

CDC guidelines deepen Biden's "forever COVID" policy

Emma Arceneaux
12 August 2022

On Thursday, the U.S. Centers for Disease Control and Prevention (CDC) issued new guidelines for COVID-19 which remove or reduce recommendations for quarantine, isolation and testing of exposed and infected individuals. The changes are the latest in a long series of anti-scientific policies from the agency. They mark a deepening of the Biden administration's "forever COVID" policy that has been forced on the American population.

Echoing the refrain from White House officials in July, CDC official and co-author of the new guidelines Greta Massetti stated in a news briefing that "COVID-19 is here to stay."

The changes come amid the months-long wave of four different Omicron subvariants, with the most dangerous BA.5 subvariant now dominant. Over the past three months, an average of over 100,000 people have officially been infected each day, with the real figure between half a million and 1 million, while the seven-day average of daily new deaths has once again surpassed 500. At the same time, virtually no measures are being taken to contain the unprecedented global outbreak of monkeypox, which has already infected over 11,000 Americans, including at least eight children.

The timing of the CDC guidelines was clearly intended to coincide with the new school year and to provide pseudo-scientific cover for keeping schools open no matter the level of transmission. Notably, in January 2021 Massetti participated in a town-hall event with economist Emily Oster, one of the foremost school reopening zealots, to advocate for reopening schools before the vast majority of the American population had even been vaccinated. Just days later, Oster held a similar event with Great Barrington Declaration co-author Jay Bhattacharya.

The CDC now recommends against quarantine for exposed individuals and against contact tracing and surveillance testing in most settings. The guidelines reaffirm the arbitrary five-day isolation period for infected individuals. In line with this, the CDC has scrapped its "test to stay" program, which encouraged exposed students to remain in school as long as they tested negative. Though the program was unscientific to begin with, the new guidelines discourage both testing and quarantining of exposed students. Instead, according to Massetti, exposed individuals should simply wear masks.

On the same day the guidelines were released, Senator Bernie Sanders interviewed White House COVID-19 Response Coordinator Dr. Ashish Jha, who demanded that schools remain open, stating, "We should look forward to a school year in which every child is in school, is in person, full-time, for the whole year. I think we have all the ability to do that, and that should be the only acceptable standard." When Sanders made the preposterous claim that "children... are not dying" of COVID-19, Jha did not correct him.

In fact, during the 2021-2022 school year, when there were some, albeit minimal, mitigations in Democratic Party-led school districts, the CDC recorded over 1,000 pediatric deaths from COVID-19. This summer alone, over 200 children have officially died from the virus. Even before school has resumed, child hospitalizations have recently reached the same levels as during the height of the Delta wave last September.

The CDC guidelines rest on a foundation of misinformation, omission and lies. The central claim by the agency, in line with the White House, is that public health measures to stop transmission are not necessary because "the tools" exist to prevent severe illness and death. Throughout the document, emphasis is placed on preventing "medically significant" illness, which is defined as severe acute illness or post-COVID-19 conditions (i.e., Long COVID).

From the CDC's own data, it is clear that every infection should be considered "medically significant." The agency released a study last week on the effects of COVID-19 on children, which found that those previously infected were at substantially greater risk for multiple life-threatening conditions, including acute pulmonary embolism, myocarditis and cardiomyopathy, venous thromboembolic events, acute renal failure and Type 1 diabetes, in addition to debilitating symptoms such as smell and taste disturbances, circulatory problems, fatigue and pain.

Alarming, a hypothetical projection done by government analyst Stuart Jones, using the CDC's estimates of Long COVID prevalence, found that after 20 to 30 years under the current "forever COVID" mass infection policy, 70-90 percent of the population would have severe Long COVID and be considered disabled.

As for the "tools" the Biden administration claims make it

possible to co-exist with the virus—vaccination and therapeutics—these are increasingly ineffective against hospitalization in the face of repeated mass infections, waning immunity and viral evolution. Studies have already demonstrated that the virus is mutating in response to the antiviral Paxlovid, and scientist Dr. Eric Topol recently stated that viral resistance to the drug is “inevitable.”

