

“The view that COVID case numbers don’t matter was just wrong and very dangerous”

## Acclaimed Australian respiratory scientist Guy Marks calls for global action to end the pandemic

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The *World Socialist Web Site* spoke this week with the respected respiratory physician and environmental epidemiologist Professor Guy Marks.

Marks is president of the International Union Against Tuberculosis and Lung Disease, editor-in-chief of the *International Journal of Tuberculosis and Lung Disease*, current head of the Respiratory and Environmental Epidemiology group at the Woolcock Institute of Medical Research and professor of respiratory medicine at University of New South Wales.

Marks’s career of more than 40 years has centred on chronic respiratory diseases, such as asthma and tuberculosis (TB), and the impact of air pollution on public health. Dedicated to the fight for eradication of TB globally, with a particular focus on the Asia and South East Asia regions, including India, Vietnam and Myanmar, Marks began working with the World Health Organisation in 2016 to develop a global strategy to combat chronic lung disease. In 2020, he was elected as a Fellow of the Australian Academy of Health and Medical Sciences in recognition of his outstanding contributions to health and medical research.

The following is an edited version of the discussion with Professor Marks.

*World Socialist Web Site:* In an April 2020 lecture you raised many significant points about the coronavirus, including the contentious issues of the aerosol spread of the virus, and the dangers of the so-called herd immunity response.

You also emphasised the importance of truth and transparency saying, “Truth is a casualty of war, it is very important that it not be a casualty of this pandemic.” Two years on, could you comment on this issue?

Guy Marks: Yes, there are major issues around transparency, including how we deal with knowledge and truth, and how we decide who, and what, to believe. The devaluation of evidence and the process of evaluating evidence has been a major thread. It is not unique to the pandemic. We’ve seen it in relation to climate change and global warming, but it’s been accelerated in response to the pandemic. The post-modern concept that everyone can have their own version of the truth has really taken hold.

While I’m not averse to the idea that people’s individual perspectives are valuable and to be taken seriously, we’ve moved away from the post-Enlightenment view of how truth, knowledge and science works. We’ve lost sight of the enormous amount that humanity has gained from the methods of science—of research, testing hypotheses, challenging concepts, and the requirement for empirical evidence to substantiate statements.

Much of what we have gained over the last three or four hundred years has been the result of acceptance of that process. To push back against that and talk about fake news, alternative facts and everyone having their own truths is a major risk to the development of civilisation in my view.

Some of the responses to COVID have reflected and accelerated that trend in a very disturbing way. We’ve seen it writ large in response to global warming because certain interests find the truth and evidence to be very inconvenient. It was in the interests of certain economic groups not to accept that climate change was real.

WSWS: Yes, we agree entirely. Can you provide some specific examples of how this has applied to the pandemic?

GM: There’s been a view all along that the economy should be kept going at all costs and that any curtailment of economic activity to contain the virus should not to be tolerated. That approach, ironically, turned out to be not only bad for health but bad for the economy.

We saw that in December when the New South Wales state government [in Australia] decided to fully open the economy for Christmas because it was supposed to be good for business. This led to the spread of the disease, workers getting sick, supply chains seizing and people not going out and spending money because they didn’t want to get COVID. It was a predictable and entirely self-defeating exercise. It was a failure on all levels and exposed the claims that that it didn’t matter about maintaining some levels of control and made clear that there could not be some sort of economic solution without a health solution.

WSWS: Australian governments and the media immediately claimed that the Omicron variant was mild and would not be a problem.

GM: Yes, in fact the data is complex and can be manipulated and information advanced to suit preconceived views and economic interests. Some of the data suggesting that Omicron caused less severe disease than the Delta variant was used inappropriately to say that it would be safe to allow it to rip through the community. Anybody who understood the nature of this disease should know that this was not going to be the case.

There are always those who seek to downplay the pandemic, for the reasons I’ve alluded to, and inappropriately interpreted the initial evidence. That’s where the political leadership has been problematic. I don’t want to single out particular individuals or groups, but there’s been a strong desire by leaders to minimise their own political exposure, which is all based on a short-term horizon.

WSWS: Could you speak about the adoption of the “herd immunity” policy in Australia and internationally?

GM: There's always been a lack of understanding about what "herd immunity" means. I've even seen people on Twitter spelling it as "heard immunity." The difficulty with this concept is that any immunity with this virus is transient and that's become more and more apparent. Any approach that says we can rely on natural immunity to sustainably end the pandemic is a major worry.

There are some viruses for which immunity is life-long, for example, measles, polio and chicken pox, and although it may wain towards the end of one's life it's a long-lasting immunity. But with things like the common cold there's only transient immunity. You can get a cold and then another version of it appears and you get another infection.

