

# Two years since the WHO declared a public health emergency, COVID-19 pandemic continues to threaten humanity

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1 February 2022

On January 30, 2020, the World Health Organization (WHO) Director-General Dr. Tedros Adhanom Ghebreyesus declared the outbreak of the novel coronavirus that erupted a month earlier in Wuhan, China, a Public Health Emergency of International Concern (PHEIC). Confirmed COVID-19 cases had reached 10,000, and all 220 deaths were still contained in China. Less than 100 infections were reported outside of China.

The decision was taken after members and advisors of the WHO's COVID-19 IHR Emergency Committee (International Health Regulations) concluded that the virus posed a significant threat to the world. The PHEIC is the highest threat level that the WHO can issue based on agreed international health regulations.

In a statement issued by the WHO, after acknowledging China's tremendous effort in containing the epidemic, they warned that there had been cases reported in five WHO regions in one month (January 2020) and that human-to-human transmission had occurred outside Wuhan and outside of China.

Still, the WHO took an optimistic tone, writing, "The committee believes that it is still possible to interrupt virus spread, provided countries put in place strong measures to detect disease early, isolate and treat cases, trace contacts, and promote social distancing measures commensurate with the risk." They then added, "It is important to note that as the situation continues to evolve, so will the strategic distancing measures commensurate with the risk."

Two years later, Director-General Tedros said during a press conference last month that the situation remained alarming, and the PHEIC remained in effect. The emergency committee meets every three months to reassess the global crisis.

Aside from warning governments that the pandemic continues to pose a significant risk, the continued PHEIC declaration charges member states with reporting obligations. Therefore, the attempts by many countries, including the US, to end all contact tracing, tracking and isolation, the basics of any public health measures to stem community outbreaks of infectious disease, are illegal by regulations agreed to by all member states.

Additionally, there have been calls to discontinue PCR testing

and rely on the less accurate and never-reported rapid antigen tests. In short, nothing will be done to bring the pandemic to an end. Attempts to declare it endemic are not based on any scientific assessment but driven by economic considerations.

Director-General Tedros, speaking at the 150th Executive Board meeting last week, said, "There are different scenarios for how the pandemic could play out and how the acute phase could end—but it is dangerous to assume that Omicron will be the last variant, or that we are in the endgame."

Indeed, the world is far from achieving victory against the pandemic. Death and misery continue unabated despite more than 10 billion doses of COVID-19 vaccines. Every effort is underway to force the population to accept the continual spread of the coronavirus in their communities as an inevitable foregone conclusion.

However, the properties and characteristics of how the virus spreads and what spurs its mutation are known. Every conceivable scientific tool exists within humanity's grasp to stop the transmission of the virus and bring the pandemic to an end. The pandemic in perpetuity is a political construct and not informed by any scientific conception.

Globally, more than 377 million confirmed infections had been reported since the declaration of the PHEIC. There have been nearly 5.7 million deaths confirmed, and excess deaths exceed 20 million. Since the week ending March 30, 2020, deaths have remained essentially above 35,000 each week. Since the global surge in Omicron, the weekly death toll has climbed for five consecutive weeks, topping 59,000 (or around 8,500 each day).

In the US, the permanent epicenter of the pandemic, there are close to 910,000 confirmed COVID-19 deaths so far. Despite the repeated celebrations in the media and by government officials that Omicron cases are rapidly turning down, hospitalizations remain at pandemic highs, and the daily average in deaths continues to climb, now at 2,572 per day.

Explaining the apparent dichotomy between a less virulent Omicron and a deadly Delta variant, University of Virginia critical care physician Dr. Taison Bell, speaking with NPR, explained that "Omicron is milder in the same way that a

hurricane can be milder than a tornado. The tornado may cut a more destructive path with high wind speeds, but the hurricane has a much bigger footprint.”

Data compiled by the American Association of Pediatrics reveals that children have taken the brunt of the current infection surge, with more than 3.5 million infected just in January. Total confirmed infections for children now stand at 11.4 million, placing into context the significant impact Omicron has had on this age group in such a short time as they have been forced back into schools, which serve as superspreader sites for the disease.

COVID-19 hospitalizations for children and teens remain at an all-time high in the US, according to the Centers for Disease Control and Prevention (CDC). With an additional 18 more child deaths reported this week by the AAP, the total for 2022 has risen to 72. All told, more than 1,100 children have perished from COVID-19.

There has also been an unprecedented surge in the rise of croup and tracheitis among children. The Omicron infection of children’s narrow upper airways can cause their breathing to get obstructed and cause a characteristic barking cough. As pediatrician Dr. Jake Kane recently tweeted, “Anyone who thinks this is nothing has never had to intubate an edematous pediatric airway with the diameter of a pencil!”

On the other end of the age spectrum, residents of long-term care facilities have been culled by political decisions which have always placed profit above the well-being of the population, especially the most feeble and vulnerable. By the end of 2021, over 195,000 long-term care residents had died from the disease, accounting for 23 percent of all COVID-19 deaths in the US. Over 1,000 residents have been killed this month despite high vaccination rates. According to a recent report by the Kaiser Family Foundation, “Cases and deaths in nursing homes are rising, generally mirroring current trends in the overall US, though rates have recently started to rise faster in nursing homes.”

Aside from death, the health impact of the pandemic on the population has been considerable. As has recently been reported, children are at higher risk of diabetes after a COVID-19 infection. Long COVID affects upwards of 10 percent as the virus and the accompanying inflammation it causes directly injures the nervous system.

While heart disease and cancer have remained the two leading causes of fatalities, COVID-19 has consistently taken third place. The age-adjusted death rate for Americans has risen almost 17 percent during the pandemic, the most significant rise in more than 75 years.

Still, as Kim Tingley noted in her recent *New York Times* opinion piece, “COVID deaths were not the only factor that contributed to that rise. ... The death rates from cardiovascular disease— that is, strokes and heart disease—increased by nine percentage points and from Alzheimer’s by 8.7 percentage points. Deaths from diabetes

increased nearly 15 percentage points.” The CDC estimates that 64,000 more people than expected have died from Alzheimer’s since the onset of the pandemic.

These are a byproduct of the repeated waves of infection that overwhelm hospital systems and prevent the elderly and those with multiple medical problems from accessing health care. A November study conducted by the COVID-19 taskforce at the Cybersecurity and Infrastructure Security Agency, a department of the U.S. Department of Homeland Security, found that when ICU bed capacity across the country reached 75 percent, 12,000 additional deaths from all causes could be expected over the intervening two weeks. When that figure hit 100 percent capacity, the death toll skyrocketed to 80,000.

These statistics are not unique to the US. Everywhere the pandemic has been allowed to surge, the population’s health has deteriorated. Life expectancy in the US has plummeted by two years in 2020. A similar fall was seen in Russia. A drop of more than half a year in Canada was the most significant decline observed since 1921.

The trajectory of the pandemic under the “herd immunity” approach pursued by the capitalist ruling elite is not towards endemicity but a pandemic in permanence. The SARS-CoV-2 variants have been evolving to evade immunity, including that offered by the vaccines. As Dr. Yaneer Bar-Yam recently wrote on his social media account, “Merchants of herd death oversold immunity. People are being reinfected immediately again after Omicron infections. We have the data: Both laboratory experiments and actual cases!”

The *World Socialist Web Site* and International Committee of the Fourth International have consistently adhered to sound scientific principles in our call for eliminating COVID-19. The working class must take action to stop further mass infection and death and put an end to a pandemic which has already claimed more lives and produced more casualties than the First World War.



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