

As monkeypox spreads through universities, US government refuses to act

Chase Lawrence
28 July 2022

Even with many campuses mostly vacant for the summer, universities across the United States are registering their first cases of the monkeypox virus. So far, the virus has been found at Georgetown University in Washington D.C., University of California, Berkeley, West Chester University in Pennsylvania and the University of Texas at Austin.

The monkeypox virus is spreading on an unprecedented level throughout the United States and the world, already constituting a pandemic. The US reported 1,048 new monkeypox cases Thursday, the biggest one-day increase on record according to BNO News. According to @monkeypox tally on Twitter, 20,000 cases have been identified around the world with US cases jumping 1,900 percent from 244 to 4,639 in just one month. The US currently holds the global record for most monkeypox cases.

Public health activist Laura Miers tweeted concernedly about the spread of the virus and the lack of any serious response by the government, noting “So, monkeypox—a virus that can cause blindness, disfigurement, extreme complications, & death—has been reported on at least 5 college campuses & in county jails. It’s also infecting kids. There is no plan for fall/winter. We cannot accept doing nothing.”

American universities have been caught wholly unprepared for outbreaks. After the first case was confirmed at UT Austin, the university’s Health Services Associate Director Susan Hochman claimed the risk of transmission remained low and officials were working to mitigate the risk to students. However, many students feel the university has not released enough information and have no plans for the upcoming fall semester.

UT senior Sophie Gendron told *Community Impact Newspaper* that “I didn’t even find out about the first monkeypox case from the university; I found out through social media.” As of July 21, Austin Public Health identified nine monkeypox cases in Travis County, where Austin is located, with 20 presumptive cases.

In California, the Berkeley Health Department confirmed six unrelated cases of monkeypox. The Alameda County

Health Department has confirmed 32 cases in Alameda County, which includes Berkeley, Oakland and Fremont, as of Tuesday, out of 356 total in California. UC Berkeley’s six cases bring Alameda County’s total to 38.

Contrary to the messaging of the corporate media and health officials, monkeypox is highly contagious and there is evidence that it may be airborne as well. Additionally, contrary to attempts to portray monkeypox as a disease limited to gay and bisexual men, it is in fact communicable to everyone.

The Centers for Disease Control and Prevention (CDC) states on its website that young children under eight years old, pregnant women, immunocompromised people and those with a history of dermatitis or eczema are at increased risk for severe outcomes from monkeypox. The WHO notes that recent monkeypox outbreaks, confined largely to the African continent, have had a 3–6 percent fatality rate, putting it above the rate of around 2 percent for SARS-CoV-2.

The quick spread of the virus is indicative of what may come when universities enter the fall semester to spread not one, but two pandemics at the same time as COVID-19 continues to rampage without control.

So what is the US government doing in response to this deadly disease? Virtually nothing.

The Biden administration’s Health and Human Services Secretary Xavier Becerra stated in an interview with CNN that while the CDC has the capability to call on states to start tracking the virus, it will not do so.

The interviewer, Poppy Harlow, asked Becerra how concerned he was about the virus and he responded that on a scale of one to ten he was at a “ten.” When then asked why the HHS was not requiring states to track the virus, Becerra gave the Orwellian response that to do so would require the Biden administration to declare a public health emergency. When the interviewer asked the obvious question, why there is not a public health emergency being declared given the obvious benefit of being able to track the disease to deliver vaccines and stop the spread, the HHS Secretary gave a

typical government boilerplate non-response, declaring that “we’re monitoring closely.”

Harlow continued, “You have the power now to declare this a public health emergency and that would give you the authority to get more data... What are you monitoring for?” and was met with another non-response by the HHS Secretary “We declare public health emergencies based on the data and science.”

If Becerra were honest he would have stated: “We have the data, but if we released it people would rightfully be calling for action which would threaten to shut down businesses and school and create a precedent for action against other diseases (mainly COVID-19). That is why we are doing all we can to hide this data to keep children in school and workers at work continuing to churn out profits. We know many will die as a result, and many more suffer blindness, boils all over their bodies, scars, permanent medical issues, etc., but we see that as a fair price to keep Wall Street’s wealth intact and expanding.”

Much like the response to SARS-CoV-2, the virus that causes COVID-19, public health authorities have attempted to downplay the virus by claiming it is not airborne, with the World Health Organization tweeting “FACT: The #monkeypox virus is NOT airborne.” It later retracted the statement. Recent scientific studies such as the preprint “Air and surface sampling for monkeypox virus in UK hospitals” by Susan Gould, Barry Atkinson et al. have found viable monkeypox virus in both surface and air samples.

Monkeypox is a virus closely related to smallpox, a disease that was declared eradicated in 1980 and according to the CDC, “no cases of naturally occurring smallpox have happened since.” As the CDC notes, though, “Rarely, smallpox has spread through the air in enclosed settings, such as a building.” This was proven in the case of a West German hospital, where a West German male contracted smallpox in Pakistan and was admitted to an isolation ward, but the virus ended up spreading through the vents as evidenced by the lack of direct contact to infected persons.

The eradication of smallpox required a robust, international initiative entailing a massive amount of investment into developing public health infrastructure, developing novel vaccines, carrying out mass vaccination campaigns and the monitoring and tracking of all cases followed by ‘ring vaccination’ where everyone potentially within reach of an outbreak was given the vaccine. This societal effort ultimately led to the eradication of smallpox.

The smallpox vaccine, which the US stockpiles, is somewhat effective against monkeypox but risky for certain individuals. While two vaccines, ACAM2000 (an older generation vaccine) and JYNNEOS, are licensed by the US Food and Drug Administration to treat monkeypox, the

former is in “ample supply” but poses health risks for certain individuals while the latter is in “limited supply” but is much safer. Vaccination with JYNNEOS early on gives the best chance of preventing disease onset according to the CDC, with a second dose required 28 days apart.

Now, even with the greatly expanded scientific knowledge and the experiences of eradicating past diseases which makes the eradication of diseases far easier, the capitalist ruling class around the world in every major country—save for China, where the legacy of the Chinese revolution presents a roadblock to such homicidal policies—are doing little to nothing to stop the spread of either monkeypox or COVID-19.

The eradication of smallpox only happened because of the legacy of the October 1917 Revolution and the workers state which it produced, which, despite its Stalinist degeneration, carried out comprehensive public health campaigns forcing capitalist countries to confront the blight of disease rather than ignore it as was done previously in order to stave off revolution. Whole sections of industry were mobilized in the USSR to produce novel vaccines, and to expedite their distribution.

The dissolution of the USSR removed this political pressure leading to the situation seen today where diseases are left to run rampant with blatant disregard for the lives ended and ruined. The necessity of a comprehensive public health system increases in direct proportion to the scale of internationalization which, while greatly increasing the productive forces, also greatly increases the rate at which diseases can spread.

Instead the capitalist countries are devoting increasing amounts of societal resources to the waging of wars intended to redivide the world, with the US throwing billions into waging a war with Russia in Ukraine and preparing for a war with China.

To put it simply, the capitalist nation-state system is obsolete and fundamentally incompatible with modern society. Only a socialist society, one oriented towards human need instead of private profit and reactionary geopolitical concerns, is capable of meeting these needs.



To contact the WSWs and the Socialist Equality Party visit:

[wsws.org/contact](https://www.wsws.org/contact)