

White House will do nothing as COVID-19 cases surge

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The United States is in the midst of its seventh wave of COVID-19 infections, with the combination of the BA.2 and the BA.2.12.1 subvariants dominant, while the BA.4 and BA.5 subvariants that are currently causing a surge of infections in South Africa are waiting in the wings.

However, not a finger is being lifted to address the danger to the population.

Despite the acknowledgment by the mainstream media that more than 1 million Americans have died from COVID-19, there is absolutely no urgency on the part of the White House or the Centers for Disease Control and Prevention (CDC) to act or warn the public of the dangers posed by this new surge.

Yesterday, Dr. Ashish Jha, the White House COVID-19 response coordinator, was interviewed on NBC TV's "Today" program by host Hoda Kotb. The interview conveyed the official laissez-faire attitude to the dangerous pathogen that is making its latest assault on the population.

Kotb noted that new cases of COVID-19 are up 70 percent over the last three weeks (currently at 66,000 per day, on average), and deaths are up 30 percent. Citing suggestions that New York might reimpose a mask mandate, she asked Jha if there was a correlation between the new surge and the lifting of mask mandates on airplanes and public transportation more broadly after the Florida judge's ruling three weeks ago.

Also she alluded to last weekend's White House Correspondents' Association dinner, attended by President Biden and some 2,500 reporters, media personalities, celebrities, politicians and assorted billionaires, virtually none wearing masks—a list that included Jha himself. The superspreader event has already resulted in numerous reported COVID-19

infections.

Kotb asked, "If you had a do-over, would you have told the president not to attend?"

Jha responded with the standard comeback that everyone had tested negative at the dinner, and the president had made his personal choice. He went further, presenting the gala as an example of how such events should be conducted.

Although acknowledging that there were "worrisome" trends, he then deflected concerns by blaming the BA.2 variant's highly infective qualities, saying, "That's the prime driver!"

His response was a non-sequitur. The question was not about the virus but the policies that allow for a more significant social mixing of the population. That the virus is so contagious makes all the more critical a vigorous response, involving the immediate implementation of broad-based public health measures to stem infections.

Indeed, it has been confirmed by real-world data from China that comprehensive measures can turn a wave of infections, including from Omicron variants. Cases are down more than 80 percent since their highs three weeks ago, to less than 5,000 for a country with 1.4 billion people.

By comparison, on May 4, 2022, the *New York Times* tracker reported that close to 2,000 people died and more than 100,000 were infected that day in the US. The epidemiological curve of average deaths has sharply increased in conjunction with hospitalizations, and COVID-19 cases are rising in almost every state.

A recent study out of Harvard, Jha's alma mater, shows that the Omicron variant is intrinsically as severe as previous variants, affirming the dangers that principled health experts have raised since the beginning of the Omicron phase of the pandemic.

Refuting the lie promoted by the government and the media that Omicron is “mild,” the authors noted that “the risks of hospitalization and mortality were nearly identical” between Omicron and previously dominant variants.

From January 10 to February 22, 2022, the BA.1 subvariant of Omicron was killing more than 2,000 people daily. BA.1 killed 170,000 Americans during the three months it spread uncontrolled in every community across the country. Almost 60 percent of the population has now been infected with the virus.

Only the Alpha wave in January 2021, when barely anyone had received a dose of the COVID-19 vaccines, killed more and for a longer time. (From December 2, 2020 to February 19, 2021, there were more than 2,000 deaths per day on average.)

Since President Joe Biden was inaugurated, some 575,000 lives have been lost to the contagion. In January and February of this year, 52,000 fully vaccinated individuals died of their infection.

When Kotb asked Jha, “Can we expect mask mandates to be reinstated?” Jha diverted attention to the CDC’s COVID-19 map, noting that more than 80 percent of the country remains in the green. He failed to explain that the CDC had deliberately changed its classification for risk to ensure that the mask mandates would be repealed, in line with the demands of Wall Street executives to end all pandemic measures and transition immediately to “normalcy.”

Jha added that decisions on mask mandates and other mitigation measures would be taken locally. This rejection of any comprehensive science-based policy to contain and eliminate the virus—which requires not only a coordinated national, but international response—is in line with the mantra that individuals have to decide how to navigate these life-and-death issues on their own.

The import of these comments is that the population will have to learn to live permanently in the presence of SARS-CoV-2 and that no serious public health measures will be taken to impede the virus. This essentially repudiates the entire understanding of community disease and the critical principles of public health that have been established over centuries of experience.

Vaccines are a crucial part of a comprehensive program of public health measures. But the Biden

administration has adopted a vaccine-only policy in keeping with the demands and interests of the corporate elite. He has enforced the reopening of schools and businesses and rejected any lockdowns, so as to ensure an uninterrupted flow of workers to pump out surplus value and profit.

That the loss of life has been so pronounced in 2021 and into 2022, on the basis of the vaccine-only strategy, remains unexplained by Jha and the Biden administration.

New strains with immune-evading characteristics are evolving as a result of a policy that uses the existence of vaccines to force the population back into unsafe factories and workplaces. Studies highlighting the rapid loss of immunity and rise in reinfection rates are ignored by the health officials whose duty is to translate these findings into practical measures to protect the population. Funding by Congress to pay for antivirals, respirators, testing centers and proper tracking is denied.

One must ask why Jha has chosen to study public health, his area of expertise, when he dismisses its importance in protecting society. This, however, is the universal line of virtually every government around the world, which claims that the pandemic is “over” and has entered a new “endemic” phase—a falsification of both the facts and the scientific meaning of “endemic.”

Who benefits? The capitalist ruling elites, who reject the necessary public health measures to protect human life because they cut across the drive for profit.



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