

# The antiscientific campaign to promote “living with the virus”

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The ancient Greek physician Hippocrates used the terms “endemic” and “epidemic” to distinguish between diseases that were always present in a population and diseases that only occurred during certain parts of a year or at yearly or even greater intervals.

In epidemiological terms, endemic means the constant presence and prevalence of a disease within a population in a certain geographic area. It refers to a state when a disease reaches a level that most of the population has developed immunity. They can develop secondary infections though these are often mild. Children usually become the primary cases because they are naïve (not previously exposed) to the virus.

Certain influenzas and viruses that cause the common cold are thought to be endemic. Some endemic viruses have been eradicated by vaccines and public health measures. Two historical examples are smallpox and rinderpest.

However, the recent use of the term endemicity by the ruling class and bourgeois scientists has little to do with its epidemiological understanding and everything to do with a fatalistic response to the COVID-19 pandemic. In much the same way that repeated lockdowns and reopenings have inured some people to accept the permanence of the virus, the talk of the virus becoming endemic is employed against any further mitigation efforts which impinge on profit accumulation.

Regardless of such defeatist conceptions, the pandemic remains in its early and acute phase, with significant potential to infect a vast portion of the globe’s population that has not yet been exposed to the coronavirus. A cohesive international strategy employing the public health tools that are within our grasp could bring the contagion under control before it becomes endemic, at the cost of millions of lives.

These nihilistic conceptions being promoted by the bourgeois press and some scientists to justify dispensing with all mitigation efforts and allowing the pandemic free rein are dangerous to the working class. They would use the deployment of COVID-19 vaccines to anaesthetize the public against the impending catastrophe, although this is only possible in a handful of wealthy countries where vaccine supplies are ample.

At the World Health Organization’s March 22 COVID-19 press briefing, Director-General Tedros Adhanom Ghebreyesus warned, “The inequitable distribution of vaccines is not just a moral outrage, it’s also economically and epidemiologically self-defeating. Some countries are racing to vaccinate their entire populations while other countries have nothing. This may buy short-term security, but it is a false sense of security.”

Executive Director of WHO’s Health Emergencies Programme Dr. Mike Ryan reaffirmed the director-general’s warnings, stating, “The formula for this may be boring, it may not be attractive; there are no silver bullets, but we have got to get back to strong, comprehensive, strategic approaches to the control of COVID that include vaccination as one of those strategies. I’m afraid we’re all trying to grasp at straws. We’re trying to find the golden solutions and we just get enough vaccine, and we push enough vaccine into people and that’s going to take care of it. I’m

sorry: it’s not! There aren’t enough vaccines in the world, and they’re distributed terribly iniquitously. In fact, we have missed a huge opportunity to bring vaccines on board as a comprehensive measure. It’s not being implemented in a systematic way. It’s a failed opportunity and, as the D-G says, is not only a catastrophic moral failure, but it’s an epidemiologic failure and it’s a failure in public health practice.”

## It is possible to eradicate the virus

The lack of any significant measures to eradicate the virus, combined with the economic devastation for much of the working class, encourages a pessimistic outlook to which even principled scientists are not immune. As the virus ravages the world population, with its seven-day infection rates increasing by 400 percent from February 28 through March 5, the ruling class utilizes the fatigue felt by the population through repeated shutdowns and reopenings to establish a rationale for living with the virus. This has been willful.

Still, the response of some cities and nations in the course of the pandemic has proven that the SARS-CoV-2 can be eradicated. When the contagion first struck Italy in February of 2020, causing a massive health care crisis and inundating their health systems, the town of Vo, a commune in the Province of Padua in the Italian Veneto region, an hour west of Venice, was placed in a strict 14-day lockdown, with all 3,270 people being tested for the virus multiple times. Positive cases were quarantined and treated. In a matter of a few weeks the virus was eradicated from the town.

Testing, contact tracing and quarantining—precisely the methods used in Vo—were employed in all nations that have managed to rein in the virus. As of March 22, 2021, Taiwan, a country of 24 million people, has had 1,006 reported infections and 10 deaths. In Singapore, home to five million people, new cases have remained in the single or low double digits since October 2020.

The science of public health and the tools for eradicating the virus have always been available, but the decision to allow the virus to spread unchecked with nothing more than vaccines made available to a tiny percentage of the developed world is part of a *conscious* decision which, without the revolutionary intervention by the international working class, can lead to the virus becoming endemic.

However, this is not merely rhetorical. There is a sea of death between the two terms, eradication and endemicity. Reaching endemicity means that the majority of the world’s population will contract the virus, which at its present lethality means tens of millions more lives lost. The arithmetic is inexorable: If billions contract COVID-19, with a death rate approximating two percent, then 20 million people will die for every billion people infected.

This does not even begin to take into consideration the numerous and more deadly variants. The present horrors in Brazil are demonstrating that prior infections with previous strains of SARS-COV-2 do not necessarily protect the population from the new and more virulent variants.

### “Inevitable” and “endemic”

The drive to label the pandemic as inevitable has been a bipartisan effort. The media is flooded with articles to misguide readers that public health and science itself are helpless to prevent the disease. A few examples include a February 17 piece in *USA Today*, which utilized model data from Emory University and Penn State University scientists to suggest that “if the novel coronavirus continues to circulate in the general population and most people are exposed to it from childhood, it could be added to the list of common colds.”

