

As tens of millions of children return to school without any mitigations

COVID hospitalizations double amid worsening US pandemic surge

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According to the Centers for Disease Control and Prevention (CDC), hospitalizations for COVID-19 have doubled since reaching their lows in the week ending on June 24, 2023. During that week, 6,313 people were admitted for COVID infections. For the week ending August 12, 2023, hospitalizations rose to 12,613.

These limited yet crucial statistics, released belatedly, well after the fact, only underscore that the summer wave of COVID-19 is all too real. It has also been under way for several months without any warnings from the public health agency or concerns raised by the Biden administration.

On the contrary, the CDC, through the Healthcare Infection Control Practices Advisory Committee (HICPAC), has been diligent in attempting to walk back the dangers posed by the virus since the agency ended public health emergency phase of COVID-19 pandemic in May.

Entirely ignoring the reality that SARS-CoV-2 is an aerosolized virus that infects poorly protected people through the air, the CDC has suggested by respirators show no more benefit than surgical masks in controlling infections and are more cumbersome for healthcare workers.

In a letter dated July 20, 2023, sent by experts in occupational safety and health, medicine, epidemiology, industrial hygiene, ventilation, aerosol science, and public health to new CDC Director Dr. Mandy Cohen, the authors warned:

We are deeply concerned, based on work group presentations at the June 2023 HICPAC meeting, that the revised CDC/HICPAC guidelines will severely weaken protections for health care personnel exposed to infectious aerosols, including SARS-CoV-2. The draft recommendations fail to reflect what has been confirmed about aerosol transmission by inhalation during the COVID-19 pandemic. The draft recommendations do not adequately provide for the proper control measures— isolation, ventilation, and NIOSH-approved respirators—to protect against transmission of infectious aerosols. They are weaker than existing CDC infection control guidelines. The draft recommendations, if adopted, will put health care personnel and patients at serious risk of harm from exposure to infectious aerosols.

The complacent inaction of the CDC will have significant implication for the future of pandemic preparedness and the well-being of frontline workers, and by extension, the population as a whole, who rely on appropriate evidence-based recommendations. All the more criminal, this refusal to fight the latest COVID upsurge was carefully thought out in advance, and bears the stamp of the White House and corporate America.

Meanwhile, the latest wastewater data shows that levels of SARS-CoV-2 continue to climb across all regions of the United States, corresponding to around 610,000 COVID infections per day. Despite limited testing, positivity rates nationally are at 45 percent, as evidenced by the Walgreens COVID-19 Index, providing even further evidence of the high levels of COVID transmission across the country. Most of these are in highly urbanized areas in every region: East, Midwest, South, and West.

In the mountain regions of the Northwest and Northeast, along the Canadian border, no testing is being reported, which indicates the population is blind to the state of the pandemic.

Now the peak of the summer surge is intersecting with the return to school by tens of millions of children and young adults piled into crowded classrooms which will provide the current wave of infections something akin to a gravitational slingshot that will speed the rates of infection like a boomerang back into their communities.

The case of schools in Lee County, Kentucky, is exemplary, as they opened for in-person instruction just two weeks ago. On August 18, 150 students (20 percent of the student body) were out sick, according to Superintendent Earl Ray Shuler. Officials have called off classes for Tuesday and Wednesday “due to student and staff illness,” with return to non-traditional instruction for Thursday and Friday.

The current surge in infections exposes the lie that the coronavirus is just another virus that can be largely ignored or treated like just another flu. It also lays bare the criminal scheme by the ruling elites, executed by their political operatives in governments around the world, led by the US, to declare the pandemic over and force a grossly negligent approach to dealing with COVID.

Accepting the virus as a permanent feature in every community around the globe means waves of infections that continue unabated and uncontrolled viral evolution. This raises the specter of a virus developing greater lethality, causing higher levels of chronic disability with Long COVID, displaying complete immune-evasion and becoming more transmissible. These concerns are not exaggerated.

For instance, BA.2.86 (dubbed Pirola), the new Omicron sub-variant under monitoring, as declared on Thursday by the World Health Organization (WHO), has been detected in six countries—Denmark, South Africa, the United States, Israel, Switzerland and the United Kingdom. It has more than 30 mutations in its spike protein, making it potentially the most formidable variant since Omicron appeared in late 2021. Meanwhile, EG.5 (Eris), descendant of XBB.1.9.2, which is now the dominant Omicron sub-variant in the US and globally, has itself acquired more immune-evasive characteristics.

