Stanford professor Jay Bhattacharya's reactionary attack on public health

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Earlier this month, the *World Socialist Web Site* published a critique of a Stanford University conference held in October to promote the discredited anti-public-health manifesto known as the Great Barrington Declaration. One of three authors of the declaration, Dr. Jay Bhattacharya, a Stanford public policy professor, responded by attacking the WSWS on his social media account.

Bhattacharya wrote, "The World Socialist Web Site published an article with the premise that the US did not lock down hard enough. The piece compares covid deaths in Sweden and Norway (Sweden has more). But it omits that Sweden had lower all-cause excess deaths than Norway." He then called the critique "another hit piece" and added, "The lockdowns were an assault on the working class, and perhaps the socialists are embarrassed they promoted them."

Bhattacharya is not just an apologist for the crimes against public health committed under the first Trump administration that were continued and expanded under the Biden administration. He is on the brink of making the transition from propagandist for social murder to active participant, as he was reported Sunday to be Trump's likely choice to head the National Institutes of Health (NIH).

Given that Bhattacharya has focused his career on the economics of health care—that is, how to minimize the costs to the capitalist ruling elite of keeping enough workers alive to produce their profits—his area of expertise is in the withholding of care rather than its expansion. Hence his prominent role in the Great Barrington Declaration, which urged Trump to push through the reopening of schools, factories and other workplaces and infect as much of the population as possible, in order to produce what the authors claimed would be "herd immunity."

This call for universal infection and mass death was only slightly disguised by language about "focused protection" for the elderly and immunocompromised, those most vulnerable to the SARS-CoV-2 virus. Bhattacharya and the other authors and signatories of the Great Barrington Declaration always knew that such protection was impossible, however, given the infectiousness of the virus, its constant mutation, and the collapse of all forms of mitigation such as masking, social distancing and proper ventilation.

The impact of the COVID pandemic

We will take up the distortion of health care figures in Norway and Sweden, which Bhattacharya seeks to defend in his tweet. But it is first necessary to review the horrific outcome of the policies he proposed in 2020, as the Trump administration sought to undo the lockdowns and school closures initially imposed by an upsurge in the working class against being forced to continue working in crowded factories and offices as the pandemic spread.

There was a counter-campaign to this spontaneous response by working people to protect themselves. Trump himself denounced the closures and lockdowns and issued calls to "liberate" various states, which sparked armed demonstrations by groups of his fascist supporters. The corporate media took up the mantra that "the cure can't be worse than the disease," first voiced by *New York Times* columnist Thomas Friedman.

Bhattacharya and other pro-Trump figures in the medical community, such as Dr. Scott Atlas, who became the White House COVID czar, sought to give a scientific-sounding cover for what was a purely economic argument: measures taken to protect the population from the pandemic were too costly to the capitalist class, whose profits would be slashed by the reluctance of workers to risk infection.

Bhattacharya and his discredited colleagues are opposing essential public health measures now, for the future, and for the US and the entire world. Despite the continuing global threat posed by SARS-CoV-2, impacting population life and well-being, the COVID denialists have proposed that "freedom" and "liberties" must remain sacrosanct. Their right-wing populist appeals to the working class are hollow and malicious. It is only the capitalist class that will be "free" to exploit, while workers are "free" to work, get infected with COVID-19 or other pathogens, and become debilitated or die.

As of the end of 2023, the cumulative global incidence of Long COVID stood at 410 million individuals, or five percent of the world's population, a figure now likely approaching 500 million. In the fifth year of the pandemic, 50,000 or more people will officially die from COVID just in the US. The economic impact of this mass debilitation promoted by the COVID denialists like Bhattacharya has been placed at an annual rate of $1 trillion, a figure equivalent to one percent of the global economy, and "hard facts" which they say are to be accepted as the price of doing business.

Had the world accepted the premise that COVID was to run roughshod over the globe, researchers at Imperial College London placed the estimated death toll for 2020 alone at 40 million. The author of that report, Dr. Patrick Walker, said in 2020:

> We estimate that the world faces an unprecedented acute public health emergency in the coming weeks and months. Our findings suggest that all countries face a choice between intensive and costly measures to suppress transmission or risk health systems becoming rapidly overwhelmed. However, our results highlight that rapid, decisive and collective action now will save millions of lives in the next year.

