

New York, Michigan and Ohio end contact tracing

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Many of the largest American states have officially ended their contact tracing programs as part of a coordinated nationwide policy to allow virtually the entire American population to be infected with the potentially deadly and debilitating COVID-19.

In recent weeks, over a dozen states have ended or reduced contact tracing, including Michigan, New York, Ohio, Virginia, New Hampshire, Indiana and others.

This sea change in policy, closely coordinated with the White House, has been carried out quietly, receiving no national news coverage, with the only coverage coming from local newspapers and trade publications.

“Contact tracing ending in New York State,” reported Albany local ABC News 10 on January 13, writing, “As of this week, New York will no longer expect local health departments to conduct COVID contact tracing for most cases. New Yorkers who test positive for COVID-19 will no longer receive a call from a county or even the state health department.”

New York Governor Kathy Hochul said that tracing will be “optional” for counties, but counties throughout the state immediately moved to end their contact tracing programs. “The days of widespread contact tracing are coming to an end across New York State, including in Onondaga [home to Syracuse] and Oneida Counties,” reported local Syracuse, New York TV station WSYR.

The station reported:

The significant change in policy was made quietly in Onondaga County. In an email, obtained by NewsChannel 9, the state’s contact tracing coordinator assigned to Onondaga

County schools emailed local superintendents with the changes. She writes: “Onondaga County has asked us to change our interview and processes due to the new guidance... Starting 1/6/22 we are no longer registering any contact for any Onondaga County cases.”

On January 30, local Richmond news station WTKR reported that the Virginia state health department is “phasing out contact tracing” and no longer “attempting to investigate every case of COVID-19.”

On January 27, local Ohio station WKYC reported that “The Ohio Department of Health is no longer asking K-12 schools and local health departments to contact trace after each positive coronavirus case at school.”

“Broad community contract [sic] tracing for COVID in Michigan is coming to an end in most cases,” reported Bridge Michigan on January 14. “The Michigan Department of Health and Human Services has shifted away from performing individual-level case investigation and contact tracing,” reported MLive on January 29.

MLive noted that, even before the end of contact tracing efforts by the state, less than two percent of cases had their contacts reached out to by health agencies.

“State Health Departments transition away from contact tracing,” reported News 2 Oklahoma on January 28. “Up until now, individuals who had been tested for COVID at a facility and tested positive would get a call from a disease investigator. However, that will no longer be the case.”

On January 21, the *Indianapolis Star* reported that Indiana’s health department “issued new guidance this

week that allows schools to end contract [sic] tracing programs and individual notification of close contacts.”

There is no medical basis for ending the contact tracing programs, and nothing about COVID-19 that has made contact tracing less important, as demonstrated by China’s enormously successful efforts to save the lives of its population, which rely heavily on contact tracing.

With the highly contagious Omicron variant capable of overcoming vaccination and spreading more rapidly, keeping infected people away from others is the single most effective way to stop the spread of the disease, and, by implication, save lives.

Contact tracing is, according to the World Health Organization (WHO), a “key strategy for interrupting chains of transmission of SARS-CoV-2 and reducing COVID-19-associated mortality.”

The WHO recommended that countries “Prioritize active, exhaustive case finding and immediate testing and isolation, painstaking contact tracing and rigorous quarantine of close contacts.”

The decision by states to end contact tracing is a decision not to interrupt “chains of transmission of SARS-CoV-2” and not to reduce “COVID-19-associated mortality.” This will open up the entire population to infection.

While COVID-19 is potentially debilitating for all people, is especially dangerous to people who do not respond to vaccination due to having compromised immune systems, including those suffering from HIV or those who have had organ transplants, who must take immunosuppressants to keep their bodies from rejecting the transplanted organs.

Allowing the deadly disease to spread will be a death sentence to this substantial section of the population, condemning them to a life of fear, perpetual social isolation and early death. It will likewise mean that millions of people will be affected by Long COVID, potentially for the rest of their lives.

The White House has seized upon the Omicron variant to claim that nothing can be done to stop the spread of COVID-19, claiming that “everyone” will get infected, in the words of FDA Director Janet Woodcock.

As part of this effort, the Centers for Disease Control and Prevention (CDC) has cut the recommended isolation period for people with COVID-19 in half, and

last week, CDC Director Rochelle Walensky called for an end to masking and isolation altogether, triggering an anti-masking campaign in the US media.

The end of contact tracing is accompanied by a systematic effort to end the reporting of COVID-19 cases and deaths. On February 2, the Department of Health and Human Services (HHS) will end its requirement for daily COVID-19 death reporting by hospitals, while states are slashing the frequency of their data reporting. Tennessee ended daily reporting in early January, and Pew reports that “experts expect other states to follow.”

These moves are taking place behind the backs of the population, with no discussion or input from the public, which according to polls overwhelmingly supports public health measures to stop the spread of the disease.

The mass infection of the population is dictated by the interests of the financial oligarchy, which sees isolation and quarantine as impediments to getting workers on the job and keeping them there, even when they are sick and an active threat to public health.

The moves by states and local health officials will facilitate efforts by employers to cover up COVID-19 cases, denying workers sick leave and forcing workers to work through major outbreaks.

These developments raise the urgent necessity for workers to form rank-and-file committees to monitor safety conditions at workplaces and force the closure of schools and workplaces in the event of outbreaks.

The struggle against mass infection is a political struggle against the financial oligarchy and the entire capitalist system. The most critical task is to build a revolutionary socialist leadership in the working class, fighting for a unified global strategy to stop the pandemic and save lives.



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