding funding to continue the project. Society, again, at the mercy of a billionaire!

Some of the most compelling scenes treat doctors and nurses on the front lines of health care. Dr. Holly Goracke, at the time of filming, is the only physician at Jefferson County Hospital in rural Oklahoma. She works 72-hour shifts.

“I wake up in this building, I eat, I put my pajamas on in this building, and I sleep in this building,” Goracke begins. “I honestly have no idea what I would do in a situation like a pandemic. We don’t get all the resources a large hospital would. We would be overwhelmed should a flu pandemic occur in our little county.”

As the series is being filmed in 2019, one of the worst flu seasons does occur, leading to many deaths in Oklahoma and throughout the US. Goracke explains that the next closest hospital to hers is 35 or 40 minutes away. During the filming, Jefferson County Hospital almost closes and is saved only due to the overwhelming majority of the population voting to put their county sales tax toward funding the hospital. The local sheriff is filmed telling an inmate in tears there is no money for his medication. The filmmakers point out the statistic that over 100 rural hospitals (the number is now 168) across the US have closed since 2010 and nearly 700 more are at risk of closing.

Mehring Books, the publishing arm of the Socialist Equality Party (US), is proud to announce the publication of Volume 1 of *COVID, Capitalism, and Class War: A Social and Political Chronology of the Pandemic*, a compilation of the *World Socialist Web Site's* coverage of this global crisis.

*Pandemic's* coverage of the 2014 Ebola outbreak centers on Dr. Michel Yao of the World Health Organization (WHO), a native of Côte d'Ivoire and a Canadian citizen, as a team of aid workers desperately fight to contain the outbreak from reaching the city of Goma, population two million, in the eastern Democratic Republic of Congo (DRC).

Yao briefs a WHO panel: “We don’t have enough vaccine for a mass campaign, our strategy is to vaccinate frontline workers.” He explains that, “Ebola is not the only danger they face [over footage of armed groups targeting Ebola workers]. One worker was thrown into a river and beaten. It’s like facing two armies—the virus itself and the groups that would fight Ebola teams.”

The series largely relegates a whole series of terrible problems—the poverty of the African countries affected by Ebola, the various warring groups backed by Western corporations, the lack of funding for aid workers—to the background. Yao’s presence is moving. At the conclusion of the series, we learn in a title that he has been fighting to contain Ebola for 19 months nonstop and remains in the DRC.

Brought almost to tears at one point by the fact that there are “too many patients and too few doctors,” Yao describes how one can easily become demoralized. Then he sees a patient’s health improve and explains that “a small success gives you the strength to continue.”

Another compelling episode involves a group of volunteer nurses working in Arizona on the US-Mexico border, donating their time and resources to provide flu vaccinations to immigrants from Central

America fleeing violence and poverty.

Susan Flis describes her experience, “I volunteered on 9/11 and went down there the day after; I went to [Hurricane] Katrina. If you’re able to help you have to go. We don’t need any man-made catastrophes and that’s exactly what this is.”

Most of the patients are from Guatemala and Honduras, primarily children and unaccompanied women. The filmmakers show news footage of the recent deaths of immigrant children from the flu in ICE detention centers and leave the viewer with the title, “August 2019, US Customs and Border Protection stated it will not provide vaccines to migrant families held in detention facilities after crossing the US-Mexico border.”

These are some of the more valuable and hard-hitting portions of *Pandemic*. In later episodes, unfortunately, the documentary makers choose to focus heavily on prayer and faith, and leave many stones unturned. Where is the analysis of the pharmaceutical industry and its abandonment of vaccine treatments? What about the policies of Democratic and Republican politicians who have cut health care funding over the last two decades in the interests of Wall Street? What about the disastrous effects, in the broadest sense, of health care and medicine for profit? A genuinely oppositional understanding and perspective is missing for the most part.

At the end of *Pandemic*, Dr. Madad asserts, “I want my children to grow up in a world where they don’t have to think about this as constantly as I do. Failure to take this as a global crisis will have dire consequences. We’re all in it together, and the greater our complacency, the greater the crisis will be.”

Similarly, Dr. Carroll leaves us with the all-too clear warning, “When we’re talking about the well-being of seven-plus billion people, policy makers and planners, global health leaders, they should be thinking about this in serious terms. We have to be prepared. We have to be vigilant.”

Even with its limitations, *Pandemic* deserves a wide audience. The issues raised are critically important to the world’s population. Capitalist governments around the world, on a daily basis, reveal their inability and callous unwillingness to address them.



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