Former FDA Commissioner Dr. Scott Gottlieb calls the global monkeypox outbreak a pandemic

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In an interview on CBS’ Face the Nation Sunday, former Food and Drug Administration (FDA) commissioner Dr. Scott Gottlieb bluntly acknowledged the growing threat posed by monkeypox and the complete failure of the Biden administration and Centers for Disease Control and Prevention (CDC) to respond to the unprecedented global outbreak.

As Face the Nation anchor Margaret Brennan noted, there are now more than 1,800 confirmed cases of monkeypox in the United States. Exactly one month ago, the cumulative number of infections had reached 112, and the seven-day rolling average was only 10 cases per day. Since then, the seven-day rolling average has risen to 173 per day. Spikes in monkeypox infections are occurring in large metropolitan centers in New York (489), California (266), Illinois (174), Florida (154), and Washington D.C. (108). Only Germany and Spain have had more cases, but the US is expected to surpass them by next week.

Brennan opened her remarks by quoting Gottlieb, “You are saying this is a pandemic. That is not a word the [Biden] administration is using yet. What level of emergency are we at?”

Gottlieb responded, “I think they are going to be reluctant to use the word ‘pandemic’ because it is going to imply they failed to contain this. And I think at this point we failed to contain this. We are now at the cusp of this becoming an endemic virus with this now becoming something that is persistent, that we need to continue to deal with.”

He added, “I think the window for getting control of this and containing it probably has closed. And if it hasn’t closed, it certainly has started to close. With 11,000 cases across the world right now and 1,800 in the US, we are probably detecting just a fraction of the actual cases because we had for a long time a very narrow case definition on who got tested. And by and large, we are looking in the community of men who have sex with men at STD [sexually transmitted disease] clinics. We are looking there, and we are finding cases there. But it is a fact that there are cases outside of that community right now. We are not picking them up because we aren’t looking there.”

At present, five laboratories across the US can run monkeypox PCR tests. Dr. Kavita Patel, a family medicine physician in Washington D.C. and former Obama administration director of policy for the White House Office of Intergovernmental Affairs and Public Engagement, recently noted the US could run approximately 6,000 tests per week, and the turnaround time on these can take upwards of two to three days.

Gottlieb explained that though this is a slower-moving virus than SARS-CoV-2, the virus that causes COVID-19, the response and the mistakes made with the COVID-19 pandemic are similar to what is happening with monkeypox. These include “having a very narrow case definition, not having enough testing early enough, not deploying vaccines in an aggressive fashion to ring vaccinate. But now this is firmly embedded in the community. While it’s not going to explode because it is harder for this virus to spread, it is probably going to be persistent. You will have this as a sort of fact of life maybe spreading as a sexually transmitted disease, but also breaking out of those settings.”

When Brennan asked about the reasons behind the current difficulties of New York politicians in accessing vaccines from the Biden administration, Gottlieb bluntly stated that there were inadequate supplies of the Jynneos vaccine in the strategic national stockpiles. There were only 2,000 doses there as “a hedge against smallpox. We took our eye off that ball, so we didn’t replenish that supply.” He then sought to reassure viewers that things will get somewhat better, as the Biden administration has secured 800,000 doses to be sent to the US from abroad.

Notably, over the last five years, there were several minor monkeypox outbreaks across non-endemic regions and more significant outbreaks across Central and West Africa. Additionally, monkeypox experts warned that a global pandemic was inevitable unless active measures to survey these infections were put in place.

Gottlieb criticized the CDC and the federal government for their lackluster response to both the monkeypox and COVID-19 pandemics, stating emphatically, “We need to fundamentally reform how we respond to these crises!”
Gottlieb’s comments on monkeypox were remarkable, but incomplete and flawed. One crucial point that should have been raised is the threat posed by the lack of familiarity of health care systems with monkeypox and how to manage and treat it, as these facilities will once again soon become vectors of transmission.

