"The unilateral declaration of an end of war is called surrender."

An interview with Arijit Chakravarty on ending of the COVID-19 Public Health Emergency: Part 2

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This is the second part of a two-part interview. Part one can be read here.

Fractal Therapeutics is a science services company based in Cambridge, Massachusetts, that "offers model-based drug discovery and developmental services that help make drug R&D more efficient." When the COVID-19 pandemic emerged as a global threat in early 2020, the company decided to employ its modeling expertise in "building a clearer understanding of the public-health risks" associated with the policies being implemented by the CDC and White House, and international health agencies in general.

The World Socialist Web Site *spoke with CEO Arijit Chakravarty last year on the pandemic and their numerous reports whose results and accuracy in prediction have had far reaching implications. One year later, we reached out to him to discuss the pandemic as the World Health Organization and every major government has opted to bring the public health emergency to an abrupt and premature end. The interview was conducted after President Joe Biden declared the public health emergency over on May 11, 2023.*

BM: One thing that has emerged out of the global response to the COVID pandemic has been the regressive shift from previous norms with regards to the responsibility of governments to deal with public health threats. Historically, the role of public health has been to understand various diseases and eradicate or eliminate diseases that threaten the population. That's fundamental to the tenets of public health.

It was the development of a broad public health infrastructure over the last century that has seen life expectancy in many countries more than double. And because of these advancements, it would be safe to say that the idea that we all will live to an advanced age has become an accepted social norm.

The conduct of governments throughout the pandemic, up to the ending of the COVID public health emergency, where now every country has allowed mass infections to be celebrated and their most vulnerable perish wave after wave, must be one of the most perverse developments in the annals of public health. This is unprecedented.

AC: Yes, absolutely.

We have a preprint that came out about a month ago that showed that in the early stages of the COVID pandemic in the US when contact tracing was being implemented it was capturing less than 1 percent of all transmissions. Work that we have in progress shows that that lack of effective epidemiology creates a very distorted picture of the fundamental characteristics of COVID.

Meaning a fake reality was created when they said it doesn't spread in schools, it doesn't spread on planes, it doesn't spread in hospitals, because the contact tracing program was broken. In our search, we couldn't find examples of effective contact tracing in hospitals. We now know that in England there was about a 30 percent hospital-acquired [nosocomial] COVID infection rate. Yet, we couldn't detect them in the US. What that should have told us was that the public health infrastructure was broken. It was spreading everywhere. Everybody we knew had it, but nobody could detect any transmission.

All that meant was that when you ask people to do contact tracing on a voluntary basis using some pseudo-libertarian argument about contact tracing and privacy, you end up not contact tracing. And to me, that was the cornerstone of the failure of the public health response to COVID.

What has happened because of the disaster that is the COVID public health response is that public health has been fully discredited.

Mythmaking and the shutdown of mitigation

People are still spreading whatever mythology they want about the virus. We have people still saying that the virus didn't spread in schools despite abundant data to the contrary from other countries. But not from the US because we didn't have the infrastructure to provide that data. Our public health was asleep.

We've lost the ability to manage disease in any meaningful way. If we say, "COVID is something we just have to live with," why not say that about leprosy? Why not say that about the plague? Why not say that about rabies?

The truth is that polio for most people is just a fever or cold. And in 99 percent of people that's all that it is. However, 1 percent get unlucky, and they get paralyzed. So, you could use the same standard with polio if you wanted.

The playbook that has been used to dismantle the public health response to COVID could have been used to dismantle the public health response to smallpox, which had a 3 percent fatality rate in certain waves.

You could pretty much use the "living with COVID" public health playbook to argue for a full return to the old normal, as it were, if your idea of old in that sentence is the 15th century. In a certain sense what we've done is we've undermined the societal contract that allows public health to function. And in doing so, it literally opens the gates of hell as far as infectious diseases go.

When you walk through cemeteries, you'll find that there's a wide distribution in the ages of death when you go back to the 19th century. But when you look at the 20th century, the distribution is much narrower. And that's because of public health.

