

One year of vaccines, but COVID pandemic rages on

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“Endemic doesn’t mean ‘it’s a cold.’ Endemic things can kill you, like malaria or smallpox (till eradication). The goal is NOT endemicity. It should be an elimination strategy like for measles. Squashing transmissions with active efforts, to lowest possible levels.”

Dr. Irene Tosetti, anesthesiologist and a candidate for the Master of Public Health at London School of Hygiene and Tropical Medicine

Saturday, December 11, 2021, marked one year since the Food and Drug Administration (FDA) granted Pfizer/BioNTech emergency use authorization for its COVID-19 vaccine. On that day, the cumulative case count of COVID-19 infections in the US reached nearly 16.5 million. The death toll exceeded 314,000.

Today, despite the vaccine—the first of three to win approval in the US, all of which have proven enormously effective—COVID-19 infections top 50 million, and the death toll has reached 800,000. It is not the vaccines, but American capitalist society, which has failed to meet the test of the pandemic.

The COVID vaccines were presented as the ultimate weapon against SARS-CoV-2 that would end the pandemic once and for all and allow the world to return to normal. However, any illusions that somehow the vaccines would bring the pandemic to heel have since been shattered.

Since inoculating the first American to receive a dose of the Pfizer vaccine on December 15, 2020, ICU nurse Sandra Lindsay, director of patient services in the Long Island Jewish Medical Center, the US has fully vaccinated a little more than 200 million people (60.7 percent). Additionally, more than 50 million booster doses have been administered.

And over that same year filled with false promises by both Republicans and Democrats that the pandemic would see its end, another 34.2 million people have been infected with COVID-19. In that same year, more than one-half million more people died. As of this week, the current cumulative death toll stands at close to 818,000 with no end in sight in these gruesome tallies.

Perhaps the most severely impacted by this pandemic have been the elderly. Seventy-five percent, about 600,000, of those that perished have been 65 years or older. This death toll means that one in 100 older Americans have died. From the standpoint of Wall Street, this is a positive feature of COVID: it has culled the most vulnerable in the population, the elderly, frail and sick whom the financial aristocracy despises as “unproductive.”

Working class adults, especially men, also represent a significant proportion of the death toll. According to a recent study published in the *Annals of Internal Medicine*, from March 2020 to March 2021, 6.62 million quality-adjusted life years were lost, of which 54 percent were lost by adults aged 25 to 64. In raw numbers, more than 70,000 working-age adults died in 2020, but a further 103,000 have perished in the last ten months.

As the Delta variant continues to rage across the country, the seven-day average has continued to rise with over 120,000 daily infections and 1,300 deaths each day. Hospitalizations have been climbing steadily. Presently

COVID admissions to health systems exceed 65,000.

And by all indications the baton is being handed to the Omicron variant. In the short time since the World Health Organization (WHO) declared B.1.1.529 a variant of concern in late November, more than 76 countries and at least 31 states in the US have confirmed its presence.

Alone, these figures and statistics are staggering and remain an indictment of the ruling elite’s criminal policies. In the course of 2021, while more than 400,000 people have died in the US, only two have reportedly died in China. This is due to Beijing’s strict adherence to a dynamic ZeroCOVID policy that has both saved lives and allowed the population a modicum of normalcy in everyday life for extended periods of time, as documented in detail yesterday on the WSWS.

Europe and the US, instead of acknowledging their failed policies and addressing the threat posed by the new variant, are making every effort to deflect any real discussion on protecting lives through broad-based implementation of effective public health measures to stem the repeated tides of infection. Instead, the rulers of the wealthiest and most powerful capitalist countries insist that elimination of the virus is impossible. They demand that the financial markets be protected from such measures at whatever cost in human lives.

To continue the pursuit of the herd immunity policy and quell growing unrest, the ruling elites have quickly turned to the buzzword “mild” to characterize the rapid spread of Omicron. The term was first used by South Africa’s health minister to describe the initial health status of patients admitted to hospitals in Gauteng province infected with Omicron. Hardly a scientific assessment, it was a politically motivated statement intended to calm national markets reliant on global investment flows.

In every surge of the coronavirus, hospitalizations for severe disease have lagged mild cases. And in South Africa, hospitalizations, especially among the youngest, continue to climb. The surge has been of such ferocity that health authorities have been unable to keep pace with testing and tracking, let alone reporting cases of severe disease and death. Yesterday, South Africa reported a one-day high of nearly 38,000 new infections.

Turning to more reliable data displayed on *The Economist*’s excess deaths dashboard, on November 22, 2021, as scientists were recognizing they were dealing with a highly mutated variant of SARS-CoV-2, the number of COVID deaths in South Africa numbered only 13. Excess deaths were 85. By December 11, 2021, though official COVID deaths remained low at 22, excess deaths had risen sharply to 470, a 5.5-fold jump in the course of less than three weeks. The only factor that has changed in this short interval has been the surge in COVID-19 cases.

The term “mild” also serves a political purpose in the US, which is to inculcate in the population the idea of accepting the coronavirus as a permanent fixture: seasonal respiratory infections that will repeatedly afflict the population. With Omicron’s stupendous speed, the ruling elites hope that allowing it to sweep throughout the country will magically bring a quick end to the pandemic by creating 100 percent herd immunity, either

by infection or vaccine, or both.

The editorial board of the *New York Times* has wasted no time doing their part in supporting these policies. They wrote on December 11, 2021, the anniversary of the FDA EUA for Pfizer's COVID vaccine, "Nearly two years into the pandemic, it is clear the coronavirus is not going to disappear anytime soon. Surges will happen, variants of concern will pop up and mitigation strategies will need to evolve. Yet, too many Americans are still paralyzed with doubt and fear over each new uncertainty, as trust in government and other institutions to manage the virus ranges from shaky to nonexistent." Then they pose the question whether it is worth living in such a permanent state of anxiety?