For some infections natural-induced immunity is better than vaccine-induced immunity but with some diseases the vaccine-induced immunity is more effective. With COVID-19, vaccine-induced immunity, at least in ideal conditions, is the most effective.

The bottom line is that herd immunity is difficult to achieve with COVID-19 because it's transient and the level of immunity is not very high. If you recover from COVID you can develop an immune response, but the problem is the next wave comes along.

If everybody gets Omicron, even if it is relatively less severe than other variants, our hospital system will be overwhelmed and there'll be quite a lot of morbidity and mortality. This is what we're now seeing. And even with immunity, the virus will not go away permanently, immunity will wain and a variant of the virus will be back in a few months' time.

These mutations arise via natural selection and those with competitive advantage survive and spread. The more replication of the virus, the more opportunities for new variations to develop. There was Delta that spread massively in India, then Omicron, which probably emerged in Southern Africa, and before that another variant in the UK. While we continue to have unabated transmission, we will continue to have new variants.

WSWS: Can you speak about the broader impacts on the health system.

GM: There are now major problems in health systems, which are under great strain all around the world.

My work is in tuberculosis globally and for the first time in 2020 there was an increase in the number of deaths from TB. Rates had been slowly but gradually declining because of TB control programs. These programs have been adversely impacted by COVID and the same thing is happening in every other area—cancer therapy, heart disease and other chronic diseases we're trying to deal with.

People are fearful of coming into health facilities for treatment because they're rightly concerned about getting COVID. The health workforce is being seriously affected by COVID with large numbers on furlough because they're infected or are close contacts with someone who has it.

These factors are hugely impacting on basic healthcare services which is just one of the many areas now being hit by the pandemic. There's food distribution, supermarkets, and other necessary supply chains.

WSWS: What should be done?

GM: We need to do whatever is required to control this virus. The view around in early December that case numbers don't matter was just wrong and very dangerous. It became apparent very early that a third dose of the vaccine would be required. It needed to be made available with real urgency but that didn't happen.

We also need to do whatever is necessary to reduce airborne transmission—N95 masks for everybody in indoor settings and the reduction, as much as possible, of indoor congregations of people and enclosed outdoor spaces. Indoor environment ventilation has to be improved. It's nothing magical but it will make a difference and slow things down.

We need to reduce the number of cases as fast as possible and then work out the health system, the food supply system, education and everything else in order to deal with the circumstances. This includes how people are going to earn an income or have financial support and survive. We have to

get cases lower, here and around the world, and we need better vaccines. The development of vaccines in 12 months was an extraordinary achievement but everyone knows we need better vaccines.

WSWS: You and other medical scientists globally have been raising these sorts of issues but you're being ignored.

GM: Yes. Climate scientists have now been tweeting to medical scientists and saying, "We know how you feel." We're being responded to like they were and are. I suppose you've seen the film *Don't Look Up*. In many ways it's a caricature, a cartoonish sort of thing but it's hard not to think about that film when you see how science is being ignored.

The whole process of science is about debate, disagreement and argument but the argument has to be on the basis of evidence. If you're going to refute all the evidence and the process for evaluating that evidence, then you have no place in the debate and it's the same with climate change. There's lot of work still to be done and anyone who tells you that we know everything should not be listened to.

WSWS: Governments and the mainstream media constantly claim nothing can halt the spread, insisting that Omicron is the new reality, but China pursued an elimination policy and showed it can be done. Could you speak about that?

GM: Yes, you're right, and so did Australia on several occasions. Taiwan also took effective action. It's clear that COVID-19 can be eliminated but it needs to be eliminated everywhere in the world at the same time. This requires a level of global cooperation and equity that we have not so far seen.

The quicker you can stop transmission in the population, for a two- or three-week period, then it is eliminated. There's no reservoir for it to come back. That's what happened with smallpox and largely happening with polio.

When I was growing up measles used to be endemic but it's not now part of life and when there are outbreaks, they're generally very low. It's the same with tuberculosis in Australia. It still exists but it doesn't cause major problems and we can prevent major outbreaks. TB is endemic in many countries, but the aim is to bring it down to Australian levels, that's my goal.

Before COVID, tuberculosis was the biggest infectious disease killer in the world with about 1.5 million people killed per year and 10 million cases.

It is an outrage that this disease, for which we have had effective treatment for over 60 years is still one of the biggest killers. The reason it still persists is because of global inequity. When I tell people TB can be eliminated, I'm told it's too expensive, we can't do that. OK fine, that means we're going to let 1.5 million people die from it each year.

There is a solution, and we need to work it out. People talk about social determinants and not being able to get rid of TB unless you get rid of poverty. I don't accept that. I don't accept that because you're poor that you have to be infected with tuberculosis.



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