Growing up in India, I lost a close friend of mine to hepatitis when I was in college. A couple of my classmates died of other infectious diseases. The neighbor girl died of malaria. In the Third World, you sometimes lose

people to infectious disease long before their time. No one's happy about this. No one says, "Let's not worry about malaria." We do everything we can. We take malaria seriously. And when we take malaria seriously, people still die sometimes. When we take hepatitis seriously, people still die sometimes. Nobody ever says, "They had an underlying condition" or "What are you gonna do? It can't be helped." That kind of complacent, almost fatalistic, attitude towards infectious disease is not sustainable.

I think the endorsement of a strategy where everybody keeps getting COVID, sooner or later, it's going to catch up because you can't really live your life like that.

BM: Agreed. And it certainly speaks to the nature of how governments and national public health agencies redirect their talking points to minimize these things.

AC: It's impractical. The idea that we can learn to live with infectious disease is untenable. People figured that out hundreds of years ago. It's a very, to be honest, *childish* way to approach a public health crisis because nobody wants to admit they were wrong.

When I read some of the public health spin, it makes me want to yell out loud sometimes, "Grow up! Deal with the issue! Admit that mistakes were made!" The amount of energy that's being spent in sweeping this under the rug, the amount of money being spent in rebranding, all the marketing—it would've had far more impact if it had been devoted to being honest about the consequences of COVID and being honest about what can be done to avoid it.

I came back from India recently. And when I talk to people in India about it first, no one blinked an eye at me wearing a mask, even though I was the only person there wearing a mask because a lot of people went through this, and they saw what happened with Delta. COVID is not an abstraction in India. I personally know about a half dozen people in my extended family or friends who died from COVID. It's not an abstraction.

And when people saw me masking it made them nervous and they were thinking, "I should probably do more to avoid it this time around." Sooner or later, that'll come to pass here as well, because we've had it easy in earlier waves and it's been very localized to a certain subsection of the population, especially the elderly. But there's nothing foreordained in the way the virus is behaving, especially under rapid evolution that says it must always only affect more severely the elderly, a particular gender, or the economic distribution must always be that way.

These are all consequences of what we've seen so far. Past performance for this virus is not an indicator of future outcomes.

BM: You may have heard last week EcoHealth Alliances had their grant reinstated three years after they had been terminated, then suspended, because of their collaboration with the Wuhan Institute of Virology and the studying of bat viruses. Yet, this will come with many caveats and moving forward they will continue to be under a lot of political scrutiny. As a scientist working on your own investigations into the pandemic, anything you'd like to say about that? The broader issues or specifically on that issue?

AC: People have been so fixated on whether it's China's fault or not. Was it a gain of function experiment? All of this, to me, sits somewhere between amusing and, frankly, uninteresting because the way we've left public health today, we could be flattened by the bubonic plague.

We have gutted our public health infrastructure so badly at this point that we could be taken down by, for all I know, by tuberculosis. Really, everything is broken, and everything is back on the table in terms of what public health can and should be doing for people.

We no longer have a commitment to contact tracing. We no longer have a commitment to vaccination. We no longer even have a commitment to the concept of quarantines. With this kind of public health infrastructure, we should probably be worried about biblical diseases like leprosy and the plague now, because that's where we are in terms of how advanced we are.

So, all the science in the world doesn't matter because we are in a pathetic state globally in terms of what we have allowed ourselves to become convinced should be acceptable. Is it possible some Flavivirus could appear out of some cave in India or China and flatten us all? Yes, sure. But I'll bet you long before that happens, much more mundane diseases will start taking a big bite out of our life expectancy if this is the way we plan to do public health.

I wish people would stop talking about gain of function experiments and focus on the fact that we have abandoned public health as a concept. It really doesn't matter whose fault this was, that the virus got out. It's been around for three years and in three years we have done nothing useful. There has been no learning curve. If anything, things have only gone backwards.

Three years ago, they made the wrong choice by going all in on the vaccines. That was predictable and we predicted it in print. They made the wrong choice by not investing in additional measures to prevent spread. That was predictable and we predicted it in print. At every step along the way, they have underinvested in the infrastructure required for public health.

Then if you go back and look at how much the NIH and the NIAID [the National Institute of Allergies and Infectious Diseases, the branch of the NIH focused on funding infectious disease research] funded for COVID over the past three years, outside of Operation Warp Speed (which was doomed to fail from day one), it's been pennies. The real travesty is not that the NIH or Fauci were funding research in China. The real travesty is that the NIAID spent only pennies on COVID.

