Mass opposition developing to CDC's proposed anti-scientific infection control guideline

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The CDC's Healthcare Infection Control Practices Advisory Committee (HICPAC) met on August 22 for a continued discussion of the proposed watered-down, anti-scientific new infection control guidelines that would reduce infection control standards particularly surrounding aerosol transmission and the spread of multi-drug resistant organisms.

HICPAC advises the CDC on infection control policies and is made up largely of healthcare upper management, infectious disease clinicians and senior level personnel from federal agencies including the Food and Drug Administration (FDA) and the National Institutes of Health (NIH). The recommendations of HICPAC are not subject to any public oversight.

The recent meeting was attended by members of the public and medical community who are fighting against the anti-scientific draft guidelines which include claims that masking is essentially ineffective or even harmful to individuals and the healthcare system. These claims were first presented during a discussion of the revised guidelines at a June 2023 HICPAC meeting. The "evidence" used to back these claims was made up of cherry-picked data from research studies that are widely recognized as flawed.

Amidst this backlash, the August 22 meeting did not focus on issues of COVID-19, masking and respiratory precautions. Instead, the committee attempted to steer into safe waters through a discussion of contact precautions and other standard precautions in healthcare. The issues of COVID-19 and respiratory isolation were only discussed by the public during the comment section.

The guideline revision is not an arbitrary decision or a misguided mistake, but a conscious and criminal maneuver designed to ensure that another surge or another pandemic will not cause any slowdowns in the economy. Healthcare facilities represent the high-water mark in infection control. If mitigation measures are abandoned in that context, it provides the argument for jettisoning safety measures within any workplace or social setting.

Rising waste water levels and hospitalization rates indicate that a summer surge has been under way for several months without any warning or concerns raised by the Biden administration or public health organizations like the CDC.

The HICPAC guidelines are the latest in a trend of unscientific decisions prompted by governments around the world to stop virtually all surveillance and management of the COVID-19 pandemic.

In May, the World Health Organization (WHO) and the Biden administration ended their COVID-19 public health emergency (PHE), disbanding the White House COVID Response Team. The CDC then ended all COVID-19 case reporting and CDC Director Rochelle Walensky—who championed pro-corporate and anti-public-health policies throughout her tenure—resigned. Walensky was then replaced by Mandy Cohen, a staunch supporter of lifting mask mandates and school reopenings.

A full draft of the proposed guidelines has not been made available to the public. An introduction to the overhaul of the infection control standards can be most clearly seen in the slides from the Infection Precautions workgroup presentation from the June 8, 2023 meeting.

The guidelines propose a major change to the framework of infection control categories which previously separated infectious diseases into three categories, based on their mode of transmission, contact, droplet, and airborne, all of which then had corresponding best practices for PPE and isolation. The new guidelines simplify these categories to "by touch" and "by air."

The new "by air" category is further broken up into "routine," "novel" and "extended." Examples of diseases falling under the "routine" category include "seasonal coronavirus" and "seasonal influenza" which, according to the committee, only require a surgical mask for PPE, no eye protection and no airborne isolation room. The "novel" class includes "pandemic phase" coronavirus and influenza, which require an N95 mask and eye protection, but no airborne isolation room.

There is no scientific basis for the distinction between "seasonal" and "pandemic phase" coronavirus and influenza. These fabricated categories serve to support the political campaign to declare COVID endemic, the purpose of which is to accustom the population to mass infection and death, adding the virus to a list of ever-present diseases instead of engaging in a fight to eliminate the virus, which is perfectly possible but opposed by the financial oligarchy because of its cost.

The guideline draft also attempts to discredit the effectiveness of N95 respirators, citing flawed scientific studies to make the claim that surgical masks are equal to N95 respirators.

