

New CDC guidelines and lifting of mask mandates further endanger the lives of Americans

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2 March 2022

There is one glaringly apparent contradiction to the new US Centers for Disease Control and Prevention (CDC) guidelines that weigh hospitalizations and bed occupancy more heavily than infections that no one in the mainstream media or political establishment bothers to raise. How can these new directives that lift measures to prevent infection during a pandemic that continues to rage and new COVID-19 variants on the horizon protect health systems?

The guidelines are not a masking policy; instead, they are a fabricated risk-reduction adjustment based not on scientific merit but on political expediency that justifies the elimination of any remaining mitigation measures. Overnight, most of the country has become a low- to moderate-risk zone with recommendations that facemasks, which also function as a reminder of the ongoing health crisis and danger that the virus poses, were no longer required.

Following the priorities of the Biden White House, the CDC wants to ensure all attention on infection statistics is wholly disregarded. With the pandemic once and for all forgotten, money-making can be continued without any impediments.

In rapid succession, state after state is repealing indoor mask policies. The three Democratic Party-dominated states on the West Coast—California, Oregon, and Washington—have joined forces and lifted obligatory mask requirements in schools affecting 7.5 million school-age children and their teachers and parents. New York, Massachusetts, Illinois, Wisconsin, Ohio, and North Carolina are also among the latest in a series of states that are quickly exiting COVID-19 restrictions.

Not one of these governors has referenced the critical fact that in February 212 children died from COVID, representing 15 percent of all pediatric COVID deaths

throughout the pandemic. In the last week of February, in five days, 84 more deaths were added to the statistics, underscoring the danger posed by the infection even for the youngest.

Democratic Governor Kate Brown of Oregon, in a far too glib statement about the lifting of the mandate, said, “Two years ago today, we identified Oregon’s first case of COVID-19. On the West Coast, our communities and economies are linked. Together, as we continue to recover from the Omicron surge, we will build resiliency and prepare for the next variant and the next pandemic.”

Next variant and next pandemic? The hypocrisy is intolerable.

Endlessly, the press and their pundits have continued to flagrantly abuse the terms “personal freedoms” and assert meaningless declarations like “to ensure our nation’s hospitals and health care systems” can treat everyone.

Even CDC Director Rochelle Walensky offered the following bald-faced lie when the guidelines were published: “This updated approach focuses on directing our prevention efforts towards protecting people at high risk of severe illness and preventing hospitals and healthcare systems from being overwhelmed.”

She also lamented earlier, “None of us know what the future may hold for us and this virus. We need to be prepared and ready for whatever comes next. We want to give people a break from things like mask-wearing when levels are low, and then have the ability to reach for them again, should things get worse in the future.”

When the Omicron surge washed over the country like a tsunami wave, the CDC director and Biden administration barely lifted a finger to save health care systems from a deluge of patients. On January 20, 2022, there were nearly 160,000 people admitted to hospitals, with almost 26,500 in ICUs. No objective measure was enacted to stem the

tide of infections and spare hospitals. By comparison, on the worst day of last winter's peak, January 14, 2021, there were 137,000 patients admitted, and just over 29,000 were in the ICUs.

The reported COVID-19 death toll due to the Omicron wave has reached 165,000. Between January 12, 2022, and February 20, 2022, the seven-day average for COVID deaths remained more than 2,000 fatalities every day. At the time, high-level discussions were not on the necessity of shutting down the country and giving nurses and doctors much-needed respite from the onslaught. Instead, they were focused on ending real-time requirements of reporting in-hospital COVID deaths and metrics to the Health and Human Services Department (HHS). The daily death tolls are a constant reminder of the government's abject failure and must be pushed to the back pages.

Repeatedly, it has been stated by epidemiologists that hospitalizations are a lagging indicator of infections—meaning that by the time the health systems become overwhelmed, community transmission is already very high and out of control.

Implementing public health measures that place weight on the status of health care systems would be short of catastrophic if another wave of infections with a new variant of COVID-19 were to assail the country. What is the purpose of even calling the nation's public health agency the *Centers for Disease Control and Prevention* when its guidelines obfuscate its stated doctrine and principles to control and prevent disease?

The most obvious and only possible response is that the CDC is not concerned with the health and well-being of the population. It is functioning as a political entity within the state to enact and concretize the oft-stated policy of "living with the virus," to protect a financial system that relies on the working class to produce the surplus-value.

What has been the cost of disregarding all scientific measures to eliminate the virus so far?

By all reliable trackers, reported COVID deaths in the US have surpassed 950,000. More than 80 million people have reportedly been infected. The CDC estimates that unconfirmed cases are twice as high, meaning that most likely two-thirds of the country's population have been infected at some point. What is not clear is how many of these infections were breakthrough or repeat infections. Again, the CDC has failed to track or provide the data on these critical figures.

The seven-day average of infections has declined to 60,000 new cases each day but is beginning to plateau again. The average death toll remains high at above 1,800

per day. Meanwhile, the BA.2 subvariant continues to grow in the US exponentially, and it now represents 8.3 percent of all cases. Yet only 65 percent of the population remain fully vaccinated with two doses, and less than 29 percent have been boosted. The seven-day vaccination average has declined to 350,000 per day, meaning the vaccination campaign has stalled. This has significant implications given the latest immune-evading variants.

A report published in JAMA in January found that those who were 50 years of age and boosted had reduced their risk of death nearly 20-fold compared to those only being fully vaccinated but not boosted, based on data from Israel. In Peru, where the country's population-based health metrics are tied to the person's national registration number, the risk reduction was 10-fold.

But these were based on recent booster doses. It remains unknown whether additional jabs are required and at what intervals. Limited data did not show much benefit for second boosters unless the individual had significant comorbidities or was immunocompromised. Additionally, Omicron-specific vaccines did not appear to work better against BA.1 or BA.1 subvariants than the current vaccines.

Despite the criminal neglect demonstrated by the ruling elites in their response to the pandemic for the last two years, the understanding of the science behind the pandemic has risen exponentially.

It is even more critical now to push for elimination. Professor Yaner Bar-Yam, president of the New England Complex Systems Institute, recently stated that not only is elimination still viable, but it is also "easier to do now."

Instead, the ruling elites and their media mouthpieces are pushing the false notion that the virus is endemic and therefore no longer a subject of concern and best be forgotten regardless of the continued dangers it poses.



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