If we go back and look at the numbers, I think NIAID's HIV research funding in the past three years has outmatched COVID three to one or something of that nature. That's the real travesty. Honestly, I don't care whose fault it was that the virus showed up. Sooner or later, viruses will show up. We have plenty of other infectious diseases circulating tomorrow. What's the plan for those? There is no plan.

BM: I think your point is well taken. The reason I raised the question more so is that the science is being held hostage to political, right-wing misinformation and so forth.

AC: I think the real issue is that as a matter of choice we have elected to let this virus spread and cause countless deaths and countless disabilities when there were things that could have been done to prevent these. And there are still things today, concrete, tangible things that can be done to massively reduce the mortality and morbidity burden of this pandemic.

BM: The UK based-modeling firm, Airfinity, many know them because during China's lifting of Zero-COVID policy, they provided estimates of infections and deaths during their massive wave. They recently said that that if we don't engage in building our pandemic preparedness infrastructure, in the next ten years there is a 25 percent chance that we're going to have another COVID pandemic scenario. Your thoughts?

AC: I'm sure it's a lot more than that and I'm sure it's a lot sooner because there's still a COVID pandemic going on. From our perspective we don't get into the business of trying to put a guess on what percentage likelihood is it that X number of people will die, or Y number of people will die. What we do is we discuss risk mitigation.

What I would say today is that we have managed to commit ourselves to a strategy where there is nothing going on in terms of risk mitigation, and the risks are very real and very imminent. In a certain sense when we talk about why you shouldn't go looking for gas leaks with a lighter, we don't do it based on trying to make a prediction of what the likelihood is that you will go up like a Roman candle in your basement. We do it on the basis that it's a bad idea. And the only thing that can be said that our modeling says is, "It's a bad idea to function like this."

Why the public health response to COVID has been sabotaged

BM: Why? Why has pandemic preparedness and public health been cast

aside? Why are we doing this to the global population? I'd like your thoughts on this.

AC: There are two pieces to that question that I would like to separate out and answer one at a time. One, why is it a bad idea? And why are we insisting on pursuing it?

When the pandemic started there was a lot of anchoring bias. Everyone was talking about influenza and the 1918 Influenza pandemic, and no one had really lived through a full-blown pandemic before. Even though we knew the coronavirus was very different, we expected it would burn itself out [Herd Immunity].

The original sin in terms of pandemic management has been the expectation that we'd achieve some sort of herd immunity or that it'll burn itself out. It probably will burn itself out but not in the near term. There are papers out there that show that there's evidence of a genetic selection footprint, a Darwinian selection footprint, in the human genome, from a coronavirus pandemic that hit East Asia about 25,000 years ago. In other words, this thing ran so long and so hard that the survivors were much more resistant to that coronavirus. We don't know which coronavirus it was, but we have some guesses.

The point is, if you leave it alone, natural selection will fix the problem for us. Natural selection will act not on the virus (because we've already shown that the virus doesn't face any selection pressures to become milder), but on the human population and the survivors will be more resistant to coronavirus.

If the main idea is to let nature take its course, then we should all be clear that is what we are putting on the table.

So, the first mistake was assuming that the pandemic would run its course. The second mistake or driver for this was that there are a variety of different interests that aren't harmed from having a pandemic run for a while or having infectious disease go up. There are individuals and organizations that benefit from more infectious disease, not less.

BM: We've been analyzing the pandemic since the beginning. There is a clear political agenda that emerged quickly and early during the pandemic that led to the "learn to live with COVID" policy that included the systematic dismantling of public health and eventually shutting down all measures to address the pandemic and its social implications. These are all bound up in the terminal crisis of global capitalism. If we want to address the issues you raised, then we need to address the root cause of why these investments in public health are no longer viable for the financial markets.

What I mean by this is, if we want to control the pandemic, we need to re-establish the basic tenets of prevention and control of disease such as contact tracing, lockdown, etc.

AC: I don't agree but let me explain. So, the one piece is that there were individuals and organizations that benefited from more infectious disease, and the weakening of the social contract with government in general, and the weakening of the concept that the government will keep you healthy.

I think that is clear. But then why is it a bad idea? And the reason is because at the end of the day, even for those people who ostensibly benefit from those kinds of outcomes, ultimately this is very expensive even just in raw human terms. You are seeing massive reduction in the workforce that has negative consequences.

