

“Just because those countries aren’t reporting deaths doesn’t mean they aren’t happening”

## WHO officials warn sharply of the ongoing dangers of the COVID-19 pandemic

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Throughout the world, COVID-19 infections, hospitalizations and deaths are surging amid the fourth winter of the pandemic, as the highly infectious and immune-resistant JN.1 variant spreads globally. Wherever wastewater sampling is conducted, levels of viral transmission are currently at the highest or second-highest levels of the entire pandemic.

This ongoing wave of mass infection underscores the utter criminality of the World Health Organization (WHO), Biden administration and other national health agencies ending their respective COVID-19 public health emergency (PHE) declarations last May. The result of these unscientific and politically motivated decisions was that virtually all pandemic surveillance was lifted, while masses of people were led to falsely believe that the pandemic was over.

In two extraordinary press briefings last week, WHO officials made clear the ongoing dangers of the pandemic, while hypocritically admonishing the global population for no longer taking precautions, ignoring their own culpability in this process.

On Wednesday, January 10, WHO Director-General Dr. Tedros Adhanom Ghebreyesus noted that in December the world had seen a surge in COVID-19 transmission fueled by holiday gatherings and the evolution of the JN.1 variant. He added:

Almost 10,000 deaths from COVID-19 were reported to the WHO in December and there was a 42 percent increase in hospitalizations and 62 percent increase in ICU admissions compared to November. However, the trends [on mortality] are based on data from less than 50 countries, mostly in Europe and the Americas. It’s certain that there are also increases in other countries that are not being reported.

Information on the number of hospitalizations admissions is being provided by only 29 countries, while only 21 countries are providing data on ICU admissions. Again, these data are so scant because the vast majority of countries completely dismantled their pandemic surveillance systems in response to the WHO’s ending

of the PHE last May.

Speaking two days later at another press conference held by the WHO on their UN Web TV, devoted to the co-circulation of COVID, flu and respiratory pathogens, Dr. Maria Van Kerkhove, the WHO’s Technical Lead on COVID-19, remarked, “Essentially, given the lifting of the public health and social measures, with the world opened up, these viruses, these bacteria that pass efficiently between people through the air, take advantage.”

Van Kerkhove stated that access to vaccines remains a challenge in much of the globe, noting that where vaccines are available, demand and uptake are quite low, raising concerns about the elderly and most vulnerable, including immunocompromised people and pregnant women. She then warned starkly:

What is critical to know right now is that the public health risk from COVID remains high globally. We have a pathogen that is circulating in all countries ... case-based data that is reported to the WHO is not a reliable indicator and has not been a reliable indicator for a couple of years now. If you look at the epidemiology curve it looks like the virus is gone, but it hasn’t.

Van Kerkhove added, “According to wastewater estimates we have from a number of countries, the actual circulation of SARS-CoV-2 is anywhere from two to 19 times higher than what is being reported. And what is difficult is that the virus is continuing to evolve.” Although she noted that the number of deaths has reduced drastically from two years ago, there continues to be around 10,000 official COVID deaths per month.

However, Van Kerkhove cautioned that this represents less than a quarter of all countries reporting data, and half of official deaths were just from the US, meaning there is a massive undercounting simply from lack of reporting. She stated bluntly, “We are missing deaths from countries around the world. Just because those countries aren’t reporting deaths doesn’t mean they aren’t happening.”

Official figures for January are expected to rise given the intense circulation of JN.1 and many large indoor gatherings that have taken place surrounding the holidays.

After acknowledging that the pandemic continues unchecked, Van Kerkhove noted:

On the one hand, while we are seeing a reduced impact, we feel that there is far too much burden in countries from COVID when we can prevent them with adequate tests, with adequate access to and use of antivirals, with appropriate clinical care, medical oxygen, and, of course, vaccination ... COVID is still a public health threat and is causing far too much burden and we can prevent it.

Van Kerkhove estimated that presently “hundreds of thousands” are hospitalized around the world for COVID, based on the limited data available.

Van Kerkhove then acknowledged that the post-acute phase of COVID-19 infections known as Long COVID is considerable. She said that 6-10 percent of symptomatic cases can evolve into Long COVID, potentially affecting multiple organs throughout the body, with debilitating conditions that can last for 12 months or longer.

Simple math means that tens or hundreds of millions of people will develop some level of Long COVID in the current global surge alone. It is no hyperbole to characterize Long COVID as a mass disabling event and a pandemic within a pandemic.

Van Kerkhove then warned, “We don’t know the long-term impacts of repeat infections ... Our concern is in five years from now, ten years from now, in 20 years from now, what are we going to see in terms of cardiac impairment, of pulmonary impairment, of neurological impairment; we don’t know. We don’t know everything about this virus.” She continued to state that the problem is significant and research in better understanding and treating Long COVID is severely financially under-resourced.

The dire reports from these two leading WHO officials begs the question: why are they not moving to quickly reinstate the PHE and urge all world governments to reimpose strict anti-COVID mitigation measures to slow the spread of the virus.

Clearly, the WHO’s abrupt scrapping of their PHE last May, one week before the Biden administration, came under intense pressure from US imperialism, to which they acquiesced. They were motivated by political pressures and not any meaningful change in the ongoing *public health threat* that COVID-19 clearly still posed.

In light of recent evidence that the JN.1 lineage of Omicron appears to have a higher predilection for the lower respiratory airways and the concomitant risk of the virus reverting to earlier, more virulent forms, it is imperative that the PHE be reimplemented and comprehensive public health programs be massively funded in every country.

Instead, all world governments have imposed a brutal “forever COVID” policy of endless waves of infections with a highly dangerous virus that harms more than just the respiratory organs, but every organ system in the body, with accumulating evidence

that long-term consequences of pursuing these policies will have significant implications for the health of the global population.

As the second part of the *World Socialist Web Site’s* New Year 2024 statement makes clear, the only viable solution to the present and future public health crises is a global elimination strategy that had proven possible even in the face of the highly infectious Omicron variant, as evidenced by efforts in Shanghai in spring of 2023.

Point 28 of the statement notes:

The longstanding success with Zero-COVID in China proved the viability of an elimination strategy towards COVID-19, even in less developed and densely-populated countries. At the same time, its ultimate demise reaffirmed the unviability of any nationally-based program in the epoch of imperialism. What proved to be unviable was the national framework, not the policy itself. Elimination remains both viable and necessary, but can now be attained only through the building of a mass movement fighting for the following principles:

The fight against the pandemic is a political and revolutionary question which requires a socialist solution.

The organization of public health must be on the basis of social need, not corporate profit.

The profit motive must be entirely removed from all healthcare, pharmaceutical and insurance companies.

Only a globally coordinated strategy can address the COVID-19 pandemic and create the conditions to develop comprehensive strategies to prevent potential epidemic and pandemic pathogens. The remarks made by the WHO leaders affirm the conclusions drawn by the WWS in the New Year statement:

After four years of the pandemic, it is abundantly clear that such a global strategy will never arise under world capitalism, which subordinates all public health spending to the insatiable profit interests of a money-mad financial oligarchy. The very idea that an illness should be eliminated or eradicated, a central concept in public health, has been abandoned. Only through world socialist revolution will it be possible to end the pandemic, as well as stop the further descent into capitalist barbarism and World War III.



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