

As the world approaches 7 million cases of COVID-19, the pandemic casts a broader net

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6 June 2020

A little more than four months had passed since the declaration of the Public Health Emergency of International concern on January 30, when only 80 cases of COVID-19 existed outside of China, and no deaths had been recorded. By the close of this weekend, the number of cases of COVID-19 around the world is expected to exceed over 7 million, and the number of deaths will have continued its climb with over 400,000 victims who should by all accounts still be alive had the governments of a multitude of nations taken the necessary public health measures as the declaration required.

The inability of the wealthy countries to heed the critical concerns raised by various health institutions and infectious disease experts has placed the world in a calamitous position where every social aspect of life on the planet has been threatened. The protests that have erupted since the murder of George Floyd more than 10 days ago in Minneapolis, Minnesota, and the international and multiracial character of this mass movement, speak to the fundamental inability of capitalism to address the most urgent and necessary needs of society, and instead, indiscriminately value property more than life.

The trend in new daily cases has been consistently climbing for more than two weeks, while case fatalities have halted their decline and began to uptick again. In the categories of total and daily new cases and deaths, the United States has remained a constant presence among the worst-hit nations. With all the promises of expanded testing capacities, the US has not been able to exceed 500,000 daily tests, far below that needed for adequate public health containment measures that need to be instituted. More worrisome, testing centers are being closed, using the protests as an excuse to stop testing.

In the US, the number of new cases, on a seven-day average, has exceeded 20,000 per day since March 29. The decline in fatality cases has stalled. According to the *New York Times*, California, Texas, Florida, North Carolina, Tennessee, Arizona, Washington and Mississippi have seen recent growths in newly reported cases over the last two

weeks.

Massachusetts, Virginia, Georgia, Louisiana, Ohio, Colorado, Iowa and Wisconsin have seen their daily cases hold steady. The White House task force guidance on reopening the country was simply another hoax by this administration and their political accomplices in both Wall Street parties to force workers back to the factories. The *Financial Times* headline reads, “unemployment rate in the US falls unexpectedly to 13.3 percent. Markets rally as economy adds 2.5 million jobs in May to ease concerns over coronavirus impact.” The Dow Jones Industrial Average climbed 830 points to close at 27,111.

Given the world’s experience with the nature of the outbreak over the last several months in hard-hit countries like Italy, Spain, and, specifically, New York City in the US, the course of the virus in Mexico, Brazil and India bodes disastrous. The curves of their outbreaks continue to accelerate and by all accounts represent only a fraction of the true toll of the pandemic on the poorest who face the main brunt of the consequences. The per capita testing in Mexico is at 2,438 per one million; in India, 3,181 per million; in Brazil, 4,643. Where is the global response in bringing their experience to these regions to aid them in their moment of struggle?

Brazil presently has 614,941 total cases and over 34,000 deaths. The states of Amazonas, Maranhão and Ceara are the hardest hit, though cities like Rio de Janeiro and São Paulo are facing a collapse in their public hospitals. Mexico has 105,680 cases, with 12,545 deaths. Mexico City has suffered the highest case number at 28,389, with 2,862 deaths, however, news sources report that the Mexican government’s number is undercounted by a factor of three. According to a Mexican physician, Dr. Giovanna Avila, “It’s like we doctors are living in two different worlds. One is inside of the hospital, with patients dying all the time. And the other is when we walk out onto the streets and see people walking around, clueless of what is going on and how bad the situation really is.” Reports of patients lying on floors, turned away dying in search of care, and propped up in

chairs are reminiscent of images that first poured out of Italian hospitals in Bergamo.

Despite the World Health Organization's insistence at repeated press briefings that the coronavirus has not demonstrated that it has become more benign and adapting into a seasonal contagion, media outlets have promoted comments by the likes of Dr. Alberto Zangrillo, head of the San Raffaele Hospital in Milan, and Matteo Bassetti, head of infectious diseases clinic at the San Martino hospital in the city of Genoa.

Zangrillo: "In reality, the virus clinically no longer exists in Italy. The swabs that were performed over the last ten days showed a viral load in quantitative terms that was absolutely infinitesimal compared to the ones carried out a month ago."

Bassetti: "The strength the virus had two months ago is not the same strength it has today. It is clear that today the COVID-19 disease is different."

According to Dr. Francois Balloux, professor of Computational Systems Biology and Director of UCL Genetics Institute at the University College of London, the genetic composition of the viral population that has been screened has not changed much since it first emerged in December 2019. "The outbreak in Italy has been waning over recent weeks despite the relaxation of the social distancing measures previously in place. This is in line with what has been observed in most European countries. The extent to which this is only due to residual social distancing measures in place, or whether seasonality or some other factors are playing a role remains debated. That said, we should definitely not rule out a second epidemic wave later this year."

In a little-too-late reversal of opinion, Anders Tegnell, Sweden's infamous state epidemiologist promoting a laissez-faire attitude to containing the epidemic, conceded that stricter restrictions should have been imposed earlier to avoid the high death toll Sweden has faced. "If we would encounter the same disease, with exactly what we know about it today, I think we would land midway between what Sweden did and what the rest of the world did," he said in an interview on Wednesday, stepping back from his previous endorsement of a controlled herd immunity strategy.

In a world stricken by a lack of therapeutics to treat COVID-19 patients, the scientific community is roiling from its controversy. The *Lancet* observational study on the increased mortality associated with hydroxychloroquine published on May 22 was retracted on request by the authors this week. "We can no longer vouch for the veracity of the primary data source." The results of the study had led to the WHO halting their arm of the trial using the medication until safety data could be analyzed to ensure patients were not

unduly harmed. They have since resumed their investigation, noting no increased mortality.

Soon after the peer-reviewed study was published, the study came under scrutiny by many researchers who pointed to the study's implausible numbers, flawed demographics, and inconsistent dosage of medication that stretched the limits of possibility. The supposed multinational, multi-hospital data was obtained through the Chicago-based Surgisphere, an American health care analytics company operated and founded by CEO Sapan Desai, a vascular surgeon. Surgisphere has refused to release the data underlying this and two other important studies despite promising they would. The dataset claiming access to 1,200 hospitals had multiple errors including incorrectly locating Asian hospitals in Australia. There are no indications of how Surgisphere amassed the data. According to the *Guardian*, one employee was a science fiction author and another an adult model and events hostess.

Countering these developments, two randomized control trials, one published in the *New England Journal of Medicine* and the other from the recovery trial, reported that hydroxychloroquine offers no benefit as prophylaxis or for hospital patients in decreasing exposure or mortality.

Dr. Mike Ryan, head of emergencies at the WHO, when asked about these controversies, said, "With a story of such huge public interests and 24-hour coverage of those issues, then the normal process of science can seem confusing. I can assure you the actions that were taken in relation to the signal of potential higher mortality of HCQ [hydroxychloroquine] was taken with the best interest of the patients enrolled in that study to ensure that any indication of higher mortality from a peer-reviewed study will be taken seriously."

He explained that despite the need for studies on the nature of the virus and the illness it causes, the peer review process becomes even more critical. Oversight committees and boards are needed to ensure that public interest and patient protection remains paramount and can't be superseded. "We cannot rely on a single paper or a press release. We must collectively look at the evidence before consensus is developed."



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