If you were strictly speaking as a robber baron capitalist, you still wouldn't be delighted by the fact that labor is becoming a lot more expensive. If you look what happened when the Black Death ripped through Europe, it had the impact of undermining feudalism. And in the same way letting COVID run indefinitely will lead to a rebalancing of power that people might not be expecting.

In raw terms, it's extremely inefficient to have people in your workforce out 10 to 15 days a year because they are too sick or if even 1 percent of the workforce becomes completely unproductive from Long COVID. Fundamentally, this is not a sustainable solution. In the end we're going to see that it's not something that can be lived with from an economic perspective. Even if you look at it in such extremely callous cost-analysis terms it's not possible to live with something like this. Even things much smaller have had an impact both on the economy and on the health system that has been deemed to be too onerous.

The reason why people are locked into this is sheer stubbornness. A lot of people made sets of recommendations that went sideways. No one wants to admit they were wrong. And so, people also make a lot of assumptions about how to fix the problem.

And in fact, you made some of those assumptions right now that we need to lock down, that we need contact tracing. Maybe you're right. But I would argue that maybe you are wrong.

You can think of it in terms of how we bring it to an end locally in different places. How do we suppress the disease locally? There are many diseases that we neither have eliminated nor eradicated, but we don't just let spread wildly. Rabies and malaria have neither been eliminated nor eradicated. But as I told you, in India, where I grew up nobody took the attitude of letting malaria rip through. We had mosquito nets, we sprayed things as much as we could. We would never let water gather anywhere. People were absolutely on top of malaria. If anybody had it, it was straight to getting quinine. There was a strong desire to see less malaria. It would've been insane not to have taken that point of view.

BM: Foremost, I'm not a public health official or an infectious disease specialist nor do I have training in pandemic preparedness. I'm not saying we need to have a blanket plan to do achieve this. I'd defer to experts on the matter and working closely with them to see how best we can make this happen.

I'm suggesting we need a coordinated international plan to deal with preventing pandemic threats and dealing with the current pandemic which requires a massive investment in these efforts which need to be directed by people who understand how to accomplish these. But all this needs to be communicated to the population and engage them.

AC: And that, I agree with! People need to get off their butts. This problem won't solve itself until people get off their butts, and I think there's resistance in certain quarters. I'm referring to the WHO, the CDC, the governments worldwide.

BM: But these institutions are owned by the White House. They are owned by the World Bank. They are owned by the IMF. They function as the arm of the United Nations which was propped up in the post-war period to stabilize capitalism. But we are now reaching a critical point where we are seeing multiple crises erupting simultaneously which are interconnected threads. The economic crisis, inflation, war, and pandemics.

When we understand the historical trajectory of these developments, we begin to understand that it's more than just being lazy or the inertia of bureaucracy ossifying these organizations. We could also note that the observation by the financial markets that COVID is killing more old people than young and driving life expectancy down is construed as a positive good for these elements.

AC: So, what I'm trying to say, contrary to public perception, *everybody* loses with more COVID. The World Bank, the IMF, everyone. And here's why—there are two big reasons. One is that every new viral variant is a roll of the dice. One of these days we're gonna come up with a viral variant that rewrites history books in a way that we will not be happy about. The current numbers we've seen, the death tolls we've seen, all these things are not a given. The present infection fatality rate is not a given. We don't know what the upper bound is. If I said today, "It's entirely possible that two years from now you could have a wave come through that kills 2 billion people," I challenge you to prove me wrong.

And if that happens, what will everyone say that we didn't see it coming? And that's the whole point of the "Gray Swan" paper. It's not

that you couldn't predict it. It's right out there in plain view. It's not a Black Swan event. If one of these days a variant comes through that's sufficiently immune evasive, insanely bad things could happen. And then everyone will, clutch their pearls and wring their hands and say, "We couldn't have guessed that would happen!" No, you could absolutely guess that it could happen, and you don't need to be certain that it will happen in order to mitigate.

The second reason regards Long COVID. A year ago, I made the projection in *Fortune* that you could have up to a billion disabled with Long COVID if we pursued the current policy for a few years. The WHO came out last week and said about 10 percent of the world's population would be at risk. By the way, those two numbers are only a couple of hundred million apart.

It was very easy to see that Long COVID was going to exert this inordinate burden on society. And what I'm emphasizing is that mass infections really do not benefit anyone. There are no winners except for the virus.

