Interview with Dr. Malgorzata Gasperowicz: “We have to aim for global eradication!”

Part two of a two-part interview

Benjamin Mateus
15 September 2021

Part one can be accessed here.

Dr. Malgorzata (Gosia) Gasperowicz is a developmental biologist and a researcher at the Faculty of Nursing at the University of Calgary. She earned her Master’s at the Intercollegiate Faculty of Biotechnology in Gdansk, Poland and a Ph.D.in biology at Albert Ludvig University of Freiburg, Germany. Dr. Gasperowicz is a co-founder of ZeroCOVIDCanada, a member of COVIDisAirborne, and a member of the World Health Network (WHN). Since the pandemic’s beginning, she has been analyzing the dynamics of the SARS-CoV-2 spread and communicating this scientific understanding to the public via social and traditional media. She also advocates for better pandemic-response policies.

BM: I wanted to raise the question about the return-to-school campaign initiated everywhere in Canada, the US and Europe. A study in the spring from Montreal noted that school reopenings were a catalyst for community transmission. Could you speak to this vital issue?

MG: I can speak about it for Alberta. So, during the whole summer of 2020, cases were climbing though very slowly. It was still an exponential rise, but the doubling time was more than 60 days.

And then it flipped to a faster growth rate on September 17. Cases began to double every two and a half weeks. Now, our schools opened on September 1. The sudden rise in COVID cases after two weeks is what you would expect to see after the reopening based on a model done in different jurisdictions.

Now, it doesn’t prove that school reopenings led to faster growth in Alberta, but it is in line with, consistent with, findings from other studies that saw similar trends. It is what one would expect from the theory that schools are the initiator of rapid community spread.

BM: You recently commented on Twitter after posting a critical report on schools written by Evan Blake, writer for the WSWS. You said, “We are in the midst of an intentionally cruel wave.” I found your choice of words fascinating. Can you explain why you qualified it as such?

MG: Back in May 2021, after the peak of the third wave, cases were declining sharply. The R value was around 0.6, and the halving time was around six days, the fastest decline we ever had. In-person schools were closed at this time. And then, on May 25, they decided to reopen. And that was the root of the fourth and current wave.

We alerted the public health authorities. The Delta variant was present in our province. We had just five weeks of in-person school left before the summer holidays. It wouldn’t have been a big sacrifice to keep everything online. Yet, they reopened schools, and immediately the R value for both the original and Delta variant increased by 20 percent. Had we just kept schools closed, continued doing what we had been doing, we could have stopped the spread in our communities before the end of July, more precisely, by July 22, if not earlier. The vaccines were available, and we were beginning the vaccination campaigns more aggressively. It could have been over.

Yet, the decision was made to reopen. At that time, at the end of May, considering that Delta was present and known to be 40 percent more transmissible than the Alpha variant, my model projected that we would see the peak of our fourth wave in September. By just having this minimal data, knowing the parameters of Delta, it was enough to predict the current wave.

And at the same time, modelers from British Columbia also concluded that if we rapidly opened in Alberta, we would see the steep rise of our fourth wave in the fall. They also found that if the virus evaded vaccines, even partially, the surge would be even more vertical. Their analysis corroborated ours. And these reports were published and available to the government officials on May 31.

The policymakers knew that if we opened too fast, it would lead to the fourth wave. It was a conscious decision on their part to open despite our warnings. It had been predicted, and it was preventable. So, they chose not to eliminate but, instead, let the virus spread.

BM: Are you are saying it was a conscious decision, that it was premeditated?

MG: That’s how it looks like.

BM: Returning to the subject of COVID vaccines. I recently read in a news article that vaccinations were not intended to be used as a mitigation strategy. Public health measures—social distancing, contact tracing, isolation, quarantine, closure of schools and nonessential businesses—are the primary mitigation measures, and vaccines should be used as secondary measures to prevent disease or severity of the disease. Is this correct? Can you speak to the role of vaccinations in mitigation?

MG: There are two aspects to vaccinations. First, there is individual protection, where the virus breaks through all mitigation measures and infects the person. The vaccines can protect that person to a certain extent from severe outcomes.

But another function of vaccines is being a mitigation measure, part of the *total* measures to reduce the spread of community transmission. And in my modeling studies, I focus on this aspect of the vaccines by asking how much they can reduce the R-value, how much they can slow down the spread.

I found that it can reduce the spread. But just by itself, it cannot stop it. Alone, it is less potent than using a mixture of public health measures that we’ve been using during the pandemic. Each time we applied the cocktail of public health measures, even without the vaccines, we could bend the curve and reduce the spread and get into exponential decline. With vaccines only, we wouldn’t be able to do it in the Delta phase of the pandemic. Public health measures can reduce the R-value much more effectively than vaccines alone.

The proof of it is from the real-life experiment, when we compare Israel with New Zealand. Israel has more than 60 percent of its population fully vaccinated. Around 30 percent have received the third booster shot. And despite such a high vaccination rate, they saw an exponential rise in infections. More recently, the curves have flattened a bit, but they reached 11,000 daily new cases in a country with just nine million people.

By comparison, New Zealand, which has only 28 percent of its population fully vaccinated, recently implemented Alert-Level-4 lockdown [the highest level in New Zealand's COVID-19 Alert System] and bent the Delta curve. The decline was very rapid; the calculated R-value was somewhere between 0.4 to 0.5. But it was the comprehensive public health measures with some vaccinations that did it. In short, the strategy of elimination was much more successful than relying solely on vaccines.

