

# Scientists, health care workers, and advocates speak against Biden's ending COVID emergency

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Although there has been a complete blackout on the pandemic, Biden's declaration of the end of COVID emergency measures has been denounced by numerous principled scientists, healthcare workers, and advocates across the globe. They oppose policies that allow the coronavirus to continue to spread, cause infections, kill thousands of people each day and injure many more with disabling symptoms known as Long COVID.

Health care expert Gregory Travis, who continues to maintain a daily analysis of the state of COVID in the US, made the important observation, "400K died from COVID under Trump. 700K died from COVID under Biden and that number is increasing by 12,000 new deaths every month. And now Biden is ending the national COVID emergency. Yet, in September, he will extend the 9/11 national emergency for its 23rd year." The reference to 9/11 is particularly relevant in the present circumstances as the US perpetuates the war drive in Ukraine.

Indeed, every meaningful mechanism to track the virus has been undermined to force the population of every country to accept a lethal and dangerous virus as a permanent reality. Yet the global social crisis it has caused entering the fourth year of the pandemic, and in particular within the health sector that is seeing nurses and doctors leave in droves, is seeing a rise in excess mortality that continues to remain unprecedented.

A social media thread among physicians has been gaining traction since Biden's ignominious signing. Physicians and healthcare workers have taken to Twitter to protest against these criminal policies.

For example, Dr. Nili Kaplan-Myrth, a family physician in Canada, wrote on the issue of the ending of the national COVID emergency measures, "I also refuse to be an accomplice in the (re)infection of my patients and community. I will do what I can to prevent the spread of COVID-19, to educate people about Long COVID, and to take care of others."

Dr. David Berger, a physician in Australia who has been censored and attacked by Australian authorities on his perspective regarding COVID, recently commented regarding the complete abandonment of policies against the transmission of COVID in hospitals and mortality among immunocompromised people who catch the virus in these settings.

He tweeted, "It isn't just unethical. It is head-breakingly stupid to devote vast resources—human, financial, medical—to treating

cancer patients, only to then infect them with a devastating virus in hospitals as a result of gross negligence."

The declaration of the end of the pandemic will also mean the complete privatization and subordination of public health to the demands of finance capital. When the need for public health is most urgent, Biden has chosen to sign into law the official "end of COVID irrespective of the true state of the public health threat it poses.

As every public health agency turns a blind eye to the real conditions on the ground, the highly transmissible Omicron subvariant known as Arcturus, XBB.1.16, is gaining momentum across the globe. While a massive surge of infections continues to accelerate in India where the lineage was first detected, in the first week of April, cases in Vietnam have quadrupled.

Since the Centers for Disease Control and Prevention (CDC) has on several occasions willfully omitted data on the state of new variants, one can assume such will be the case with XBB.1.16 and its sub-lineages.

Nicolas Smit, an engineer, scientist, and advocate who has raised awareness of effective masking since the beginning of the pandemic, offered a piercing critique of the Biden administration's malfeasance. He said, "During the 2020 presidential election, Joe Biden said that Americans should not re-elect Trump because he placed politics over science and that he would never repeat the same mistakes. He said, if elected he would ensure workers in every industry would finally have access to PPE and that he would personally role model good behavior including mask use.

"However, once elected he worked with large corporations including airlines to put workers at risk by doing things like reducing isolation times and discouraging remote work. Once elected, he allowed the destruction of the domestic mask industry resulting in medical masks not being able to be put into widespread use even in hospitals and allowed OSHA to water down workplace COVID protections. He allowed agencies to stop tracking COVID stats including infections, deaths, and hospitalizations so the country would be flying blind and actively. He actively discouraged mask use even in health care settings resulting in their public stigmatization.

"Biden is now trying to pretend the pandemic is over, removing all the safeguards protecting public health, the economy and the supply chain plus allowing the pharmaceutical industry to price

gauge the public now that the government is no longer willing to pay for pharmaceutical options which would make it even harder for those with low incomes to be able to keep themselves and their families safe.”

