

# The end of the fourth year of the COVID-19 pandemic and the demise of public health

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It was about four years ago that the virus that causes COVID-19 jumped from animals into their handlers and then the local customers that shopped at the Huanan Seafood Market in Wuhan, China. This crossover led to a sustained community transmission that over several weeks caught the attention of the local medical and public health officials and soon the world at large.

Since then, the various forms of criminal neglect on the part of the ruling elites, such as “herd immunity,” “let it rip” and “learn to live with the virus,” have led to 7 million official global COVID-19 deaths. The estimated global excess deaths of 27.4 million are nearly four times the official death toll. With the abandonment of all essential COVID-19 trackers on rates of infection and direct and related deaths from COVID-19, the exact current impact of the disease remains largely a subject of guesswork and will only be really known when epidemiologists and modelers conduct their retrospective analysis of year-to-year trends in mortality.

In the US, where wastewater levels of SARS-CoV-2 have continued to be published for the time being, as of November 6, levels of community transmission were continuing their climb or remaining at high levels. Modelers like Dr. Mike Hoerger estimate the total at more than 670,000 daily cases. Certainly, with the holidays fast approaching and the latest iterations of the Omicron variants circulating, these figures are expected to climb. We are once more amid the early phase of the winter wave.

Since September 23, according to the Centers for Disease Control and Prevention (CDC) COVID-19 tracker, emergency room visits, hospitalizations and deaths are up approximately 10 percent. As of the week ending November 11, there have been 16,239 COVID-19 hospitalizations. In the week ending October 21 (the date reflects the delay in tracking deaths), another 1,265 people died. In total, throughout October over 5,000 people lost their lives.

Also worrisome is the abysmal vaccine uptake seen across the country, with only 14 percent of adults thus far having received a dose of the latest version of the COVID-19 boosters. Masking has become essentially nonexistent, even in healthcare settings where facility-induced COVID-19 infections pose great hazards to nursing home patients and those admitted to hospitals.

Perhaps most glaring has ~~report~~ the recent in *York Times* concerning the massive toll COVID-19 has taken on the cognitive functions of younger Americans, and by extension, hundreds of millions of people, even billions, across the globe. In the US, the prevalence of Long COVID ranges from 5 to 15 percent, or an estimated 10 to 30 million working age adults.

The article notes, “The number of working-age adults reporting ‘serious difficulty’ thinking has climbed [during the pandemic] by an estimated one million people.” The percent of 18- to 44-year-olds that say they have serious difficult remembering is now on par with those between ages of 45 to 64. That these trends have not returned to their previous marks suggest the impact will have a chronic toll on the population and are ongoing.

Studies on the impact of COVID-19 on the neurological system have found that almost a third of people who get COVID-19 develop some level of cognitive impairments several months later, ranging from mild to debilitating, according to the report. Dr. Monica Verduzco-Gutierrez, chair of rehabilitation medicine at the University of Texas Health Science Center at San Antonio, told the *Times*, “It’s not just [brain] fog, it’s a brain injury, basically. There are neurovascular changes. There’s inflammation. There are changes on MRIs” (brain scans).

Many of those disabled have to continue to work to earn a living despite the added impact to their ability to think and function normally, which compounds the stress on their health and places them at risk for making serious mistakes that have untold consequences on their work. Yet, with funding for such studies having dried up and no treatment to address these ongoing chronic concerns, the millions of ongoing infections are only exacerbating the evolving health crisis. Such disregard by the political establishment and public health officials is unprecedented and constitutes gross criminal negligence.

These reports do not take into consideration the impact the virus has on other disabling symptoms, like intense fatigue, respiratory difficulties or heart palpitations, to name a few others. The ability for the infection to cause immune dysregulation means the potential for developing complications with other viral, bacterial and fungal infections. The persistence

of activated immune T-cells in people, who have returned to feeling normal after their acute infection, remains both a puzzle and a concern for researchers. These have potential consequences in igniting previously checked viral infections like herpes and Epstein-Barr virus and possibly permitting the development of cancers.

Dr. Ziyad Al-Aly, an epidemiologist at Washington University in St. Louis, Missouri, who called the burden of Long COVID staggeringly high, explained, “It appears that the effects of Long COVID for many will not only impact such patients and their quality of life, but potentially will contribute to a decline in life expectancy and also may impact labor participation, economic productivity, and societal well-being.”

Yet, rather than heeding the continued dangers posed by viral evolution and recognition of the mass disabling event caused by Post-Acute Sequelae of COVID-19 (PASC) (the formal term for Long COVID) to invest both in infrastructure to sanitize indoor air and build an internationally based public health consortium to monitor the impact of infectious pathogens on the global population, we are in a far more precarious position globally.

Indeed, every government has accepted the maxim that “the cure cannot be worse than the disease” and adopted a laissez-faire attitude towards the ongoing COVID-19 pandemic and the threat posed by an array of other pathogens, undiscovered yet or previously recognized. The lesson being taken by those who dominate corporate America and the financial system is that a strict adherence to sound principles of public health is bad for business.

In a recent comprehensive editorial published on November 6, 2023, by the John Snow Project, a group of scientists and researchers concerned by the lack of attention being given, titled “Endemic SARS-CoV-2 and the death of public health,” wrote on the ability to eliminate the virus:

Understanding of airborne transmission and institution of mitigation measures, which have heretofore not been utilized in any country, will facilitate elimination, even with the newer, more transmissible variants. Any country that has the necessary resources (or is provided with them) can achieve full containment within a few months. In fact, currently this would be easier than ever before because of the accumulated widespread multiple recent exposures to the virus in the population suppressing the effective reproduction number (Re). For the last 18 months or so we have been seeing a constant high plateau of cases with undulating waves, but not the major explosions of infections with Re reaching 3-4 that were associated with the original introduction of the virus in 2020 and with the appearance of the first Omicron variants in late 2021.

They then added:

It would be much easier to use NPIs to drive Re to much below 1 and keep it there until elimination when starting from Re around 1.2-1.3 than when it was over 3, and this moment should be used, before another radically new serotype appears and takes us back to those even more unpleasant situations. This is not a technical problem, but one of political and social will. As long as leadership misunderstands or pretends to misunderstand the link between increased mortality, morbidity and poorer economic performance and the free transmission of SARS-CoV-2, the impetus will be lacking to take the necessary steps to contain this damaging virus.

The increases in previously checked communicable diseases like measles, TB and syphilis are just the symptom of a public health system that has been in decline for nearly two decades. The decline in life expectancy, especially among working people as compared to those more well off, is the clearest demonstration of the rising tide of inequality that is devastating the working class.

The pandemic has only demonstrated, in the negative, the immediacy and importance of public health in social life. However, public health is the end product of the social organization of society where all the resources and gains are put to use in improving the life and well-being of the population. Yet, it is precisely in this aspect that it is prone to being the first casualty of the social decline in the capitalist milieu because it is dependent on the entire social organization of society for it to function well.



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