

The COVID pandemic continues to rage despite the delivery of more than 10 billion doses of vaccines

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The online publication *Our World in Data*, which has been a leading and often referenced source for critical statistics regarding the COVID pandemic, reported that on Friday, January 28, 2022, more than 10 billion doses of COVID vaccines had been administered worldwide in the 13 months since they were first introduced to the public.

In that same period, the pandemic has only accelerated the mass deaths caused by the infection with the coronavirus. With 5.67 million reported COVID deaths during the pandemic, almost 4 million have died since Margaret Keenan, a 91-year-old grandmother from the UK, became the first person in the world to get the Pfizer COVID-19 vaccine on December 8, 2020.

As the New Year's statement published in the WSWs noted, "The global pandemic is a catastrophe of historic dimensions. It is also a crime because the disastrous impact of the pandemic is the result of decisions made by capitalist governments—first and foremost in the United States and Western Europe—to deliberately prioritize profits over lives, to reject the implementation of public health measures required to eliminate SARS-CoV-2 and, instead, to adopt policies that allow the virus to spread widely throughout the global population."

Indeed, the politics behind implementing the COVID vaccine campaign has been to disarm any public resistance against the malign "herd immunity" policies that various governmental institutions called for from the beginning, embedded into the interests of financial markets. The current objective is to completely dismantle the entire public health apparatus, including the necessary COVID metric dashboards that provide a sense of the scale of the calamity.

In short, the promise of relying solely on vaccines as an exit strategy has been disastrous. Warnings to this effect were made by scientists at the World Health Organization, stating that depending on vaccines without strict infection controls risked breeding new, more virulent variants of the SARS-CoV-2 virus. These have been proven correct.

That 10 billion doses of vaccines have been administered in little more than a year is an astounding public health feat that belies the constantly repeated assertion that the virus is unstoppable. It provides objective evidence that the ruling elites' malicious interest in vaccines is not as a social balm but as a political instrument.

Such a quantity is more than enough to offer every person on the planet at least one dose of a COVID vaccine. Not counting the 680 million children under five, for whom no vaccine has yet been approved, there are roughly 7.3 billion people. But only 4.8 billion, less than two-thirds of those eligible, have received even one shot. Just over half are considered fully vaccinated. While high-income countries have fully vaccinated 72 percent of their populations, the

lowest-income countries, predominately on the African continent, have managed to give less than 10 percent of their people even one dose.

These stark disparities are a byproduct of the vaccine nationalism that has led to the hoarding of these life-saving treatments by the wealthy countries, further exacerbated by the emergence of more virulent, contagious, and immune-evading strains that have made it necessary to provide a third dose and for some a fourth, especially to the elderly or those with significant health issues. Given the limitations of supply, these additional doses, mainly in the rich countries and for the privileged elite in the poor countries, have come at the expense of the mass of the population in Africa, Asia and Latin America.

High and upper-middle-income countries have administered enough COVID vaccines to offer 180 doses for every 100 persons. Theoretically, that would mean that as many as 90 percent of the population could be fully vaccinated with the two-dose regimen. There have been 25 doses given for every 100 individuals on the African continent or just over 300 million doses. By comparison, the United States has administered 537 million doses though its population is one-quarter of Africa's.

Objectively, the rate of vaccination uptake in these high-income regions is linked to socioeconomic factors and national initiatives. Whereas the US has fully vaccinated only 63 percent of its population, countries like Canada (79 percent), China (85 percent), Singapore (87 percent), Australia (78 percent), and many EU high-income nations have fully vaccinated far more than the 70 percent target set by the World Health Organization for 2022.

Of the 10 billion COVID vaccines administered, nearly 1 billion have been given as boosters. High-income and upper-middle-income countries have received the lion's share with more than 898 million third doses (and fourth doses). However, in the context of the immune-evading Omicron variant and the need for a third dose to be considered fully vaccinated, the result is that just over 11 percent of the world's population can now be considered fully vaccinated. The US has only given a quarter of its population a booster shot, while EU nations are approaching half.

Currently, between 25 and 30 million doses of COVID vaccines are being administered each day globally. Even if coordinated initiatives to equitably distribute vaccines were put in place, at this rate, it would take another four months to get 75 percent of the world population the first dose, another target set by the WHO.

Lower-middle-income countries have only managed to give their

population 96 doses per 100 people, and low-income countries fewer than 14 doses per 100 people. As Bloomberg recently wrote, “The wealthiest 107 countries in the world—including China, the US, and Europe—comprise 54 percent of the global population but have used 71 percent of the vaccines. Less wealthy places such as India, much of Africa and parts of Asia make up almost half of people on Earth and yet account for less than 30 percent of shots given.”

