Part 1

What “endemic” COVID-19 really means: Mass infection and death forever

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This is Part 1 of a two-part series. Part 2 can be read here.

“The [SARS-CoV-2] virus is circulating far too intensely with far too many still vulnerable. For many countries, the next few weeks remain critical for health workers and health systems. …Now is not the time to give up and wave the white flag.… This pandemic is nowhere near over, and with the incredible growth of Omicron globally, new variants are likely to emerge.”

— Dr. Tedros Adhanom Ghebreyesus, Director-General,World Health Organization

The word “endemic” in describing the future of the COVID-19 pandemic is being repeated by government officials and the bourgeois press in the hopes that the population will accept the “big lie” that SARS-CoV-2 is a virus that can live peacefully among human beings more or less indefinitely.

In epidemiology, to say that an infection is “endemic” means that it is native to or confined to a location or a population. In some instances, this is because the disease does not pass directly from person to person but only by means of a localized vector, such as the mosquitos that transmit malaria and yellow fever. In other cases, the infection maintains a steady state, rather than expanding into a pandemic, because of limited transmissibility—one person passes it on, on average, to only one other person, so the infection neither dies out nor grows exponentially.

But the virus that causes COVID-19 is present worldwide, not localized, and it is highly infectious from person to person and continues to mutate. Also, the waning population immunity means SARS-CoV-2 infections will continue to threaten communities with repeated outbreaks. There is no possibility of it becoming endemic in a scientific sense of the word.

The campaign to declare COVID “endemic” is thus political rather than scientific. Its purpose is to accustom the world’s people to mass infection and death without end. It will be added to the list of ever-present diseases even when the world possesses the means to eliminate it.

Declaring the pandemic over and SARS-CoV-2 endemic as a matter of policy is a premature and risky proposition. But from the likes of Dr. Monica Gandhi, an infectious disease physician and researcher at the University of California at San Francisco (UCSF) who has called for the dismantling of mass testing and reporting, in declaring COVID-19 endemic, the term acquires even more dangerous implications.

In a recent interview, she told *The Hill*, “I think we have turned the corner.” She explained that once the Omicron wave passes, “the country could enter a more ‘endemic’ phase of the virus, in which it continues to exist but no longer poses a crisis affecting everyday life, and widespread masking and testing among the general public are no longer needed.”

Four UCSF physicians—Dr. Jeanne Noble, director of the COVID-19 response for the UCSF Parnassus Emergency Department; Dr. Jennifer Nguyen, a pediatrician for UCSF Benioff Children’s Hospital Oakland; Dr. Vinay Prasad, an associate professor of epidemiology and biostatistics at UCSF; and Dr. Jarrett Moyer, a general surgery specialist in San Francisco—sent an online petition on Friday to California Governor Gavin Newsom, all public school superintendents, and every county public health officer in the state, demanding that the virus be declared endemic. They called for guidelines to be changed, claiming that current pandemic restrictions are causing undue harm, such as the mental health and well-being of the students, without any evidence to back these statements.

All the while, global infection rates continue to climb, with 3.7 million infections reported each day and daily death tolls approaching 10,000. The rate of infection in the US continues at over 700,000 per day, hospital admissions for COVID-19 are at pandemic highs, and daily deaths are approaching 3,000.

The petition for a declaration of “endemicity” is a calculated maneuver to force the population to abandon all resistance to the dangers posed by the SARS-CoV-2 pathogen.

The presumption that COVID-19 would become endemic is not new. Even a year ago, before the vaccines had been widely distributed, the idea of endemicity was being promulgated by well-known scientists. Almost from the outset, even while a few countries in Europe and Asia succeeded in implementing a Zero COVID strategy, many health experts declared elimination and eradication were off the table.

According to a report published in *Nature* last year, in a survey of more than 100 immunologists, infectious disease experts and virologists, 89 percent felt that SARS-CoV-2 would likely become an endemic virus without explaining what this would mean to the population.

Dr. Michael Osterholm, an epidemiologist at the University of Minnesota in Minneapolis, stated then, “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.”

Others like Christopher Dye from Oxford University thought that COVID-19 might be eliminated in some regions through a Zero COVID policy and obtaining herd immunity through vaccination: “I guess COVID will be eliminated from some countries, but with a continuing risk of reintroduction from places where vaccine coverage and public health measures have not been good enough.”

A bleaker assessment by Dr. Angela Rasmussen, a virologist from Georgetown University, noted that “the virus becoming endemic is likely, but the pattern it will take is hard to predict.” Indeed, estimating the long-term social impact the virus will have on the population over several decades is complex. Based on current understanding, it can accelerate chronic diseases, including the effects of infection on the brain’s ability to function properly.

A recent collaborative animal model study led by Yale University researchers demonstrated that even those who contract mild infections

could suffer neurological damage. The authors of the study wrote, “Taken together, the findings presented here illustrate striking similarities between neuro-pathophysiology after cancer therapy and after SARS-CoV-2 infection and elucidate cellular deficits that may contribute to lasting neurological symptoms following even mild SARS-CoV-2 infection.”

An example is the case of Rainey DeGroot, a 10-year-old girl who developed Long COVID and dysautonomia after her bout with the infection. The neurological disease caused failure of the autonomic nervous system that controls basic processes like digestion, breathing and the beating of the heart. She is now using a feeding tube.