Sweden, Norway and the disastrous results of "forever COVID"

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Bhattacharya claims that "hard lockdowns" did not save lives or that all-cause excess deaths in Sweden, which pursued a "herd immunity" policy from the beginning, are now lower than in Norway. This is an attempt to employ statistical flimflam to cloud the real issues at stake.

His mention of "hard lockdowns" is nonsensical. There is no such thing as "hard" or "soft" lockdowns. The purpose of lockdowns is to contain an outbreak that is growing uncontrollably. It is used to stop the spread of disease to protect lives while giving authorities the opportunity to shift resources to address the pandemic, which should be to eliminate it. However, in a global economy, public health requires a global posture.

Although China's Zero-COVID policy saw periods where cities were open to routine social engagement when COVID was eliminated, the pressures placed on the country by international capital led them to abandon the policy that protected the well-being of the population and led to the death of more than 1.3 million people.

When a Public Health Emergency of International Concern (PHEIC) was declared on January 30, 2020, and it was soon understood that the virus was airborne, the capitalist class ignored the warnings of principled scientists. When the situation became dire and autoworkers took the lead in many countries in demanding a public health response and threatening a mass rebellion, the ruling elites were forced to respond, and then only with limited lockdowns that were not enough to stem the tide of infections.

Bhattacharya and the COVID denialists' silence on these developments reveal their pro-capitalist stance. In their eugenicist views, they make the claim that everyone is going to die sooner or later, therefore we must place social value not in mortality rates but profits. Those that are no longer productive are deemed socially useless. Despite their supposed focused protection and holding Sweden as a model of public health response, 95 percent of all COVID deaths since the start of the pandemic (21,752 of 22,642) in Sweden occurred among those 65 years and older.

However, it bears reviewing the actual data between Norway and Sweden and a close examination of whether lockdowns saved lives.

The answer to the second part of the question was given by the WHO in their study published in *Nature* that found that by January 2022, excess deaths had reached almost 15 million globally, a figure almost three times the official figures. A curious finding of their analysis, however, was that in the first six months of the pandemic, those countries, especially in the South-East Asian Region, that implemented lockdowns in earnest, saw excess deaths relative to expected deaths go negative. In other words, there were excess lives saved. Additionally, three recent studies found that the limited measures employed in the US indeed saved lives, and where these measures were adhered to more intently, the number of lives saved improved.

Bearing this in mind, it is also important to review the total deaths before and during the pandemic to provide an accurate comparison between Norway, which had adopted a comprehensive public health program (at least until the Omicron phase) and Sweden, which, under their former state epidemiologist Anders Tegnell, pioneered the "herd-immunity" strategy.

The life expectancy for both countries is similar at around 84.5 years. Sweden, at just over ten million population, has twice as many people as Norway.

Pre-pandemic, the leading causes of deaths in both countries were cancer and heart disease. The average per capita death rate from 2015 to 2019, was 17 percent higher in Sweden at 904.6 deaths per 100,000 people, compared to Norway at 772.7 per 100,000 people (mainly due to higher deaths from cardiovascular causes in Sweden). Sweden's death rate in 2019 had dropped sharply to 864.3 per 100,000. Of note, in the US, that figure was around 984 per 100,000 people.

In the first year of the pandemic, Sweden saw 9,900 COVID deaths, a per capita rate equal to that of the US. Norway had only 440 deaths from COVID or a figure that was more than twenty-fold lower. Total deaths for Sweden for 2020 stood at 98,124. Using the previous five years' death tolls, the expected number would have been 93,630. If utilizing the 2019 total deaths count which was 88,766, the entire 2020 excess death toll in Sweden could be attributed to COVID deaths.

In Norway, the per capita death rate for 2020 fell below their five-year average at 755 per 100,000. While only 40,612 people died in 2020 in Norway, expected deaths were estimated at 41,572. This means that almost a thousand lives were saved because of the measures they implemented. These benefits remained in place through 2021. However, once the Omicron variant came to dominate the pandemic landscape in late 2021, Norway, like many other countries, took the plunge and accepted the virus, just as in the US Dr. Anthony Fauci was suggesting that Omicron was the "live-virus vaccine" that would bring about the mythical "herd immunity" long espoused by the Great Barrington ghouls.

In the year that followed, Norway saw its total COVID deaths jump from around 1,000 to 4,800. But by the time Omicron reached Sweden's boundaries, the country had already accumulated 15,000 COVID deaths. Swedish deaths did not quadruple, because many of those who would have died from Omicron had already been killed by the previous variants of the virus.