And there is this dangerous idea being perpetuated by those relying on vaccines when they say they want to decouple infections from disease severity. These decision-makers suggest that it is acceptable to let the virus spread because it won't harm us if we are vaccinated. But eventually, it will. Even now, some vaccinated people are catching the virus and getting very sick or dying from the infection, though to a much lesser extent than unvaccinated people. But the virus evolves all the time. Perhaps this time I don't get sick because I am vaccinated. But what happens next time, especially as the virus keeps evolving?

BM: So where do we go now? How do we end this pandemic?

MG: There is no other alternative. We should decide to aim for global eradication. And if we take this decision, we will have a chance at eliminating the virus, at least in some places. Maybe we will never eradicate it, but at least we will stop it in many areas, and, in other regions, we can drive cases to very low numbers. But everything starts from that decision. And the best decision is a global decision where every country adopts an international eradication policy. But it can also begin with individual countries that opt to eliminate the virus. It could lead to a domino effect, where other countries start to adopt the same strategies. And once we employ these tools to stop the virus, the elimination can proceed very rapidly, like in New Zealand.

The Delta variant has been the most dangerous strain of the coronavirus. So, the developments in New Zealand come as excellent news. I was afraid it would be much more difficult to bend the Delta curve because it was more transmissible than the Alpha, or the original variant. Now, however, we have seen exponential declines are possible, and they would be possible everywhere. But taking that decision is the most important. And once we take it, in only several weeks we would stop all community transmission. And if in every region community transmission is contained, then we won't have a big problem anymore.

BM: Dr. Gasperowicz, thank you for your thoughtful replies. I think your analogies and the discussion have been very fruitful. I think they get to the heart of it. My last question for you—What should scientists do, especially as policymakers are not listening to their warnings?

MG: Scientists should talk to everybody. They should disseminate the knowledge and become strong advocates for the elimination and eradication of the virus. They should convince as many other people as possible to become advocates as well. Because if there is pressure on politicians, then politicians might do something. If they don't have pressure from the public, they probably won't act. So, keeping pressure on politicians is essential. We are in an emergency, in a crisis, in a natural disaster.

BM: Perhaps, to some extent, I can appreciate your sentiments. The ruling class has demonstrated that they are incapable of or have no inclination to bring the pandemic to a rapid end. The Socialist Equality Party is the only political tendency fighting for a correct response to the pandemic. We agree. We have to eradicate the virus. But what the pandemic exposes is the inherent class nature of society, the class struggle that is being waged.

You had mentioned the mother working two jobs facing the reality of being exposed to the virus while the same said politicians live comfortably in their zero COVID bubble.

A recent news article in the *Wall Street Journal* said that Microsoft employees, the executives and the managers would continue to work from home because of the uncertainty of the Delta variant. In contrast, teachers, students and parents are being asked to go back into the classrooms and dangerous work environments amid the Delta variant.

This irrationality has everything to do with economics. It has to do with the supply of goods, with the need to continuously create profits regardless of the crisis at hand, whether it is climate change, the pandemic, or another natural disaster that threatens the population and life on this planet.

Fundamentally, the capitalist order cannot function anymore to make life meaningful or habitable for human beings. You said that they are happy to see the elderly dying because the system sees them as useless. They are a drain on the system. You are right when you say they are happy the elderly die and can keep the money in the pensions for themselves. And the politician's job is to figure out how to manipulate the public's mind to accept these irrational choices.

Scientists should speak to everyone. But more than just talking about curves and zeros but also talking about World War II, about holocausts and genocides, about their grandmother's lives and experiences—a living history. And speak out against the murdering of the old and feeble. And then, I think, the human connection, that political connection, or that realization that it is a socioeconomic factor driving this insanity begins to find a place in people's consciousness.

MG: Yes, I agree. I agree with that. And it's so painful because I see how people are manipulated and how propaganda works. And there are people who are the victims of it. So, like the quote you mentioned from Joe Biden about the people who are not vaccinated harming people who are vaccinated. I don't like the stance of anti-vaxxers, but it's not their fault. They are looking to blame anti-vaxxers for their failed policies by finding the perfect scapegoat. It's easy to deflect the anger and blame and hate against them.

But it has been the decisions made by policymakers that have killed people or put them in the hospitals, not the anti-vaxxers. If I design a policy, I have to consider that anti-vaxxers will be a variable in this process. If I fail to do this, this is my mistake. I cannot blame the anti-vaxxers. Blaming them is like blaming the rain in the fall when my roof leaks. My job is to build a watertight roof knowing how much rain I can expect. The point being, I have to understand that there are going to be people who are anti-vaxxers, and I have to protect them just as much as I would anyone else.

I know there are anti-vaxxers and others who are vaccine-hesitant. But there are also those people who have obstacles to getting vaccinated. It's not easy. If you have two jobs, no car, cannot take days off from this job, and cannot afford to miss two days because of a headache from the vaccine, these become difficult choices. That's why many people don't make it a priority to vaccinate themselves. And now they are blamed for full hospitals.

And many of these people, at least here in Alberta, are being told that the virus is becoming endemic and less dangerous, that there won't be much harm from the infection. They then ask themselves, "If the virus isn't dangerous, then why should I get vaccinated?"

This putting people against each other is such an ugly trick. It has been used so many times in history.

BM: Again, thank you very much for all your time. I hope we can speak again.

MG: It was my pleasure. Good night.

To contact the WSWS and the Socialist Equality Party visit:

wsws.org/contact