As Omicron BA.2 threat grows, US COVID-19 testing, treatment funds exhausted

Patrick Martin
23 March 2022

Amid mounting evidence of a new surge in coronavirus driven by the BA.2 subvariant of Omicron, federal funds for COVID-19 testing and treatment and future mass vaccinations are running out.

At a White House briefing Wednesday, officials of the coronavirus task force warned that the congressional failure to approve a $15.6 billion funding package last week meant that federal financial support for a wide range of programs would be ending over the next month.

The first cutbacks have already been made, as the administration has reduced the supply of monoclonal antibody treatments being distributed to the states by 35 percent. Health and Human Services Secretary Xavier Becerra told the Wednesday briefing that this cut would be followed by ending federal reimbursement of the cost of COVID testing and treatment for the uninsured, and ending federal funding of vaccinations for the uninsured sometime in early April.

White House coronavirus coordinator Jeff Zients, who is leaving the administration at the end of the month, told the briefing, “The virus is not waiting for Congress to act. With every minute this funding request is stalled, we’re losing our ability to protect people and be prepared.”

Zients was speaking only of the mitigation efforts conducted by the administration over the past year, which are nothing like a genuine campaign to suppress the deadly virus and actually protect the population. But even these limited actions are headed for the scrap heap.

The specific cutbacks outlined by Zients included a hold on placing orders for a second round of booster shots (fourth doses) of the Pfizer and Moderna vaccines, if these prove to be useful in extending immunity or combating further variants of coronavirus. He added, “If things change, and if there’s a need for that new vaccine, a new formulation, for example, a very specific vaccine, we won’t be able to secure doses for the American people.”

Zients said that funding has already been provided to secure a full supply of vaccine doses for children younger than age 6 when and if the Food and Drug Administration (FDA) authorizes administration of those vaccines. Moderna announced Wednesday it was submitting a formal request for FDA approval for its version of the vaccine for young children.

At the same briefing, Dr. Rochelle Walensky, director of the Centers for Disease Control and Prevention (CDC), confirmed that BA.2 now accounts for about 35 percent of new COVID-19 cases in the United States, and that in some regions this figure is over 50 percent.

BA.2 is significantly more infectious than Omicron BA.1, the subvariant which has wreaked such a deadly toll over the past three months. BA.2 has largely displaced BA.1 wherever it has had the chance, including in Britain and much of continental Europe, and it is now doing so in the United States.

In just the past week, BA.2 has gone from 22 percent of coronavirus infections to 35 percent, while in New England the figure has jumped from 39 percent a week ago to 55 percent. Other areas with higher levels of BA.2 include California, Florida, Pennsylvania, Michigan and Texas.

Perhaps the most immediate damage from the funding cutbacks would be the impact on the use of monoclonal antibodies and oral antivirals such as Pfizer’s Paxlovid, which has cut rates of hospitalization by as much as 90 percent when administered after the initial infection is detected. This is particularly valuable for millions of immunocompromised people and elderly people with severe underlying health

conditions. Effective use of these treatments requires early detection, and therefore frequent and regular testing.

The funding crisis will lead to the shutting down of test administration facilities, cutbacks at laboratories which process test results, and a delay in orders to the manufacturers like Pfizer.

According to a White House fact sheet, “the federal government has no more funding for additional monoclonals, including a planned order for March 25.” This amounts to a death sentence for a large number of poor and uninsured, since the cost of a monoclonal treatment paid for by the patient runs to $2,000 per course.

For another treatment, AstraZeneca’s Evusheld, which in one study reduced the risk of immunocompromised people developing COVID-19 infection by 77 percent, the Biden administration has only bought enough to provide 850,000 courses of treatment. A planned purchase of a second allotment will be dropped unless funding is restored.

The looming cutback in monoclonal antibody and antiviral purchases and distribution is a particularly glaring demonstration of the class savagery that characterizes the response of the US ruling elite to the COVID-19 pandemic.

The death toll has reached the 1 million mark in the United States, its overwhelming majority consisting of working people, the elderly, and those with severe underlying health conditions, particularly those who were uninsured and therefore frequently untreated until too late.

The wealthy and powerful, by contrast, rarely die even when they contract COVID-19, because they have access to the type of all-encompassing medical treatment, including highly expensive ones like monoclonal antibodies, which first came to widespread public attention when they were administered to then President Donald Trump at the Walter Reed Medical Center in October 2020.

In the course of the past three months, in the Omicron upsurge, a raft of well-known political figures have contracted COVID-19, but they have so far suffered no deaths and few hospitalizations, because they had ready access to a Trump-style battery of treatments.

Most recently, former president Barack Obama and former secretary of state Hillary Clinton revealed they had tested positive for COVID, along with White House press secretary Jen Psaki (for the second time), and Douglas Emhoff, the husband of Vice President Kamala Harris.

No less than 12 US senators and nearly 60 members of the House of Representatives have tested positive for COVID-19 since Omicron emerged as the dominant variant in early December 2021. The actual number is likely far higher, since many Republican legislators would not acknowledge the infection or even undergo testing for it.