

Ruling class propaganda on the “end of the pandemic” falls apart

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In recent weeks, the reality that the COVID-19 pandemic is ongoing and remains very dangerous has broken through the propaganda of governments, public health agencies and the corporate media, which have falsely proclaimed the pandemic over.

At last week’s World Health Organization (WHO) press briefing, COVID-19 Technical Lead Dr. Maria Van Kerkhove was forced to admit that millions of people across the globe are being infected each week, based on the limited data available on cases and hospitalizations. Just three months after the WHO unscientifically ended the COVID-19 public health emergency (PHE) declaration, which prompted numerous countries to dismantle their surveillance systems, Dr. Kerkhove warned that tracking emerging threats will become much more difficult, if not impossible, while noting that the virus will continue to mutate and could become more lethal.

According to the WHO briefing, only 103 out of 234 countries and territories are reporting COVID-19 cases, 54 are reporting deaths, 19 are providing hospitalization data and 17 are reporting intensive care unit (ICU) admissions. Additionally, according to the Global Initiative on Sharing All Influenza Data (GISAID), in the month of August, global genomic surveillance produced less than 7,000 sequences of SARS-CoV-2, the virus that causes COVID-19, just 1.6 percent of all cases sequenced in August 2022.

Presently, the Omicron EG.5 subvariant, nicknamed “Eris,” is dominant globally. In China, it now accounts for 71.6 percent of all sequenced cases, up from less than one percent in April. In the United States, Eris and FL.1.5.1, another concerning variant, now make up 34 percent of all sequenced cases and are expected to dominate all other variants in the coming weeks.

Meanwhile, Omicron BA.2.86, dubbed “Pirola,” which many scientists are deeply concerned about because it possesses more than 30 new mutations on its spike protein, has been labeled a Variant Under Monitoring (VUM) by the WHO. Just in the past two days, the variant has been detected in Germany, Spain and Portugal, bringing the total number of countries where it is known to be spreading to 10.

Given the collapse of surveillance globally, the only available means to estimate the ongoing impact of the pandemic are wastewater tracking, official hospitalization figures and excess death estimates, which collectively provide only a pale reflection of reality.

In the US, wastewater figures have more than tripled over the

past two months, with one scientist calculating that roughly 580,000 Americans are now being infected with COVID-19 each day. Weekly hospital admissions for COVID-19 were over 15,000 for the week ending August 19, according to the latest data from the Centers for Disease Control and Prevention (CDC). This figure is nearly triple the low of 6,461 just six weeks prior, and will continue to rise in the weeks ahead.

Globally, there continue to be 11,100 excess deaths attributable to the pandemic each day—a 42 percent increase in the past four months—with the cumulative total now standing at a staggering 24.8 million, according to *The Economist*.

The latest summer COVID-19 surge is now intersecting with the global reopening of schools after summer and winter breaks, which will only fuel community transmission. Combined with influenza and RSV, there will likely soon be a deluge of reports of this triple viral threat inundating hospitals, which are already operating with dangerously low staffing levels and exhausted workers.

School districts in Kentucky and Texas have had to close their doors a few days or weeks after reopening due to large numbers of students and educators infected with COVID-19. Hospitals and colleges have been compelled to reintroduce mask mandates in Georgia, New York, California and other states.

In this context, and over two months after this major pandemic wave began, the *New York Times* published an article Monday headlined, “Not Over Yet: Late-Summer Covid Wave Brings Warning of More to Come.”

The article was a form of damage control, as the *Times* has been at the forefront of downplaying the ongoing dangers of COVID-19 and almost entirely dropped coverage of the pandemic after the WHO and the Biden administration ended the PHEs in May.

Needless to say, the *Times* neglected to remind its readers that just over a month ago it published an article by David Leonhardt—among the most notorious pandemic minimizers—falsely claiming that “the pandemic is finally over.” As with that article, the latest piece by Julie Bosman omits the critical terms “variant,” “viral evolution” and “Long COVID.”

In opening her article, Bosman acknowledges that a “late-summer wave of coronavirus infections has touched schools, workplaces.” Noting the recent rise in COVID-19 hospitalizations, she adds that “local government experts warned the public to brace for even more COVID-19 spread this fall and winter.”