A strategy for suppressing COVID

Coming back to where we were talking about the framework. First, suppression is one thing. We should be *suppressing* this disease. Second, elimination may be possible in certain settings or not. We can discuss that. And third, eradication at this point is theoretical. But you don't really need eradication to mitigate the societal harms of COVID. And so, eradication becomes this huge straw man where everyone says, "You can never eradicate this coronavirus so let's just get as much COVID as we can."

And that's insane. No one says that about leprosy. We haven't eradicated leprosy yet. Nobody says that about any other disease. The notion that you can't eradicate it, therefore you must accept as much spread as is possible, that is just insane, on the face of it. I think the contradictions will become clearer as time goes on. So, if you want to suppress the disease, there are three things that you need to be doing.

First, one of the most important things to do is to level with the public about the costs of COVID and about what can be done to avoid it. When the message out there is that it's not that bad and you can't avoid it, those are both lies. Be honest, it *is* that bad! To be frank, it's also not that difficult to avoid. There are certain things you need to do. The cost of avoiding is not as high as people make it out to be. And the cost of getting infected is much higher than is being publicly admitted.

The second issue is providing *access*, for those who don't want to get COVID repeatedly. Give those folks the tools they need to *avoid getting infected*.

One of the arguments made repeatedly is that no one will take the vaccines three times a year and therefore let's not advocate for three times a year for everyone. But what happens is people conflate "everyone is not going to take the vaccine three times a year" with "no one is going to want to take the vaccine three times a year." And that's an important distinction. Will everyone want to take the vaccine three times a year? Of course not. But do you and I know people who would take the vaccine three times a year if offered? Absolutely. There are enough people out there who would prefer to not get COVID repeatedly that if accommodations were made for them, literally on the basis of the Americans with Disabilities Act, you would end up with a group of people who are getting COVID a lot less often, and those people would frankly have better health outcomes.

By way of an example, if you want to show that smoking is bad, you can't do it if smoke is everywhere and everyone's blowing smoke in your face. But you can ask if it's possible to opt out of that situation. So, from a public health perspective, preserving the right to opt out is something that's really important.

If public health was serious about managing the mortality and morbidity burden of COVID, they would make it easy for those who wish to not get COVID repeatedly to avoid it, and it's not that hard for them to do that. Give people access to vaccines three times a year. Have mask-only hours for grocery stores. Have more contactless options and have support for contactless options. Have real standards for indoor air quality in public places. That's a baseline.

And the third piece of it is that at some point they must pony up for the research. There's still research that can and should be done on using vaccines more efficiently. There's still research that should have been done long ago on, on prophylactics.

In other words, having a strategy that says, let's be honest about the costs, let's make it easier for people who want to avoid it to avoid it. And let's improve indoor air quality and offer effective prophylaxis and vaccines. Then people will engage more seriously about the pandemic. These are the basics and should have happened a long time ago. But the path we have taken is a dangerous one. We are not mitigating in any way at this point. And it's a mistake to say that if we stop mitigating a risk, the risk goes away. The risk doesn't go away. It gets bigger.

The bottom line is none of this was inevitable. If we wanted, we could begin all those things I've mentioned first thing tomorrow. And the notion that somehow living with the virus is the path that will give us the best possible economic outcomes because anything else is too onerous, that's just meaningless rhetoric.

BM: I think the science is very clear and the issues you've raised are critical. This has been a very important discussion. Any final comments?

AC: The path that we are on with respect to the pandemic is unsustainable, meaning neither is it inevitable, nor is it something that can continue indefinitely. I think for individuals, we should seek to preserve our own health as much as possible, seek to avoid COVID as much as possible, because sooner or later all this will come crashing down.

The costs of doing this are so high and the cost of picking an alternative route relatively low. Sooner or later, this will flip. Hang in there! We're not done with this. We're only at the end of the beginning. This is Act One of a three-act play, and in Act Two things could really get ugly, to be honest.

Things look dark now because what we have done from a public health standpoint is we've declared the war over unilaterally. That unilateral declaration of an end of war is called surrender. And the problem is when you surrender to a virus, it has no mechanism to accept your surrender. It'll just keep going.

BM: On that note, I want to thank you very much for all your time.

AC: You're welcome! Always a pleasure.