

The New Year ushers in the fourth year of the COVID pandemic

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Las Vegas is hosting one of the largest New Year's Eve celebrations inaugurating another year of the pandemic. More than 400,000 revelers are expected to descend on the city's strip and numerous casinos. The city is mobilizing its entire resource of police, paramedics and firefighters to ensure that the planned fireworks and merriment go off without a hitch.

There is nary a word on the dangers posed by the fact that this will be a massive superspreading event that will propel the fast-evolving virus among a sizeable section of the state and US population. As President Joe Biden made it indelibly clear, "the pandemic is over" is an idea the ruling class seeks to impose throughout society, though objective reality indicates otherwise.

The US recently surpassed more than 100 million reported COVID-19 infections, the first country to reach this milestone, though seroprevalence data tracked by the Centers for Disease Control and Prevention (CDC) indicates that the level of infections experienced by the population is far higher. A majority of states have seroprevalence estimates dating back to February 2022 ranging from 40 percent to close to 70 percent. Nationally, by the end of February, approximately 60 percent of the US population had been infected.

The complete dismantling of COVID data trackers and dashboards means the figures on daily COVID-19 infections that are still being reported by the *New York Times* and Johns Hopkins are not credible. The Institute for Health Metrics and Evaluation (IHME), based at the University of Washington, estimates that approximately 1 to 2 million infections are occurring *every day* during the winter months. Their projections place the estimate of daily COVID-19 deaths at twice the official figures, with 615 people losing their life every day, a significant majority being over 65.

Dr. Ziyad Al-Aly, epidemiologist and chief of research and education service at Veterans Affairs St. Louis Health Care System, during a recent interview with the *World Socialist Web Site* said that given the lack of accurate data being reported, he believed current figures were undercounts. He

also reiterated that their findings have shown that a repeat infection is worse than one infection, and three is worse than two, regardless of vaccination status.

As Dr. Al-Aly pointed out, the data collected ends at 30 days from infection, and after this period it becomes anybody's guess. He attributes this to archaic collection databases established more than a half-century ago and says this lack of visibility into the population's health is not unique to the United States.

It bears noting that exactly one year ago the United States was in the early and accelerating phase of the massive surge of infections with the BA.1 subvariant of Omicron. The seven-day average of infections reached an unprecedented 820,000 cases per day. The death toll from that wave also saw the second highest peak of the pandemic, with daily deaths reaching over 2,800 on the first day of February.

The current statistics place the cumulative number of confirmed COVID-19 deaths in the US at 1,091,474. In the calendar year 2022, when Omicron dominated the pandemic, 260,000 lost their lives, accounting for 24 percent of all COVID-19 deaths in the US. At the current rates of 300 to 400 deaths per day, this translates to 110,000 to 146,000 deaths annually from COVID-19, not taking into account the impact Long COVID will have on the health of the population above and beyond these horrendous numbers.

And rather than taking stock of the virulence and deadliness of the variant and repeated supposed missteps in the management of the pandemic by relying on a vaccine-only strategy, health officials hailed Omicron as the "live-virus vaccine," the term used by outgoing White House medical advisor Dr. Anthony Fauci, to describe in three words the policy adopted from the beginning of the pandemic by the ruling elite—mass infection and the normalization of death and culling of the elderly.

Describing the Omicron variant as mild was simply a political ploy to force the population to swallow the "big lie" and accept the dangers posed by the "forever COVID" policy. That the virus continues to kill, despite mass infections and multiple vaccinations, at rates more than three

times the level seen with the worst seasonal influenza virus, demonstrates that there is nothing “mild” about Omicron.

The policies that have driven viral evolution to develop more contagious and immune-evading characteristics are profoundly disturbing from a public health perspective. The three dominant subvariants circulating now in the US are the BQ.1, BQ.1.1 and XBB, with BN.1 in the wings and BA.5 and BF.7, in this cast of lethal characters, now exiting the stage of the pandemic theater.

The offshoots of strains evolving out of XBB are demonstrating higher binding affinity to the receptors on cell surfaces that SARS-CoV-2 uses to infect, making them more able to do their deadly work.

By all accounts, it has been public health as an institution that has been the victim of the pandemic. Public health measures have over a century greatly increased the life expectancy of the overall population, the single most objective measure of the health of society. Two years into the pandemic, even the CDC has had to acknowledge the impact the loss of life has had on this measure, which has declined to levels comparable to those of 1996.

In 2022, fatalities from COVID-19 continued to be one of the leading causes of death in the US. According to the Kaiser Family Foundation, “COVID-19 is on track to be the third leading cause of death in the United States for the third year in a row.”

One must ask why, if we treat heart disease and cancer and try to prevent these diseases, do we ask the people to learn to live with repeated bouts of an infection that can kill them and that assaults nearly all their organ systems. Such questions are rarely taken up by the bourgeois press, and then only in the most fatalistic, reactionary manner.

Meanwhile, the passing year has taken a tremendous toll on health systems. Many have caved in from lack of funding and personnel to maintain their services. In particular, rural hospitals and those in impoverished urban areas have borne the brunt of the ongoing pandemic crisis.

Terry Scoggin, CEO of Titus Regional Medical Center in Mount Pleasant, Texas, told *Vox* that the worst of the pandemic hit in the first two months of 2022. “We didn’t have the staff. People were dying and you couldn’t get them out,” he recalled.

However, it has been the continued assault for three straight years—five COVID surges, monkeypox and an epidemic of RSV and flu—that has brought the community hospital to its knees.

The hospital serves a population of almost 90,000 people in surrounding counties, including people from bordering states like Arkansas, Louisiana and Oklahoma. Meanwhile, four hospitals within driving distance have had to shut their doors in the last eight years. One-third of the county is

uninsured. The prospect for upgrades and needed repairs remains grim.

More than 130 rural hospitals have buckled under the financial pressures in the last 10 years, with hundreds more projected to be in danger of closure. A survey from 2018 by the University of North Carolina reported that 30 percent of all US hospitals were running a deficit, a majority in rural regions of the country. Added to this is the mass exodus of health care workers, who are leaving the bedside due to the pressures of overwork and mistreatment as well as lack of better wages.

Though the Biden administration continues to renew the Public Health Emergency, the White House has signaled that the country’s COVID-19 response will be changing in 2023, potentially bringing the Public Health Emergency to an end in the not-too-distant-future. Moreover, the passage of the \$1.65 trillion federal spending bill last week means that states can begin disenrolling people from Medicaid in April, even if emergency measures are extended. The Urban Institute estimates that up to 18 million people could lose coverage. However, the Pentagon will see defense funding increase to \$858 billion, \$45 billion above what Biden had requested.

The massive wave of COVID-19 infections in China, the result of abandoning zero-COVID under pressure from Western nations, led by the United States, is sickening hundreds of millions of Chinese, predominately workers and poor peasants, as the New Year is ushered in. It also casts the shadow of as yet unseen dangers in the fourth year of the pandemic, with the potential for new variants of concern arising.

At no point has the US or Europe raised a finger to assist in providing vaccines or therapeutics to China’s population, let alone rendering masks, medical equipment and resources. Instead, cynically and hypocritically, they have chosen to impose new coronavirus testing requirements on travelers from China, a transparently political maneuver—a slap in the face rather than a meaningful pandemic measure.

It is no hyperbole to say that the White House and the military brass will utilize the moment to further increase pressure on China. If anything, the pandemic has fashioned new weapons of foreign policy for the financial oligarchy.



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