Another study published by the CDC in July found that during the Omicron BA.1 and BA.2 waves last winter and spring, respectively, vaccine efficacy (VE) against hospitalization dropped precipitously. For individuals who received two doses, VE against hospital admission dropped from 61 percent in the BA.1 period down to 24 percent during the BA.2 period. For those who had received a third shot more than 120 days prior, the efficacy dropped from 85 percent to only 52 percent. This knowledge makes all the more criminal the fact that the CDC’s latest guidelines maintain that two doses constitute a full primary series.

The immense danger posed by viral evolution, including variants that develop to be more transmissible, more immune-resistant, more virulent, or any combination of the three, is well understood by the CDC and White House.

In the same interview with Bernie Sanders, Dr. Jha acknowledged that “The virus right now is evolving very rapidly,” with subvariants “every few months, major variants every 6-9 months.” He continued, “we’re updating our vaccines, we’re going to have a whole new generation of vaccines this fall that are going to be very specific to the variant that’s out there right now... Now, we may get a curveball... a more serious virus, a more contagious one. But I think over the long run, senator, with the tools we have, we keep updating them, getting better treatments, I’m confident we’ll be able to stay ahead of this virus.”

The claim that the government will be able to “stay ahead of this virus” through updated vaccines is contradicted by the fact that the virus “is evolving very rapidly.” The vaccines being designed for the current variants will have reduced efficacy against whatever new variant is dominant when the new vaccines are distributed. Meanwhile, the behaviors encouraged by the CDC and Biden administration officials, which will result in rapid and widespread transmission, only accelerate the process of viral evolution that will sooner or later produce such a “curve ball.”

The entire political establishment and corporate media have hailed the new guidelines. Randi Weingarten, president of the American Federation of Teachers (AFT), issued a press release stating, “We welcome these guidelines... COVID-19 and other viruses are still with us, but with multiple prevention and treatment options available, now is not the time for new mandates.”

Bourgeois commentators claim that the guidelines complement public opinion and existing behavior, but a public health body has the responsibility to make scientific

recommendations based on disease “control and prevention,” not so-called public opinion.

Further, the confusion and “pandemic fatigue” that exist in the population are a direct product of the incessant propaganda campaign from the media and the series of catastrophic policies of the CDC itself. These include, to name a few, reducing isolation times for infected people to meet the workforce demands of the corporations, manipulating the community mask-guidance map to downplay transmission rates, and allowing mask mandates on public transportation to expire.

The CDC stands exposed as a political instrument of the ruling class, aligned with the Democratic Party and the Biden administration. The language of its guidelines and press statements draws directly from a public relations directive sent to Democratic officials from polling firm Impact Research, which prioritizes midterm election votes over human health.

Since the Omicron surge last winter, the Biden administration has ever more brazenly abandoned its mitigationist approach and aligned with the “herd immunity” strategy championed by Biden’s fascist predecessor Donald Trump. While the capitalist class has tactical differences on how best to maintain its rule, it is entirely unified on the policy of perpetual mass infection and social murder. Worldwide, nearly every government outside of China has adopted the same homicidal policies towards the pandemic.

Those who are making these decisions, including officials at the CDC and White House, have proven they have no right to dictate public health. The demand for “forever COVID” is a precursor to “forever monkeypox” and whatever pathogen next emerges. This is not a matter of replacing individuals, but of changing which class runs society.

Only the working class, armed with a revolutionary socialist perspective, can put an end to this nightmare. This requires that the political lessons be drawn: Above all, the urgent need to develop a mass movement of the working class in opposition to the Democratic Party and outside of the control of the pro-corporate trade union apparatus.

The International Workers Alliance of Rank-and-File Committees (IWA-RFC) must be expanded into every workplace, region and country in order to lay the groundwork for mobilizing the working class in defense of human life and for reorganizing society in the working class’ own interests.



To contact the WSW and the
Socialist Equality Party visit:

wsws.org/contact