Normalizing mass infection and death, CDC to scrap COVID-19 isolation guidelines

Evan Blake 14 February 2024

On Tuesday, the *Washington Post* reported that the US Centers for Disease Control and Prevention (CDC) intends to scrap its COVID-19 isolation guidelines, which currently recommend that infected patients isolate for five days to avoid transmitting the virus to others.

This unscientific policy change is part of the total abandonment of public health at the center of world capitalism. In effect, the CDC is providing explicit sanction for the Biden administration's policy of letting COVID-19 spread entirely unimpeded, infecting, debilitating and killing masses of Americans for the foreseeable future.

Ignoring the fact that a large percentage of COVID-19 transmission is through asymptomatic patients—which has been known since the very beginning of the pandemic—the new guidelines will only recommend that patients isolate if they are symptomatic. Diagnosing themselves, patients can leave isolation once they are "fever-free for at least 24 hours without the aid of medication and their symptoms are mild and improving," the *Post* reports, based on discussions with three anonymous CDC officials.

These same officials state that the CDC began planning to change the isolation guidelines last August, but "paused in the fall as covid cases rose." In January, CDC Director Mandy Cohen sent staff a memo noting that the new policy would be released in April.

Evidently, the CDC had hoped to remove its toothless public health guidance shortly after the Biden administration and World Health Organization (WHO) ended their respective COVID-19 public health emergency (PHE) declarations last May. They were prevented from doing so due to the steady rise in COVID-19 wastewater levels beginning last July, as well as the global spread of the highly mutated Omicron BA.2.86 subvariant, nicknamed "Pirola," first identified last August.

Since then, Pirola evolved into the JN.1 variant, which quickly became dominant globally and has caused a massive ongoing wave of infections, hospitalizations and deaths throughout the world. Wastewater estimates in the US indicate that upwards of 150 million Americans will have been infected by the end of this wave in the coming weeks, while global estimates of excess deaths indicate that over 700,000 people have died during the ongoing IN 1 wave.

Even according to official figures, which are known to be significant under-counts, roughly 2,300 Americans are officially dying from COVID-19 each week, while over 1,000 have died weekly for the past 22 weeks straight.

Despite being either the largest or second-largest wave of infections in most countries where wastewater levels of COVID-19 are tracked, the JN.1 wave has gone almost entirely unreported by the corporate media internationally. Throughout this time period, the CDC, WHO and every other public health agency globally did nothing to stop the spread of COVID-19 or protect the world's population. But clearly the CDC understood that scrapping its isolation guidelines under these conditions would be bad PR and decided to wait until the wave began to recede.

In justifying the policy change, the *Post* repeats the Biden administration's propaganda that COVID-19 is now essentially harmless, writing, "The new reality — with most people having developed a level of immunity to the virus because of prior infection or vaccination — warrants a shift to a more practical approach, experts and health officials say."

But this supposed "new reality" of stable immunity is belied by the fact that the entire planet just experienced the fourth winter of mass reinfection, debilitation and death of the pandemic, precisely because SARS-CoV-2, the virus that causes COVID-19, has evolved to circumvent immunity from vaccination or prior infection. Indeed, the CDC's new policy will only further facilitate

viral evolution, which threatens to produce a catastrophic variant that is more lethal, infectious and immune-resistant.

Following a pattern throughout the pandemic, the change in federal policy was preceded by similar changes in two Democratic-led states, California and Oregon, during the past year.

This policy change is the latest in a continuous stream of attacks on science and public health by the CDC, which has wholly discredited itself over the course of the pandemic after once being the world's preeminent public health agency. From the first year under Robert Redfield and the Trump administration, to the disastrous tenures of Rochelle Walensky and Mandy Cohen under Biden, the CDC has steadily wound back the clock on centuries of public health knowledge and understanding.

From botching the initial rollout of mass testing and contact tracing, to actively discouraging testing, to encouraging the premature reopening of schools, to covering up the science of airborne transmission, to denigrating masking, to reducing isolation and quarantine guidelines in response to the Omicron variant, to embracing eugenicist conceptions, to repeatedly covering up the evolution and spread of new variants, the CDC has proven itself to be a pliant tool of Wall Street and the corporations, which are unwilling to accept the most minimal public health measures seen as impingements on profit-making.

The underlying aim of the CDC's latest policy change is to normalize COVID-19 and treat it as equivalent to the flu and other respiratory pathogens, which are deemed "endemic" and therefore permanent features of modern social life. A massive state and media conspiracy has been developed to try to condition the population into accepting this narrative, while covering up the science of elimination, which proves that through a comprehensive global public health program, COVID-19, influenza, RSV and numerous other pathogens could be eliminated globally, saving millions of lives each year.

Significantly, just one week before the *Post* article was published, a pre-print study was released which found that infection with COVID-19, as well as other respiratory pathogens like influenza and RSV, substantially increases one's risk of developing new-onset dementia (NOD), with COVID-19 increasing this risk by 60 percent within a year of infection. Those with severe COVID-19 infections demonstrated a 17-fold rise in the risk of acquiring NOD compared to non-severe infections.

The study does not delve into this, but raises the

concern that multiple annual reinfections of the entire population with COVID-19 will very likely cause substantial population-level increases in rates of dementia, Parkinson's, Alzheimer's and other neurological disorders in the years and decades ahead.

This is just one facet of the systemic health risks posed by COVID-19 and Long COVID, which can damage virtually every organ in the body and cause long-term debilitation, with each reinfection only heightening these dangers. Experts estimate that hundreds of millions of people are now suffering from Long COVID globally, while McKinsey's COVID-19 Epidemiological Scenario Planning Tool estimates that the annual costs of "endemic COVID" could range between \$137 and \$379 billion in the US alone.

The pro-capitalist logic of the CDC's policy is that society must accept unending waves of infection with COVID-19 and all other respiratory pathogens, about which nothing much can be done. Owners of public and private buildings should not be required to install HEPA filters or Far-UVC lamps, which have been proven to reduce airborne transmission. Workers must return to work and children to school while sick, to ensure that capitalist production proceeds unmolested.

The global abandonment of public health by every capitalist government over the course of the ongoing COVID-19 pandemic is a devastating indictment of this bankrupt social order, which subordinates all social needs to the private profit interests of a tiny corporate-financial oligarchy. It must be overthrown and replaced with a planned world socialist economy, the only means through which humanity can shape its future and ensure that future generations are guaranteed the rights to health, high-quality housing and social equality.



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