Experts have also warned about additional mutations that possess FLip mutations in EG.5 and rarer variants of XBB.1.5 that work synergistically to both increase the variants' transmissibility while reducing the number of antibodies that the immune system can generate to fight it.

As a recent BMJ article explained, "The L455F and F456L mutations are nicknamed FLip mutations because they switch the positions of two amino acids on the spike protein labelled F and L. These mutations were predicted months ago as a likely consequence of the widespread use of monoclonal antibodies to treat COVID."

The report continued, "The EG.5 variant descends from and resembles the still circulating XBB.1.9.2, but with the addition of one FLip mutation, F456L. Its subvariant EG.5.1 carries a further spike mutation called Q52H. The role played by Q52H is still unclear, but it appears to boost potency, as this subvariant has already overtaken its progenitor."

However, a legion of public officials and supposed media experts, rather than take a sober measure of these concerning developments and speak directly to the precautions that must be taken, instead repeat the standard line that the severity and deadliness of the current iterations of the virus remain unchanged and therefore can be ignored.

This is an insult to the memory of the more than 24 million people who have perished over the last three and half years and the close to 10,000 global daily excess deaths, a figure that remains persistently high. It is a slap in the face of the hundreds of millions of people who suffer Long COVID globally, in whom their infection has led to injury and dysfunction in a wide range of cell types affecting almost every organ system in the human body without any viable treatment for the complex chronic disease.

The publication in *Nature* of the latest study by Dr. Ziyad Al-Aly and colleagues from the Washington University School of medicine in St. Louis, Missouri, on the impact of Long COVID two years after infection, provides objective evidence for the serious health consequences posed by the coronavirus.

In this large population study involving patients from the Veterans Affairs St. Louis Health Care System, the authors studied the risk trajectories for 80 components of Long COVID over two years post-infection to glean the long-term complications associated with the disease.

In non-hospitalized people, risk of death remains elevated up to six months and risk of hospitalization for 19 months. Two years in, coagulation disorders, pulmonary disorders, fatigue, gastrointestinal disorders, musculoskeletal disorders, diabetes and other sequelae remain increased, "suggesting a longer lasting risk horizon for these organ systems," according to Al-Aly.

However, for those who were hospitalized for their infection, risk of death and hospitalizations remained elevated compared to non-infected controls at two years. Sixty-five percent of sequelae of the 80 components being measured (these involved every organ system) remained at elevated risk at the end of the study period.

The essence of the forever COVID policy ruthlessly practiced by the ruling elites means that this dangerous virus that should be contained in a BSL-3 laboratory is allowed to undergo a dynamic gain-of-function experiment (a test of a virus's ability to develop its potency and infectiousness) on a global scale with the entire human population being used as test subjects.

Many of the lab leak conspiracists have claimed, without a shred of evidence, that the SARS-CoV-2 virus that first broke out in late 2019 in Wuhan, China was a byproduct of nefarious bioengineering tricks, such as gain-of-function experiments, that make viruses or other pathogens more transmissible or virulent. And despite the preponderance of evidence that continues to support a zoonotic spillover at the open-air Huanan Seafood Market, a byproduct of live animal trades that had been previously documented, they and their spokesmen in the mainstream media continue to insist that a lab leak is an equivalent hypothesis, when in the last three years, not one datum of evidence has supported these claims, which even the US intelligence agencies were forced to admit.

The same fascist elements that spearheaded the lab leak conspiracy theory have also been taking the lead in the campaigns against vaccination, masking and other forms of mitigations. In other words, while claiming falsely that a Chinese lab created the original virus, these same political provocateurs, backed by wide sections of the corporate media and political establishment, support turning the entire world into a laboratory for creating endless waves of newer and more lethal versions of SARS-CoV-2.

The only viable policy for the COVID-19 pandemic remains elimination and eradication of the virus from human society. The scientific and material resources for such an endeavor exist. The fundamental obstacle to such a humane and scientifically viable solution is capitalism: the profit interests of the corporations and the conflicts among various nation states. The only force which can put an end to the pandemic is the international working class, allied with principled scientists in a struggle against the capitalist system.



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