

Living and dying with COVID-19

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“The Omicron sub-variant BA.5 is the worst version of the virus that we’ve seen. It takes immune escape, already extensive, to the next level.”—Dr. Eric Topol, founder and director of the Scripps Research Translational Institute

The highly infectious and immune-resistant Omicron BA.5 subvariant is now dominant throughout much of the world and is fueling yet another wave of infections, hospitalizations, debilitation with Long COVID and deaths. Since reaching a trough on May 30, the official seven-day average of daily new cases worldwide has nearly doubled to 926,123.

While Europe is currently the epicenter of the BA.5 surge, in recent weeks cases have risen precipitously in countries throughout the world, including Bolivia, Guatemala, Mexico, Tunisia, Iraq, Australia, New Zealand, Japan and more.

Official infection figures in every country are significant undercounts. Over the past seven months, the political establishment and corporate media of nearly every country outside China falsely claimed that Omicron was “mild” and dismantled testing and data tracking systems. While telling everyone it was safe to take off their masks, they universally adopted the mantra that society must “learn to live with the virus” without ever explaining the real implications of this new reality.

Masses of people are not living with the coronavirus. They are dying or being debilitated by COVID-19. The new status quo, enforced through relentless propaganda and economic compulsion, means that populations can expect recurring waves of COVID-19 at ever more frequent intervals. As many experts have predicted and the *World Socialist Web Site* warned since last year, two or three waves of infections and reinfections every year are becoming the norm.

Despite the fact that the European Union has among the highest vaccination rates in the world, the entire continent is undergoing a massive surge of infections, with hospitalizations and deaths rising in tandem. On a per capita basis, the worst-impacted countries in Europe are now France, Italy and Greece.

In France, an average of 127,212 people are officially being infected each day, up more than eight-fold from the trough reached on June 13. In the past week alone, COVID-19 hospital admissions have risen 40 percent in France, while this figure has risen by more than 20 percent in several other European countries. In the past three weeks, official deaths from COVID-19 have nearly doubled in France and Spain, while

across the EU deaths have risen by 60 percent.

In Greece, the seven-day average of daily new cases has risen nearly five-fold in the past month and now stands at 17,750 cases per day. Over 2,000 people are presently hospitalized with COVID-19 across the country, and official deaths from COVID-19 have more than doubled in less than a month. In an effort to conceal the increasingly dire situation, this week the National Public Health Organization (EODY) switched from daily to weekly reporting.

In Italy, an average of 104,078 people are now officially infected with COVID-19 each day, up more than six-fold since June 3. According to official figures, more than 11 percent of all new cases are now reinfections of people previously infected with COVID-19, the highest such figure to date. Official deaths from COVID-19 have doubled in the past month.

In the United States, BA.5 became dominant at the end of June. While the number of official infections has hovered just above 100,000 cases per day for the past two months, the true figure has been estimated to be up to six times higher. Test positivity has soared nationally to 18 percent from a low of 2 percent in March. Official deaths from COVID-19 are once again beginning to rise, with Los Angeles County reporting a doubling in average daily deaths over the past week and other cities reporting similar surges.

Virologists and infectious disease experts are particularly concerned about BA.5 due to its enhanced immune-escape properties and its ability to cause reinfections and breakthrough infections. A preprint study from the Kirby Institute in Australia also found that the tissue tropism of BA.5, or ability to infect cells, appears to favor an increased infection of the lungs instead of the upper airways, causing increased disease severity in animal models. Their study also found that BA.5 produces a higher viral load than all other Omicron subvariants.

What can people expect from “living with COVID,” in which waves of mass infection and reinfection hit global society at least twice per year?

A recent preprint study by Dr. Ziyad Al-Aly, et al. from Washington University in St. Louis, found that people with reinfections compared to those with only one previous infection had a doubling of their all-cause mortality, as well as heart and respiratory illnesses. They faced a three-fold risk of hospitalization after the acute phase of their infection ended. Three or more infections became cumulatively worse, affecting

every major organ and metabolic system in the human body.