The article furthers the *Times*’ role in downplaying the ongoing

dangers of the pandemic, in particular for hundreds of millions of elderly and immunocompromised people globally.

Ignoring the fact that the overwhelming majority of schools still lack adequate ventilation systems to protect against COVID-19 and therefore remain centers of viral transmission, Bosman cites Hedy N. Chang, the executive director of Attendance Works, who opposes the basic public health practice of keeping sick children at home. Chang states, “We actually have to shift norms again, to being judicious and thoughtful about when we keep kids home, and only keeping them home if we think it’s truly a problem.”

This dovetails with the criminal policy now in place in Los Angeles schools, in which children sick with COVID-19 and other illnesses are being encouraged to attend school.

Finally, as if bringing an expert witness to the stand to justify their crimes, Bosman quotes Northwestern Memorial Hospital pulmonologist Dr. John M. Coleman, who states on cue, “Moving forward, we have to learn to live cohesively with Covid. Covid is always going to be around.”

The *Times* then advances the essentially eugenicist policy of the Biden administration, in which millions of elderly and immunocompromised Americans are being left to fend for themselves. Summarizing the sage wisdom of Dr. Coleman, Bosman writes, “People who are hospitalized for Covid now tend to have pre-existing conditions or suppressed immune systems that make them more susceptible to severe symptoms.”

For these tens of millions of at-risk individuals, the *Times* and their learned doctor give the following medical advice: “Particularly for people who already have health risks, he said, it is crucial to receive the new booster this fall, wash hands frequently and wear a mask if feeling unwell.”

In other words, amid a major wave of the pandemic, the *Times* is telling its readers to get a booster shot that will not be available for weeks, wash their hands to protect against an airborne pathogen, and wear a mask once infected instead of to prevent such infections. Such patently unscientific advice only underscores the newspaper’s role as a purveyor of propaganda.

Furthermore, the attempt to downplay the dangers posed by COVID-19 by suggesting only those with “pre-existing conditions or suppressed immune systems” are susceptible to more severe forms of COVID-19 is not only eugenicist, but patently false.

In a recent report by Harvard biostatistician Dr. Edward Goldstein, PhD, published in *Epidemiology and Infection*, comparing Omicron infections and influenza in the same period in late 2022 and early 2023 in France, he found the risk of death from SARS-CoV-2 to be four times higher.

Just days before the *Times* article was published, noted Long COVID researcher Dr. Ziyad Al-Aly and his team at the Washington University School of Medicine in St. Louis, Missouri published their latest study, focusing on the impacts of Long COVID two years after infection.

They found that in non-hospitalized COVID-19 patients, risk of death remains elevated for 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 (aftereffects) remain increased, “suggesting a longer lasting risk

horizon for these organ systems,” according to Al-Aly.

For those who were hospitalized for their infection, risk of death and hospitalizations remained elevated compared to non-infected controls at two years. Of the 80 types of sequelae being measured, which involved every organ system, 65 percent remained at elevated risk after two years.

The authors conclude, “Measures to reduce the risk of postacute and long-term sequelae in people with SARS-CoV-2 infections should remain the foundation of public health policy. ... It is clear that the burden of health loss will not only impact patients and their quality of life, but also potentially contribute to a decline in life expectancy, and may impact labor participation, economic productivity and societal well-being.”

The horrific realities of the “forever COVID” policy are becoming increasingly evident to masses of people globally, as hundreds of millions of working people and their families face an array of health consequences and maladies that not only shorten their life spans, but make miserable the years that are afforded them. Their ranks will only grow with each new wave of the pandemic.

The emergence of the highly mutated Pirola variant demonstrates that SARS-CoV-2 remains quite fit to continue mutating. The unprecedented spread of this virus into nearly 8 billion hosts in just over three years underscores the critical point that the pandemic has far more breathing room than most were willing to imagine at the outset.

Fundamentally, the virus is only a biological entity without consciousness. If it has evolved to this point in time in history, it is a function of capitalist relations that insist profits will always remain a priority over the well-being of the working class.

The abandonment of public health and renunciation of the social contract between governments and their populations is in keeping with the terminal phase of capitalism’s death agony. This diseased and dying social order must be replaced with a planned world socialist economy, in which social needs and public health take precedence over the profit interests of a tiny financial oligarchy.



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