Additionally, there was no urgent warning of the profound dangers posed to children as tens of millions are sent back to school in the coming weeks. Last week, the first report emerged of a child exposed to monkeypox at school in South London. Children, who are immunologically naïve to monkeypox, face an immediate existential threat to which the public health infrastructure is unprepared and has remained publicly mute.

Furthermore, Nordic Bavarian, the manufacturer of the Jynneos vaccine, is currently doing maintenance on their manufacturing plants and will be unable to mass produce their vaccines until late this year at the earliest, at which point there could be over 1 million cases globally. Gottlieb’s assurance that the vaccine shortage will soon remedy itself is false. Brennan also did not raise the issue of vaccine nationalism that has been horrifically expressed during the COVID-19 pandemic. Additionally, the monkeypox vaccines are not authorized for those under 18, which means the FDA and CDC will most likely have to waive these restrictions, a process which could take many months.

Most fundamentally, Gottlieb’s claim that “We’re now at the cusp of this becoming an endemic virus” is completely false. As with COVID-19, the monkeypox pandemic can be stopped, and in fact much more easily by the nature of the virus and the infections it causes. But this will require a globally-coordinated initiative to conduct mass testing and contact tracing and direct vaccines where they are needed. Due to the more extended infectious period of monkeypox (three to four weeks) as compared to COVID-19, isolation facilities and medical treatments become critical to these efforts.

It has been just over two months since the first patient with monkeypox outside countries where the virus is endemic was identified by UK public health officials on May 7, 2022. Since then, cases have risen exponentially across the globe, with epicenters of the outbreak in Europe and North and South America. As of July 17, 2022, 12,701 confirmed and suspected cases were reported. The global seven-day rolling average of new monkeypox cases continues to climb at 723 cases per day and infections have been registered across 76 countries and territories.

After a little over two months, Gottlieb is already proclaiming the latest infectious disease entrenched in society. Cultivating such a fatalistic attitude serves the interests of the American ruling class, which is determined to dismantle public health. In reality, if the unlimited resources being funneled to the military intelligence apparatus were instead used for social needs, COVID-19, monkeypox, and other infectious diseases could be eliminated in rapid succession.

Gottlieb’s premature comment that monkeypox is “at the cusp” of becoming “endemic” is made in the third year of the COVID-19 pandemic, after months of relentless propaganda portraying the Omicron variant as the final variant that would cause SARS-CoV-2 to become endemic. Just as the financial oligarchs and their media spokespersons insist that the coronavirus is now a permanent fixture within every community and have declared it endemic, Gottlieb’s comments on this are not so much a scientific assessment as a political maneuver.

The World Health Organization (WHO) will be reconvening the emergency committee on monkeypox this Thursday, July 21. The committee met initially on June 23, 2022, but on a split decision recommended against declaring a public health emergency of international concern (PHEIC). There were only 3,600 cumulative cases at the time, and the daily rolling average in new cases stood at 225. In less than four weeks, cases have risen nearly four-fold.

It must be recalled that the WHO waited until March 11, 2020, almost six weeks from their declaration of a public health emergency of international concern, to declare COVID-19 a pandemic. The WHO has never fully explained this inaction or taken the US and Europe to task for their criminal policies, and have now effectively conceded to the “learn to live with the virus” policy being brutally enforced by nearly every government outside China.

The COVID-19 pandemic has laid bare the criminal character of the world capitalist system. In the United States, the wealthiest and most technologically advanced country, the prioritization of profits over lives has killed over one million people and debilitated millions more. With this precedent set, the monkeypox outbreak is now being managed no differently.

The deepening catastrophe of the global monkeypox outbreak underscores the critical fact that despite the experience of the past two-and-a-half years, the world is woefully unprepared to face emerging zoonotic threats to which mankind will increasingly be exposed as a result of climate change, globalization and the highly interconnected nature of modern society.

It is essential that workers, scientists and anti-COVID activists assimilate the lessons of the COVID-19 pandemic and develop a powerful global movement fighting for the socialist reorganization of the world economy. Only on this basis will there be a vast expansion of funding for public health and health care, and resources allocated to halt and reverse climate change.

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