

# White House acknowledges the pandemic is not over by offering to send out free COVID tests

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21 September 2023

The White House announcement that the Biden administration will resume free distribution of COVID-19 rapid antigen test kits amounts to an admission that the pandemic is not over and that the American population remains in grave danger from the SARS-CoV-2 virus.

The reinstatement of free distribution of COVID-19 tests through the mail, set for September 25, is an about-face for the Biden White House, which has repeatedly flouted COVID protocols. According to the administration, \$600 million will be provided to 12 manufacturers of domestic COVID-19 tests to make 200 million more test kits for distribution by the federal government.

As epidemiologist and health economist Dr. Eric Feigl-Ding, chief of the COVID Task Force at the New England Complex Systems Institute and co-founder of the World Health Network, noted on his social media, “Biden White House basically admits that COVID is not over.” However, this change in public health tactics should not be construed as a serious response to the pandemic.

Health and Human Services Secretary Xavier Becerra said yesterday at a photo opportunity with reporters, “The president wanted to make sure that no one can go without tests. We will once again up our program to make sure Americans have access to a test.” He also attempted to downplay questions from reporters that insurance companies were denying payments on COVID vaccines and the difficulty for children to obtain these life-saving shots.

Yet no one bothered to ask Becerra whether the pandemic is really over, whether the ending of the emergency phase was premature or why this sudden change in response to COVID in the White House when just less than three weeks ago Jill Biden contracted COVID again and Biden showed his clear disdain for public health when he walked to the podium unmasked during a press brief before flying to India for the G20 Summit.

He declared smiling, “I want to explain to the press, I’ve been tested again today. I’m clear across the board. But they keep telling me, because this has to be 10 days or something. I got to keep wearing it,” showing his KN95 mask. He quipped, “But don’t tell them I didn’t wear it when I walked in.”

Clearly, the hidden data sets on actual infection rates and health system capacity which HHS and CDC withhold from the public must have alarmed them and caught them off guard, given the approaching winter season. According to the only reliable early warning system in place which is currently also being employed as the only reliable tracker of the pandemic, national levels of SARS-CoV-2 in wastewater peaked last week corresponding to approximately levels reached near April 2020’s peak and correspond to more than 650,000 daily COVID infections.

Modeling estimates by infectious disease modeler JP Weiland estimates that nearly 12 percent of the US population was infected during the current surge and possibly another 7 percent may become infected over the next six weeks. This would place the figure at approximately 66 million infections since the latter part of June. Since the beginning of the pandemic, 1.13 million Americans have succumbed to COVID-19 with the estimated cumulative excess deaths in this period standing at 1.36 million, according to *Our World in Data*.

The current variants being monitored by the Centers for Disease Control and Prevention (CDC), indicated EG.5 (Eris), which accounts for nearly a quarter of the sequenced Omicron variants, may be beginning its retreat giving way to the “FLip” variant FL.1.5.1 which is now approaching 14 percent of all sequences. HV.1, which does not possess a “FLip” mutation, is presently the fastest growing variant among the Omicron strains circulating.

How the highly mutated BA.2.86 (Pirola) will play out will have to be seen, as only a few sequences of this variant have been detected and analyzed (68 sequences since September 7, 2023) across several continents. As a recent *Lancet* report remarked, “[This] variant might be spreading silently worldwide,” leading the World Health Organization (WHO) to declare it a variant under monitoring on August 17, 2023, only three days after its initial discovery.

Recent analysis indicates that its reproductive number is 30 percent higher than the common XBB.1.5 variant which is the target of the recently approved mRNA vaccine boosters. Pirola’s reproduction number is equivalent to or even higher

than that of EG.5.1, suggesting that “BA.2.86 potentially has greater fitness than current circulating XBB variants including EG.5.1.”