Notwithstanding the patent inequities, the remarkable feat of inoculating billions of people has not led to the end of the pandemic, as so many leaders of the imperialist powers had promised. On the contrary, the vaccine-only initiative has spawned the Delta and Omicron waves, demonstrating the failure of this bankrupt policy.

According to the WHO COVID-19 dashboard, there have been 360.6 million confirmed infections, of which 290 million were contracted since the COVID vaccines were introduced in mid-December of 2020. Of the 5.62 million cumulative COVID deaths during the pandemic, almost 4 million took place after vaccines became available.

In less than two years, the United States, which has been the consistent epicenter of the COVID pandemic, has now seen more than 900,000 Americans perish from their infection, the highest in any country worldwide. When nurse Sandra Lindsay received the first dose of a COVID vaccine in Queens, New York, on December 14, 2020, inaugurating the vaccine campaign in the US, the total COVID deaths had reached an astounding 320,000. The vaccines were touted with much media fanfare as the beginning of the pandemic endgame. Since then, however, another 580,000 have perished in America.

This book compiles the most critical programmatic statements, polemics, scientific analyses, interviews, and news articles published by the World Socialist Web Site on the COVID-19 pandemic. It is a social and political chronology of this world historic event based on a Marxist and Trotskyist perspective.

Currently, daily COVID infections in the US remain well above pre-Omicron highs, with over a half-million cases per day. The daily average in COVID deaths had risen steadily since December, when numbers had dipped under 1,000 deaths per day. They are now at 2,500 a day, above the peak deaths from the Delta wave and fast approaching the deadly highs of last winter’s worst stretch when the seven-day average reached 3,323. Notably, all current COVID deaths are attributable to the Omicron variant, which entirely refutes the oft-repeated claims that it is *only a mild infection*.

Official COVID death figures are known to undercount the real scale of misery and devastation. Many of those who were infected and died were never tested and are lost in official statistical reports. Then there are those affected by the pandemic indirectly, who went to their deaths from non-COVID but preventable causes. Due to health systems being inundated with patients or fear of becoming infected, their conditions deteriorated sufficiently that medical intervention became futile.

In this sense, excess deaths provide a more reliable measure of total mortality due to COVID-19. As defined by the *Economist*, “This number is the gap between how many people died in a given region during a given time period, regardless of cause, and how many deaths would have been expected if a particular circumstance [in this case the COVID pandemic] had not occurred.”

The current estimate of excess deaths worldwide is 3.6 times higher than official global COVID-19 deaths. At 20.4 million, that figure surpasses all civilian and combat fatalities incurred in the four years of World War I. Bulgaria, a country with 6.9 million people, where 22

percent of the population lives below the poverty line of €185 a month, claims the unfortunate distinction of having the highest per capita excess deaths.

Countries with some of the highest excess deaths per 100,000 include small Eastern European countries like Bulgaria, along with Russia, India, South Africa, Argentina, Peru, Mexico, and the United States. Current estimates are that daily global excess death reached a pandemic high of 78,100 per day (January 28, 2022), far above the mid-May peaks of 2021 when Delta was ravaging India.

In mid-December 2020, excess deaths had reached 5.2 million. In the 13 months since the COVID vaccines were publicly introduced, another 15 million people have died who could have been saved if a coordinated international effort had been employed to eliminate COVID across the globe.

For those fully inoculated with two doses, the current vaccines, formulated to fight the ancestral SARS-CoV-2 first encountered in Wuhan provide only 44 percent effectiveness against hospitalization from an Omicron infection if the last dose was given more than 25 weeks prior. Vaccine effectiveness to prevent symptomatic disease from Omicron is zero to 10 percent, essentially meaningless. A recent UK study found that more than two-thirds of people infected with Omicron had previously been infected.

The current variants of the Omicron coronavirus, BA.1 and BA.2, are highly contagious and are wreaking havoc in every country in which they have taken hold. Their immune-evading capacity means that herd immunity is scientifically impossible. And the idea of allowing the virus to become endemic is a political ploy. Endemic Omicron will mean repeated bouts of infection, a pandemic in permanence.

Only the international working class, armed with public health science, can defeat this pandemic. The global nature of such an effort requires workers across industries and regions to learn to set aside their differences based on nationalism or sectionalism and recognize they share a common global objective. The socialist revolution is the mechanism by which the pandemic can be brought to an end, countering the doomsaying claims that the SARS-CoV-2 virus will live in perpetuity.



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