With massive waves of infection, which in reality are infecting hundreds of millions or even billions of people, as took place last winter, tens of millions more patients will go on to develop lingering symptoms known as Long COVID, which can impact roughly 10-30 percent of those infected. Previous vaccinations minimally reduce these risks and reinfections continue to predispose one to acquiring Long COVID. One-third of those with Long COVID may face such debilitating consequences that they are unable to care and provide for themselves or their families.

The latest real world data from the surge of BA.5 and recent scientific studies once again expose the lie that the coronavirus will evolve to become milder and harmless. The current global surge of infections is occurring amid high levels of population immunity from previous infections or vaccinations, debunking any notion that “herd immunity” will ever be achieved with existing vaccines or through the homicidal strategy of allowing the virus to spread unchecked.

New variants are now waiting in the wings. Omicron BA.2.75 has been detected across several countries, with most cases seen in India so far. Offshoots of BA.5 are growing steadily in Germany (BA.5.3.1), the UK (BA.5.1), and elsewhere. A CDC spokesperson speaking on conditions of anonymity told *Fortune* that “the variants and sub-variants are fragmenting quickly. There’s not one or two, but hundreds of variants and sub-variants.”

In the US and many other countries, health officials have begun to adopt a more worried tone. On Tuesday, for the first time in weeks White House COVID Response Team Coordinator Dr. Ashish Jha advised Americans to wear masks. He framed this as an individual choice and said nothing about mask mandates.

Clearly nervous about the worsening surge of BA.5, Dr. Jha stated, “[t]here are obviously a lot of Americans who got infected with BA.1 — BA.1.1 in the January wave. I think we have very clear evidence that their level of protection at this point is very minimal, certainly against infection, from BA.5.”

This was echoed by Dr. Anthony Fauci, who said, “[i]f you were infected with BA.1, you really don’t have a lot of good protection against BA.4 or 5 ... the overall principle is that we know immunity wanes with coronaviruses, whether that is natural infection or vaccination.”

It must be recalled that these two health authorities, along with the entire political establishment and corporate media, last winter welcomed the supposedly “mild” and highly contagious Omicron variant as the long-awaited variant to finally achieve “herd immunity” by sending the virus into an “endemic” state.

On January 17, a day when over 800,000 Americans were infected with COVID-19 and 1,397 died from the disease, Dr. Fauci stated during the World Economic Forum in Davos, Switzerland, “It is an open question as to whether or not Omicron is going to be the live virus vaccination that everyone

is hoping for.”

That same day, Dr. Jha appeared on CNBC and stated, “I’m hoping Omicron gives us the lessons we need to manage the rest of this pandemic, however long it lasts, and move to a new normal, where we treat this virus much more as an endemic thing. And so I’m hoping that this really is the transition variant that gets us into a different footing for future variants and lets us manage them much more effectively.”

This was part of a global trend. Also in January, World Health Organization Regional Director for Europe Dr. Hans Kluge stated, “It’s plausible that the region is moving towards a kind of pandemic endgame.”

In his March 1, 2022 State of the Union address, US President Joe Biden stated, “I can say we’re moving forward safely, back to more normal routines... thanks to the progress we’ve made in the past year, COVID-19 no longer need control our lives.”

These were all lies intended to disarm the population to accept “living with COVID.” As early as August 2020, the WSWS warned of the potential for new variants to evolve and continue to wreak havoc, writing, “With SARS-CoV-2 virus proliferating around the world, the opportunity arises for further mutations and the emergence of new strains of the virus.” We have repeatedly stressed this danger and the possibility that more infectious, vaccine-resistant and lethal variants could emerge.

According to a tracker of excess deaths from *The Economist*, 3.8 million people have died since January 3 as a result of the continued pandemic and the efforts to force society to “live with COVID.” This deepening catastrophe must be stopped, and those responsible must be held accountable!

The International Committee of the Fourth International (ICFI) and its affiliated Socialist Equality Parties are spearheading the fight to build a mass movement of the international working class to stop the pandemic. To get involved in this struggle, fill out the form below.



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