One of the lead authors, Dr. Akiko Iwasaki, an immunologist at the Yale University School of Medicine, explained , “And what we found is that even with a very mild infection, which we really cannot measure any disease phenotype in these mice, we still saw some significant damage in the cells of the brain. This means that even mild respiratory infection could lead to neurological symptoms; that’s based on the damage that we see.”

She added that though vaccines or a prior infection could prevent these long-term consequences from occurring after infection, it still is no guarantee. Much remains unknown about the nature of the virus and its impact on the immune system and the body as a whole, such as whether COVID-19 infections contribute to hastening the development of chronic illnesses.

A recent report in the *Financial Times* found that since summer, excess deaths that are non-COVID-19 related “have been higher than the weekly average for the five years leading up to the pandemic.” These were related to cardiovascular diseases and strokes, up 30 percent than pre-pandemic levels.

Public health officials speaking on the findings speculate that people are choosing not to access health care out of fear or waiting too long due to the gridlock and staffing shortages. Others claim it may be due to the growing age of the population compared to previous years. However, as Sarah Scobie, deputy director of research at the Nuffield Trust think tank, told the *FT*, there was no “hard evidence” of the delay in care.

J. Scott Davison, CEO of the insurance company OneAmerica, speaking at a health care conference organized by the Indiana Chamber of Commerce, explained that his company saw the highest death rates ever seen since he joined the business. Alarming, he noted, was a spike in deaths among working-age populations. “Death rates are up 40 percent over what they were pre-pandemic.” He added that a once in 200-year catastrophe could be expected to cause a 10 percent increase over pre-pandemic deaths. Though COVID-19 deaths surpassed 850,000 in the US at the new year, excess deaths are between 940,000 to 1.2 million.

On a per capita basis, the US is within an arm’s reach of and closing in on the scale of death caused by the 1918 influenza virus, also known as the Spanish flu. The difference now is that this is occurring despite our understanding of how to stop the virus and having lifesaving vaccines and treatments available to stem the impact of infections. This means the level of death we are seeing now is intentional.

Micah Pollak, associate professor of economics at Indiana University Northwest, said regarding the impact of COVID-19 on the population, “We really don’t know what the tail of this thing looks like. The further you get out [from infection], the longer time you have to potentially develop some kind of complications. There’s just so much evidence of these long-term effects of COVID that I naturally assumed people realized that we are going to see probably a lot of deaths down the road—not necessarily soon after infection, but indirectly as a result of infection, as well as not just deaths but disability.”

One year later, despite the introduction of COVID-19 vaccines and treatments for symptomatic COVID-19, the spawning of ever new, more transmissible and immune-evading variants like Omicron and the continued deaths of millions more have not dissuaded the ruling elites from reconsidering their approach. On the contrary, they have redoubled their efforts to ensure the Omicron variant infects every person on the planet and propel the world into a forced endemic state and a “return to normalcy” (i.e., the normal operations of capitalist exploitation and profit extraction).

In an update on the topic of endemic COVID-19, an editorial in *Nature* from January 10, 2022, was headlined “COVID is here to stay: countries must decide how to adapt.” The editors go on to write, “For those who hoped that 2021 would be the year that put the pandemic in the past tense, it was a harsh reminder that it is still very much present. Rather than laying plans to return to the ‘normal’ life we knew before the pandemic, 2022 is the year the world must come to terms with the fact that SARS-CoV-2 is here to stay.”

A recent statement by Pfizer’s CEO Albert Bourla is typical of this mindset. Speaking with the French newspaper *Le Figaro*, he predicted, “We will soon be able to resume a normal life. We are well-positioned to get there in the spring thanks to all the tools at our disposal: tests, very effective vaccines and the first treatments that can be taken at home.” The last part of the statement is about Paxlovid, Pfizer’s FDA-approved antiviral treatment against COVID-19 infection, which also appears to be effective against Omicron. COVID *forever* will ensure the giant pharmaceutical remains in a position to enrich itself in perpetuity with the virus.

A recent commentary appeared in *The Lancet* by Dr. Christopher Murray, director of the Institute for Health Metrics and Evaluation (IHME), whose modeling and predictions have been closely followed by the White House and major media. After explaining that Omicron has been causing upwards of 125 million infections per day and that 50 percent of the world will have been infected with Omicron by the end of March 2022, he tried to reassure readers that “COVID-19 will become another recurrent disease that health systems and societies will have to manage.”

Dr. Maria Van Kerkhove, WHO’s COVID-19 technical lead, has rebutted such conceptions, declaring, “We are hearing a lot of people suggest that Omicron is the last variant, that it’s over after this. And that is not the case because this virus is circulating at a very intense level around the world.”

Senior WHO official Dr. Bruce Aylward added, “We don’t fully understand the consequences of letting this thing run. Most of what we have seen so far in areas of uncontrolled transmission has been that we paid a price for the variants that emerge and new uncertainties we have to manage as we go forward.”

Indeed, Omicron sub-variant BA.2 has 80 to 90 mutations compared to Omicron BA.1 with 60 mutations. Professor Yaneer Bar-Yam, a complex systems physicist and head of the World Health Network calling for global elimination of COVID-19, noted, “[They are] not the same thing. [BA.2] is about as different as Delta started out from the original variant.” He added that mutations in Omicron are occurring at faster rates than previous strains. Presently, BA.2 is growing rapidly in the UK, Sweden, Denmark and Norway.