A scientist from the UK, who asked to remain anonymous for fear of reprisal, said of the declaration of ending COVID emergencies, “I remain concerned that we appear now to have never-ending waves of SARS-CoV-2 virus infections. Each wave adds to the risk of more people, often those more vulnerable in society, contracting Long COVID. And of more hospitalizations and further waves of deaths.

“Why would any government be declaring the pandemic is over at this point in time? Now is the time to increase surveillance, not stop it. Now is the time to promote awareness and effective public health. If anything, what’s needed is better leadership, better preparedness, and actions such as those which would improve our understanding of how the virus is transmitted, and how best to protect communities and individuals from spreading the disease. The suspension of the ONS [Office for national Statistics] weekly COVID Infection Survey needs to be lifted so that we can have better information about the current situation in the UK. The time is not right to declare the emergency over. The evidence appears to suggest otherwise as new variants continue to cause concern.”

Dr. Elisa Perego, who is an advocate for Long COVID patients, doing research in Italy, wrote eloquently on her social media account, “You can pretend an ‘emergency’ is over politically. And yet, it’s not in reality. People who can’t protect themselves or afford the best care will pay the highest price. People have died from Covid when it could have been prevented, for example from infections in healthcare.

“There are many factors that drive a catastrophic event, like a pandemic, to linger and last and stay. Some are biological, like the features of the virus. Some are social, like the pandemic itself being ok, not too bad, or even useful to those in power.

“What’s a person with dementia dying from Covid, painfully, alone, in a nursing home—dying without even knowing why—for some policymakers, who can now announce triumphantly something like ‘the pandemic is over, and we had a good success with it’?

“What’s mass infection of children, if the masses can keep working for a wage, sometimes small, and consuming? What’s a cancer patient getting Covid in the hospital, when the hospital can get rid of the masks, which some in power had called the ‘Scarlet Letter’ of the pandemic?”

Laura Miers, who has suffered disabling Long COVID and been a fierce critic of the anti-pandemic policies promoted by the Biden administration, damningly wrote, “I don’t think people realize the PRIMARY goal of the last three years was to deliver a death blow to public health while erasing workers’ protections. They aren’t going to stop. They need us working and consuming undistracted, welcoming our premature deaths like good little patriots.”

The ending of the COVID national emergency is only a prelude to the coming end of the public health emergency (PHE). More than 22 million people will be forced off their public health insurance.

A person who becomes infected with COVID and requires

hospital admission, even without ventilation or intensive care services, can expect to pay somewhere between \$31,000 (Maryland) and \$111,000 (California) with an average cost of \$74,591. With critical care services, that cost could climb to over \$300,000.

Jess, a prominent advocate on Twitter explained to the WSWs that she has been working with seniors, specifically those suffering from Alzheimer’s disease in long-term-care facilities. When COVID hit, she felt the need to lend a voice to those that public health abandoned, especially the elderly and children.

She said, “Just because POTUS made the awful mistake of signing a declaration that COVID is over, this is still a global emergency. We have left the population in the dark, withholding data, hiding real numbers, ignoring the severe consequences of letting a vascular pathogen rip through the population.”

She added, “We are continuously told we have tools, all the while removing them one by one. After three years we know what works. We know how to reduce transmission. Yet, we choose to allow people to die and become disabled from a preventable virus. Millions are suffering from Long COVID. Where is the urgency to support them? Where is the urgency to find treatments? We need to clean the air. We need to continue masking. We need next generation vaccines, and we need to stop wishing the pandemic away. It’s not over. It’s far from over.”

The WSWs has been at the forefront of calling for the precautionary principle and eradication of the SARS-CoV-2 virus. As suggested by many of the voices quoted here, defending these elementary healthcare principles takes on political dimensions. The central lesson of this terrible, worldwide experience is that a socialist transformation of society is urgently needed to protect the well-being and welfare of the world’s population.



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