The editors then assert that the population should take solace knowing the vaccines will protect them from severe disease. They then ask that the federal government make access to rapid tests "fast, easy and inexpensive," which is meaningless if these tests are not incorporated into a broad public health measure that aims to actually implement measures to reduce transmission. Testing is to be an anti-anxiety medication, allowing the public to feel no danger as they proceed through everyday life taking no precautions against a deadly infection.

The *Times* then gets into the real business at hand by demanding that the government "aim to make the 2021-2022 school year the last dominated by COVID." They declare that the quarantine restrictions on those testing positive are far too strict, and students should be able to "test out" of staying home. They also emphatically state that the prolonged wearing of masks is too burdensome and "a happy medium" must be struck. In short, the editorial can be summed up, to paraphrase director Stanley Kubrick's message in Dr. Strangelove, "stop worrying and learn to love COVID."

Even more crass, an op-ed column appears in the same issue of the *Times* co-authored by Dr. Monica Gandhi, an infectious disease doctor and director of the Centers for AIDS Research at the University of California, who has been vocal in downplaying the threats posed by the pandemic. She tries to make the case that the "pandemic landscape in the United States" has shifted considerably due to vaccines, diagnostics, and treatments, and, therefore, "the country will need a new framework for thinking about what comes next."

The problem she notes is that "America is in the *slow* process of accepting that COVID-19 will become endemic" suggesting that "learning to live with the virus long-term will require changes in both mind-set and policy."

Rather than tracking infections, reporting deaths, and attempting to contact trace and quarantine, she baldly asserts that the number of COVID-19 hospitalizations (a lagging metric that offers no reliable measure to guide public health policy) is the "most important metric to track closely [to] provide the most reliable picture of how an area is faring with the virus."

This is absurd on its face and means the country will be flying blind through the pandemic. Waiting for hospital administrators to push the red-alarm button when cases reach a specified threshold is a recipe for disaster, as evident from recent crises in health care sectors in Texas, Florida, Colorado, and Idaho. When hospital cases are rising, it implies that a larger wave of community transmission is already far advanced that will make landfall like a tsunami wave. In such instances, death rates, the final lagging measure of infection, will also rise horrifically.

When Dr. Gandhi uses the term *slow*, she is adopting a definite political position that aligns with the policy of "let it rip." Not even former President Donald Trump would have objected to these formulations, which attempts to banish the population's concerns about the pandemic.

In fact, both pieces in the *Times* are intended to inject anesthetics and paralytics into social thought and action that would infringe on Wall Street's insatiable appetite for accumulation of profits. The effort will fail. The dangers posed by the new variant and the inability of the capitalist

ruling elites to respond in a way that protects lives and livelihoods will only ensure that the class struggle will erupt even more explosively.

Presently the virus is transmitting and mutating at a rate impossible for the vaccines to keep pace. The two shots of Pfizer's COVID vaccine provides only 22.5 percent efficacy against symptomatic infection by Omicron. The original WHO criteria for COVID vaccines set the bar at 50 percent. Under an assured Omicron-dominant pandemic, only four percent of the globe has received three shots, the new defining criteria for "fully vaccinated."

A recent modeling study from England and South Africa offers a preliminary scenario of what an Omicron-dominant pandemic might look like for the United Kingdom. There are tremendous parallels to the United States and any nation that doesn't heed the warnings being made by principled scientists to end the pandemic through an elimination strategy.

The authors note that what makes Omicron particularly terrifying is that on two levels—immune escape and transmissibility—it appears to outstrip the Delta variant. According to the recent collaborative modeling study released in preprint from the centers for infectious disease modelling at London School of Hygiene and Tropical Medicine and center of excellence in Epidemiological Modelling and Analysis at Stellenbosch University, South Africa, Omicron had a 5.1 to 12.8-fold reduction in neutralization relative to Delta and exhibited a 30 to 35 percent higher transmission. This corresponds to a doubling time of only 2.4 days in the initial surge in England.

Under the assumption that aside from continuing vaccinating and offering boosters to the eligible population, only a mask-wearing policy in shops and public transportation would be enforced, they assessed SARS-CoV-2 transmission in the country from December 2021 to the end of July 2022. Under this scenario and employing variable immune escape and booster effectiveness, they projected that by the end of April there could be between 175,000 and 492,000 hospitalizations and between 24,700 and 74,800 deaths. This is on top of the current total of close to 150,000 COVID deaths in the UK.

The authors concluded, "These results suggest that the introduction of the Omicron B.1.1529 variant in England will lead to a substantial increase in SARS-CoV-2 transmission, which, in the absence of strict control measures, has the potential for substantially higher case rates than those recorded during the Alpha B.1.1.7 winter wave 2020-2021." Under their pessimistic scenario, the stringent control measures employed against Alpha just one year ago would be required to prevent health systems be completely overrun.

The only mechanism that can stop every variant of the coronavirus is a policy that places elimination at the forefront of its approach in responding to the threat posed by the virus. In a manner of speaking, SARS-CoV-2 requires room to breathe. Human communities are the lungs of this pathogen. To suffocate the virus, a temporary but rigorous Zero COVID initiative is required. This means implementing lockdowns, closure of schools and non-essential businesses, while infrastructure for buildings is upgraded and a cadre of broad-based community-level but centralized public health services is organized. Workers who remain at home must be provided their salaries and free access to quality health care.



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