In the three main studies referenced, the N95's were only worn when in close proximity to the patient. In one study, healthcare

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workers donned N95's only when six feet from the patient. In another study healthcare workers donned them when just three feet from the patient, removing their mask when out of this boundary. Such misuse of N95 respirators would obviously not be effective since aerosolized viral particles can spread 20 to 30 feet and remain in the air for hours. N95 respirators must be worn continuously and must be well-fitting in order to be effective, especially in indoor and poorly ventilated areas.

In addition, all three cited trials only had healthcare workers wearing N95s around symptomatic patients. This is another major flaw in the studies as it is a well-known scientific fact that coronavirus is often transmitted from asymptomatic individuals. In fact, according to a CDC study from February 2021, 59 percent of COVID-19 transmission occurs from asymptomatic spread.

The committee makes another dangerous claim that mask wearing—both surgical and N95—is harmful and has a negative impact on healthcare workers' performance.

In the evidence review portion of the presentation titled, "Mask Adverse Events," the committee cites several negative outcomes of mask wearing such as "headaches," "difficulty breathing," "acne," "perspiration," "difficulty talking," and "work interference." No reference is made to the "Adverse Events" from COVID-19 infection, such as multi-system organ failure, disability and death.

It is also notable that the new guidelines do not suggest other protective measures such as UV disinfection and HEPA filtration. They also do not address the fact that the current state of COVID-19 testing, even in the hospital setting, is disorganized and minimal, making it impossible to effectively put necessary infection control precautions in place. The guidelines for standard precautions—precautions for every patient regardless of infection status—do not include the bare minimum of a surgical mask.

Due to mounting opposition against the guidelines, HICPAC had no choice but to allow for a limited discussion period open to the public. The committee did not respond to any of the public comments.

Debra Gold, an employee of Cal OSHA, stated, "If we learned nothing from the tremendous illness and loss of life in the past three years of COVID crisis it is how important it is that public health recommendations be clear and strong enough to protect both individuals and patients and healthcare system as a whole." She continued, "PPE Is only part of reducing transmission… the little we have seen of the draft guidelines does not include thorough discussion of isolation or early identification and isolation of infected people."

Another commenter, Liv Grace, introduced herself as disabled and high risk and described how she is unable to safely access healthcare under the current conditions. Liv has caught RSV and COVID-19 at her infusion center, causing her to suffer from new kidney and heart issues. "One way N95 masking is not enough for me… This is a Catch-22, access healthcare or catch COVID and other dangerous to me infections to the point of further endangering my life or do not get care at all with the risk of further endangering my life… This is eugenics. I am Jewish and I see the writing on the wall… the history of not only the Holocaust but many genocides including the ongoing genocide of Native Americans, target disabled people first. I am literally begging for something to be done."

A physician, scientist and pathologist, Kaitlyn Sunnling, stated, "I'm speaking in support of universal masking in healthcare ideally with the broad use of well-fitting N95s or better respirators as a new addition to standard precautions… matching our understanding of the science of airborne pathogens to our precautions in healthcare allows us to build public trust and destigmatize aerosol transmitted infectious diseases especially where asymptomatic spread is common as with covid. Denying the well-proven science of N95 respirators would be a significant step backward."

Dr. Sunnling added that patients should not be responsible for protecting themselves within the healthcare setting, asking, "Should patients have to ask their surgeon to wear sterile gloves?"

Petitions and letters are also circulating to address the anti-scientific HICPAC guidelines. One letter dated July 20, 2023 was sent by 900 experts in occupational safety and health, medicine, epidemiology, industrial hygiene, ventilation, aerosol science, and public health to new CDC Director Dr. Mandy Cohen.

The ruling elite has already expressed a callous indifference to human life, expressed in the more than 24 million people who have perished over the last three and a half years of the COVID-19 pandemic, as well as the continued 10,000-person daily global excess deaths. Hundreds of millions continue to suffer from Long COVID across the globe, struggling on a daily basis with no viable treatment in sight.

As with the deepening climate catastrophe and the rush into World War III, the resurgence of COVID, particularly with the threat of new and more lethal and infectious variants, threatens to kill millions more if the working class does not take matters into its own hands.

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