According to Dr. Ellie Murray, epidemiologist at Boston University, in a recent interview with the *World Socialist Web Site*, the current Omicron variants are as virulent as the original strain that first appeared in Wuhan in December 2019. The false idea that these variants will continue to grow more benign was dispelled with the Delta variant, but continues to be peddled by health authorities and the media. If the current strains evolve to Delta’s level of potential lethality, they will pose a major threat to the population.

Already, the current surge of infections has led to a rise in the death toll and hospitalizations. As of the week ending September 9, 2023, weekly COVID admissions reached 20,538, a three-fold higher rate than in the first week of July. These figures are projected to climb as the rollout of the COVID boosters is just getting underway. COVID weekly deaths have nearly doubled to 860 as of August 19, 2023. Given the lag in reporting fatalities, the current death toll is likely far higher.

Meanwhile, as the reality of the pandemic begins to weigh on commerce and social activities, some healthcare systems such as the University of Chicago Medical Center have turned to restoring mask mandates on their staff when in direct contact with patients. It should be recalled that many states and hospitals in 2022 had discontinued masks and screening tests for symptom-free patients.

Since these guidelines have been set aside, the actual number of in-hospital acquired and nursing home COVID infections remains unknown, but they are definitely on the rise. Lethality of a COVID infection among patients admitted is as high as 9 percent, underscoring the impact comorbidities and underlying illnesses can have with COVID regardless of prior infections or vaccinations. Anecdotally, several of this writer’s medical residents have had to take leaves of absence after contracting COVID and there are cases of people who have died at his institution after they acquired COVID as inpatients.

The CDC’s accounting suggests COVID has already killed 47,000 people in the first eight months of this year, and the pandemic remains one of the top 10 causes of death in the country for 2023.

A glimpse of the growing concern among health officials was given by the presentation made by the Advisory Committee on Immunization Practices (ACIP) last week (September 12, 2023) when they recommended mRNA boosters be given to everyone six months of age and older.

Their modeling projections found that with “universal vaccine recommendations” in place, they can potentially avert more than 400,000 hospitalizations and over 40,000 deaths in the course of two years. Although the report didn’t offer absolute figures on what the estimates are but only differences, recent experience suggests potentially 80,000 or more people may die from COVID annually because of active severe

COVID. There is no category for COVID deaths later than 30 days after infection, and the risks posed by Long COVID and post-acute COVID syndrome to the various organs in the human body is not even considered.

By all accounts, the CDC’s ending of collecting figures on excess deaths associated with COVID-19 next week only deepens their anti-public health and anti-science stance.

Additionally, the report underscores that the risks of death, invasive mechanical ventilation and intensive care unit admission increase considerably with the number of underlying medical conditions. Those with one condition can see a 50 percent increase in these risks. Those with two to five underlying conditions can see a two-to-three-fold increase.

Of those 65 years or older, more than 70 percent have at least one condition and more than 50 percent have two or more such conditions. Nearly a third of the population over 18 carries at least one underlying risk factor for a heightened risk of severe COVID for their age category.

The report summarized, “[The] COVID-19 burden is currently lower than at previous points in the pandemic, however the absolute number of hospitalizations and deaths is still high. Although hospitalization rates are currently low in some age groups, we have seen rates increase in recent weeks and anticipate further increases as we enter respiratory virus season. Infants and older adults have the highest COVID-19-associated hospitalization rates. Children and adults with no underlying medical conditions still experience severe illness due to COVID-19. High proportions of underlying conditions may put certain groups at increased risk for severe outcomes due to COVID-19.”

The report also highlighted the important fact that about one-third of the American population remains concerned about getting COVID and more than half worry about serious COVID-19 illness among their family.

The ruling elites have from day one operated under the perspective of malign neglect where the needs to maintain and accumulate profits remains their primary focus regardless of the real state of the pandemic and the risks it poses to generations of people that face repeated infections. The free COVID tests are a token to ameliorate the potential that the pandemic as a trigger event exposes the parasitic and destructive nature of the capitalist ruling elites.



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