By the end of 2022, Sweden's COVID death toll had reached 22,400, or an increase of 7,500. In other words, the per capita death toll from COVID between the two countries began to converge after the emergence of Omicron due to Norway's complete relaxation of all mitigation measures. The figures thus disprove the fraudulent claims of the COVID contrarians, that public health measures do not protect life, when in fact they do have a positive impact—until they are abandoned.

In 2022, Norway saw its per capita death rate swell to 829 deaths per 100,000 people. In Sweden it stood at 898 deaths per 100,000, below its pre-pandemic averages, but above its 2019 low. This statistical illusion stems from the decimation of the elderly in the first two years of the pandemic that seemed to show in Sweden's excess death toll a modicum of improvement compared to Norway's. Bhattacharya's claims of improvement in excess death rates, from this perspective, is not only ludicrous, but also a sham.

Norway's per capita death rate has since declined to 785 per 100,000 in 2023, partially due to loss of lives among the elderly.

With the "forever COVID" policy now in place globally, which was accompanied by the complete dismantling of all pandemic surveillance systems, the complex and numerous factors affecting the year-to-year total deaths are no longer as clearly linked to the pandemic. However, excess deaths remain elevated globally, primarily due to the myriad long-term health effects of COVID-19 infection and reinfection.

Conclusion

The Stanford University conference which the WSWS criticized was little more than a public audition for those who would seek high positions in the wrecking operation that the Trump administration is preparing for public health. It was aimed at portraying the Great Barrington Declaration as a contribution to science which had provoked controversy that would now be overcome by polite exchanges of scholarly points of view.

The dean of Stanford's Graduate School of Business, Jonathan Levin, declared in his remarks, "When I was invited to participate in the event … it was with understanding to bring people with different perspectives and engage in a day of discussions and in that way repair some of the rifts that opened during COVID."

He claimed to be surprised that health scientists were not open to

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“repairing these rifts” or revisit “fresh thinking” offered by such as Bhattacharya. But the purpose of the conference was to claim the objective historically proven principles of public health were, after all, dogmatic and wrong, and that the initial response to the pandemic–temporary lockdowns and school closures–were ill-conceived. Not only did these measures supposedly cause irreparable harm to the economy and to children, they were somehow responsible for the excess deaths that accumulated.

Levin expressed concern: “As an observer and a leader of this university, I found that episode dispiriting in a way that goes beyond the specifics of this event. We have many issues today at Stanford and on other campuses where views are divided.” He evidently sensed, with some trepidation, that opposition to mass death during the pandemic and opposition to mass death in Gaza today are connected.

Given the comparatively high number of deaths per capita experienced in countries that first adopted the “herd immunity” policy promoted by Bhattacharya and others, this policy of mass infection is tantamount to social murder.

It should be noted that the elimination strategy remains viable because the technical know-how and understanding of the nature of the SARS-CoV-2 virus is well-understood. What is lacking is the will of the financial markets to invest in such measures or to accept the profit losses associated with even the slightest disruption of production.

As Dr. Yaneer Bar-Yam and colleagues from New England Complex Systems Institute wrote in 2020:

> The challenge of regulating travel during a pandemic is that the travel has both indirect economic benefits and indirect economic costs. The cost of a missed business trip or leisure travel is highly variable, as is the economic costs of induced outbreaks, as well as the disease, suffering and death that can arise. Unfortunately, wishful thinking based upon non-pandemic conditions may guide decision making so that clarity is needed both about what is known and not known for effective action.

Indeed, Bar-Yam and colleagues provide an important framework to utilize temporary lockdowns as part an international strategy to achieve elimination. While these require considerable investments, the life and economic savings of these measures are commensurate. Additionally, these temporary lockdowns could be used to address public health gaps such as infrastructure investment in clean air technologies like HEPA filtration and Far-UV irradiation, alongside massive investments to research and develop more effective vaccines and treatments.

Given Bhattacharya’s supposed public health policy credentials, one would think these concepts would be at the forefront of his work. But as is evident, the COVID-19 pandemic was a trigger event that has exposed and accelerated reaction among different social layers. Bhattacharya, easily succumbing to this reaction, has offered his services to the powers-that-be. He calls for no future lockdowns and no future responses.

Meanwhile, a few hundred miles away from the Stanford campus in California’s Central Valley, the carcasses of cattle infected with H5N1 bird flu are left discarded by the roadside, allowed to rot in the sun, while dozens of workers have already fallen sick across the United States.

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