The researchers who completed the Emory/Penn State study lament: “One year after its emergence, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has become so widespread that there is little hope of elimination.”

On February 16, *Nature* printed a survey it conducted, where 89 percent of scientists polled expressed their concerns that COVID-19 is likely to be endemic in pockets of the global population. Disregarding the persistent efforts of Dr. Michael Osterholm to inform the Biden administration on a correct policy to eradicate COVID-19, the magazine highlighted one of Osterholm’s quotes: “Eradicating this virus right now from the world is a lot like trying to plan the construction of a stepping-stone pathway to the Moon. It’s unrealistic.”

It should be of no surprise to anyone that a significant section of scientists has become resigned to accepting COVID-19 as an ineradicable disease. It points to nothing more than their disillusion with the inaction of world governments, as schools and businesses throughout the world have essentially opened their doors.

Fundamentally, it expresses the inevitability of the virus reaching a state of endemicity under capitalism and rules out the possibility of a working class movement that could halt the virus in a matter of weeks with coordinated global action, as part of a larger struggle in the fight for socialism, where the lives and interests of the working masses around the globe are prioritized.

What is invariably left out of these press releases is the criminal policy of the ruling class across the globe, that has ignored the warnings of epidemiologists and scientists as it interfered with their priority for profit accumulation.

With remarkable foresight, in late spring of last year, as countries were prematurely reopening commerce, Dr. Mike Ryan lambasted the world governments for lifting restrictions under conditions of persistent and rampant transmission of the virus, without systems in place to even detect it, let alone trace and quarantine the infected, warning this would produce “a vicious cycle of public health disaster followed by economic disaster followed by public health disaster.”

### The alternative of Zero COVID

There is, however, a growing chorus of scientists who are putting forward a call to eradicate the coronavirus. The Zero COVID policy, first articulated by Independent SAGE, a group that rivals the British government’s official Scientific Advisory Group on Emergencies

(SAGE), argues for the proven public health measures that can halt the spread of COVID-19. They call for lockdowns, with compensation for those economically affected, improved testing and contact tracing, and argue that the pandemic can be suppressed with public health measures.

A leading advocate is Dr. Deepti Gurdasani, an epidemiologist who is a senior lecturer at Queen Mary University of London. She has spoken out scathingly on the UK plans to come out of lockdown so quickly. Prime Minister Boris Johnson, after implementing the strictest lockdown measures on January 4 to stem the disastrous tide of infections and deaths during the winter surge, was in no time demanding again for school reopenings by early March. Dr. Gurdasani called it a “*shockingly negligent strategy*” and “*very clearly a policy of tolerable deaths,*” while speaking to Channel 5 News on February 22.

Gurdasani cited predictions forecasted by the Imperial College that even under the best conditions of three to four million doses of the vaccine rolled out a week, opening schools on March 4 would increase the Effective Reproduction Rate (Rt) to above 1, resulting in 30,000 to 60,000 more deaths. She warned of the dangers of the virus mutating to threaten vaccine effectiveness, under a high rate of transmission, as has already happened with the South African variant.

Aoife McLysaght, of the Molecular Evolution Lab in Dublin, Ireland, spoke on a pinned Tweet, of the need to fight for Zero COVID, which would “*allow us to go about our lives in a normal way.*” Commenting on the danger of relying solely on vaccines as new variants emerge, McLysaght warned of “*a whole new pandemic arriving at our shores.*”

The science put forward is an indictment of world governments’ inaction, including the Johnson administration in Britain, which allowed the unchecked spread of the emergence in southeast England of a more virulent form of the virus, lineage B.1.1.7 which spreads 30-80 percent faster than the wild strain. In Brazil, the policies of the fascist President Jair Bolsonaro have allowed the dominance of the P.1 strain of the coronavirus, which is up to 2.5 times more transmissible and has a potential to reinfect up to 63 percent. The health care systems in Brazil are buckling under the gravity of so much severe disease and death. Already, spillovers into neighboring countries like Peru, Chile and Uruguay are causing new surges in these regions.

While the growing group of principled scientists who call for the Zero COVID strategy have laid out the salient policies and make a case for mitigation efforts, what is lacking entirely is a socialist perspective. Fundamentally, Zero COVID accepts the current mode of production. It argues for a more humane capitalism, for improved public health measures under the current framework of a system which *itself* has produced the pandemic. The profit motive has reigned supreme and the indifference to human lives is the logical outcome of a class policy in the interests of the world’s elite. The Zero COVID policy is correct on a scientific basis but lacks a political strategy to achieve these necessary aims. Inevitably, these scientists have become auxiliary consultants to capitalist agencies.

The only social force that is capable of preventing SARS-CoV-2 from becoming endemic is the international working class, which must organize itself and build its leadership in order to carry out a fight for socialism and against the homicidal policies carried out by the ruling elites around the globe. Armed with a socialist perspective and program, the global working class can not only eradicate SARS-CoV-2 but many more viruses and horrors which have been allowed by the ruling class to persist—from measles to hepatitis, to hunger and homelessness.



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