

# The silent phase of the COVID-19 pandemic: Biden administration does nothing as US cases begin to rise

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15 April 2022

Attempting to characterize the official response to the third year of the pandemic in the United States, it might be helpful to consult a textbook in psychiatry to find an appropriate diagnosis. Perhaps a criminal justice handbook would be more prudent.

In the face of another tide of the highly contagious BA.2 subvariant of Omicron, the response by the Biden administration is to see nothing, say nothing and do nothing. As *Politico* recently wrote, “The White House is publicly arguing that the country has finally arrived at a promising new stage in the pandemic fight—one that a recent spike in COVID cases won’t spoil.” This goes completely against any sane public health advice and, as some experts have noted, is being done quite openly on the basis of political calculation.

Unabashedly, Dr. Anthony Fauci, the president’s medical adviser, and Dr. Rochelle Walensky, director of the Centers for Disease Control and Prevention (CDC), have openly endorsed the White House’s view to allow the population to face another surge of infections, suggesting people can make individual choices on the amount of risk they want to take. Fauci recently said on ABC, “What’s going to happen is that we’re going to see that each individual is going to have to make their calculation of the amount of risk they want to take.”

Such comments, however, do not qualify as sound medical advice for a highly contagious, rapidly evolving airborne pathogen in a highly mobile, interconnected, global society. In the final analysis, the political motivation of Fauci’s statement shows it is a threat to the working class, which has always assumed the largest burden of the pandemic.

Dr. Maureen Miller, professor of epidemiology at Columbia University’s Mailman School of Public Health, observed to ABC News, “We’re at a time when US public health authorities are basically declaring ‘People, you’re on your own when it comes to determining how to co-exist with COVID-19.’ Sadly, the tools we’ve relied on to determine risk levels are being discounted at best and discontinued at worst.”

There has been a revolving door between the demands of the White House and guidance supplied by the CDC that have, in a stepwise fashion, all but eliminated the ability of the public to

track the spread of COVID in any meaningful way.

Perhaps even more asinine are recent comments by public health expert Dr. Ashish Jha, the White House’s new COVID-19 response coordinator. Commemorating his recent appointment by kicking off his celebrity tour of the news programs last week, he told NPR, “If you think about where we are as a country, we are at a really good moment.”

By “a really good moment” Jha is not referencing the recent lull in cases after the last wave of infections that killed nearly 180,000 people since mid-December, of which 41 percent were vaccinated based on data tracked by the CDC.

Nor the fact that one million have died due to the criminal policies that have enjoyed bipartisan support. They do not speak to the 200,000 children who have lost a parent or caregiver, or the millions debilitated by Long COVID who face a dim prospect for their future earnings and treatment.

Nor do his comments speak to the millions of uninsured who can expect a steep out-of-pocket expense for COVID-19 tests, vaccines and any treatments because all the public funding for such programs has been allowed to run dry.

Instead, Jha, a personification of the complete submission of science and public health to the diktats of Wall Street, is referencing the abandonment of all meaningful metrics for tracking COVID-19 and, therefore, its imposition on economic activity. The decimation of the entire public health infrastructure and reconfiguring it into an apparatus of the policy of profits before lives has been the “really good moment” that both Republicans and Democrats have been salivating over.

Indeed, what objectively characterizes the third year of the pandemic is obfuscation. It has become a politically silent pandemic.

*Politico*’s report is critical because it shows that behind the scenes, government employees close to the White House acknowledge that new COVID-19 cases are being grossly undercounted. So, why isn’t the public being warned?

On the issue, a person close to the Biden administration told *Politico*, “They’re like, ‘We don’t know if this is something to be worried about or not.’ But you can’t tell the public that.” A

more damning admission would be difficult to find when in the balance are the health and welfare of millions of people who have already suffered repeated disastrous waves of the virus.

By all official indications, the BA.2 surge is gaining visible momentum after several weeks of low reported daily cases.

According to the *New York Times*' COVID tracker, 32 states and Washington D.C. are reporting a positive 14-day change of new cases. The Northeast faces the initial impact, with Vermont, Rhode Island and Washington D.C. seeing the highest case rates.

The Johns Hopkins COVID dashboard noted that the seven-day average of COVID-19 cases in the US, which had stalled for most of March, began to uptick in early April. Daily reported cases nationwide are at 35,272, up 25 percent over the last two weeks. However, these figures are inconsistent with what the daily COVID-19 death rate would suggest. The seven-day average has retaken an upward turn after a consistent decline from mid-February until recently, with just over 500 dying on average each day from their infection. As death is a lagging indicator by a few weeks, the upturn implies a significant rise in unrecognized infections over the last few weeks.

Placing these into context, former US Commissioner of the Food and Drug Administration Dr. Scott Gottlieb said on CBS's "Face the Nation" last week, "There's no question that we're experiencing an outbreak in the northeast, also the mid-Atlantic, [and] parts of Florida as well ... It's driven largely by BA.2, and I think we are dramatically undercounting cases. We're probably only picking up one in seven or one in eight infections. So, when we say there are 30,000 infections a day, there's probably closer to a quarter of a million infections a day."

The observation by Gottlieb is supported by wastewater data which has seen a divergence from SARS-CoV-2 concentrations seen in sewage water and confirmed COVID-19 cases. On March 9, 2022, viral concentrations were around 104 copies per milliliter, and the average in cases had declined to 37,590 per day. While wastewater levels have jumped nearly threefold, confirmed COVID-19 cases remained largely unchanged. The highest concentrations are in the Northeast with 472 copies, though all regions of the country are seeing a rise.

The BA.2 subvariant of Omicron now accounts for more than 85 percent of all sequenced infections. When this version of the virus dominated France, Germany and the UK, hospitalizations and deaths climbed once more despite assurances from their political leadership that the pandemic was over.

On April 13, 2022, the UK reported 658 deaths, with a seven-day average reaching close to 400 per day and climbing. By comparison, the death toll during the BA.1 surge peaked at around 270 daily deaths. The death toll from BA.2 in Germany matched the BA.1 surge, and in France, the death toll is climbing again. These experiences are relevant to the US, especially as population vaccination rates are lower than in

these countries.

Dr. John Brownstein, an epidemiologist at Boston Children's Hospital, told ABC News, "An effective public health response depends on high quality, real-time data. Underreporting, driven by changes in testing behavior, lack of public interest and severely underfunded local public health departments, create a perfect storm of misleading case counts and hospitalizations."

Jeffrey Duchin, a health officer for Seattle and King County, Washington, said of the CDC's new COVID-19 metrics, "The hospitalization threshold that the CDC came up with is too high. To wait for that high level to implement a measure ... defeats the purpose of early action."

These warnings are being made at a moment when new variants of Omicron are being reported by the World Health Organization (WHO). Specifically, two strains, BA.4 and BA.5, are rising as a proportion of new cases in South Africa. They have also been detected in Denmark, Scotland and England.

They harbor two new mutations seen in previous variants of concern called L452R and F486V, which possibly can make the virus more capable of evading the immune system. Jeremy Kamil, associate professor of microbiology and immunology at Louisiana State University Health Shreveport, told *Newsweek*, "These are interesting new lineages. What is most interesting and concerning to me is the spike mutation F486V. This amino acid substitution escapes many of the broadly neutralizing antibodies people have that can protect from several variants."

For now, there is insufficient data or experience with these versions to know how they will behave during rampant community spread. But the constant emergence of COVID-19 variants underscores the complete indifference the ruling elites have to the dangers posed by allowing the virus to continue to assault the world's population.



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