

Washington Post flippantly acknowledges abdication of public health responsibility in ongoing COVID-19 pandemic

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A Memorial Day weekend report in the *Washington Post* on the state of the COVID-19 pandemic in the United States is flippantly titled, “COVID will still be here this summer. Will anyone care?”

The *Post* makes light of the stark danger to public health under conditions where cases of COVID-19, in many instances caused by new strains of the virus, have begun their summer climb a month in advance of last year’s trend, while beginning from higher level troughs than at any point in the pandemic.

This socially criminal indifference is par for the course for the newspaper owned by mega-billionaire Jeff Bezos. From the onset of the COVID-19 pandemic at the end of 2019, the *Post* has been a leading voice in minimizing the dangers posed by SARS-CoV-2.

But as indicated by Dr. Michael Hoerger, PhD from Tulane University, and data scientist Jay Weiland, who have translated SARS-CoV-2 wastewater concentration levels into infection estimates, COVID-19 levels began to rise in late April and reflect between 200,000 to 400,000 infections per day.

Hoerger remarks on the difficulties caused by the decision of the US Centers for Disease Control and Prevention (CDC) to end its contract with Biobot Analytics, which was providing critical information on the actual state of the pandemic.

He writes: “The PMC Forecasting Model will continue long-term. We have historically relied on Biobot wastewater data ... likely in July, expect a new Model that will incorporate multiple data sources,” including relying on the CDC’s WastewaterSCAN.

The *Post* article confirms these concerns by pointing out quite frankly that the entire tracking apparatus, including hospital reporting, has been dismantled and public health advisories on mitigating the spread of the disease have been curtailed. It also notes that “free tests are hard to come by, [and] soon, uninsured people will no longer be able to get coronavirus vaccines for free.”

In short, when President Joe Biden ended all pandemic emergency measures last year, the lights were turned off, the premises were vacated, and the last four-plus years were effectively chalked up to a bad dream.

On the campaign trail, Biden can only feign concern and take potshots at Trump, while more Americans have died under his watch despite his promises to follow the science. His CDC director, Mandy Cohen, was promoted from her post as head of the Department of Health and Human Services of North Carolina, where a ban on masks is being pushed through the state legislature.

Cohen has all but removed the word COVID from her vocabulary. Trying above all to offend no one, in a recent interview with the *New York Times* she ignored the renewed surge in COVID-19 infections, the dismantling of the means to track the disease, let alone prevent it from maiming and killing millions more people, and deadly policies such as attacks on mask-wearing in her own state, and instead mouthed empty promises to focus on “protecting health and improving lives globally.”

In its recent article, the *Post* observes:

So, we’re left with a virus that continues to hum in the background as an ever-present pathogen and sporadic killer. The public health establishment no longer treats COVID as a top priority. Weddings, vacations, and conferences carry on as normal. Many who do get sick won’t ever know it’s COVID. Or care.

This stupid remark is in keeping with the newspaper’s derisory attitude toward the working class, which has suffered the brunt of the COVID-19 pandemic. It is also a remarkable admission and self-indictment of the criminal role of both the Democrats and Republicans, with the collusion of the corporate media, in carrying out an anti-public health campaign to conceal the dangers and promote a policy of “forever COVID.”

Just in the first four months of 2024, nearly 22,000 people in the US died of COVID-19, a rate higher than the seasonal flu, yet no major establishment media outlet has bothered to reflect on this development. While confirmed deaths in the US have reached 1.19 million, the central estimate of cumulative excess deaths during COVID-19 has reached 1.45 million.

A March 2022 study found that COVID-19 was five times more lethal among adults in low socio-economic strata (72.2 deaths per 100,000) than among those in high income brackets (14.6 deaths per 100,000). The authors noted that much of this was attributed to low-income people working at non-remote jobs.

These findings were further substantiated by economists Anne Case and Angus Deaton, who found that by 2021, the life expectancy gap between those with a college degree and those without a degree had widened by a massive 8.5 years. In their

October 2023 opinion piece in the *New York Times*, they wrote:

What the economic statistics obscure in the averages is that there is not one but two Americas—and a clear line demarcating the division is educational attainment. Americans with four-year college degrees are flourishing economically, while those without are struggling.

They added that “worse still, as we discovered in new research, the America of those without college degrees has been scarred by death and staggeringly shorter life spans.”

They continued:

Almost two-thirds of American adults do not have college degrees, and they have become increasingly excluded from good jobs, political power, and social esteem. As their lives and livelihood are threatened, their longevity declines.

These comments have been corroborated by the CDC’s data confirming that over 107,000 Americans died of a drug overdose last year.

Notwithstanding the lethality of COVID-19, Long COVID has become the most pernicious mass disabling event. Long COVID is a chronic disease that is completely downplayed by the CDC and the government.

The *Economist*, in a summary of the global impact of Long COVID, wrote last month, “In the wake of the COVID-19 pandemic, a new challenge has emerged: the phenomenon of Long COVID [a complex condition that shows no sign of going away].”

For the US in 2024, the *Economist* estimates a loss of 1.5 billion hours of work, for a GDP loss of \$152.6 billion. As the publication notes:

National policy frameworks to support those living with Long COVID are often non-existent and, at best, under-developed.

Dr. Monica Bertagnolli, the director of the US National Institutes of Health (NIH), said last week at a Senate Appropriations subcommittee hearing that research in understanding the impact of Long COVID needs to emphasize autonomic dysfunction, the cognitive challenges, fatigue and exercise intolerance, sleep disturbances and viral persistence in patients.

She added:

We need to target those five key disruptive areas. We right now fully admit we are not where we want to be in terms of a rapid, nimble, clinical trials enterprise that is

testing and promising treatments very quickly.

As the US is the center of world capitalism, the state of the COVID-19 pandemic in the US has similar corollaries across the globe, with excess deaths approaching 30 million. In a *Lancet Public Health* study from 2022, the authors reviewed the impact of COVID-19 on mortality across World Health Organization (WHO) regions and regions where “endemic inequalities” exist.

They reported that for the US, 52 of 55 studies underscored that there were higher COVID-19 mortalities in “socially disadvantaged” areas. Studies in Brazil found that although people living in high-income areas were more prone to coronavirus infections, those living in deprived areas had higher death rates.

Twenty studies out of Europe, including the UK, all demonstrated “positive associations between area-level indicators of socioeconomic disadvantage and COVID-19 mortality rates.” The one study of the WHO Africa region in South Africa linked socioeconomic gradient to death from COVID-19 infection. Similar results were found in Southeast and Western Pacific regions.

A recent World Health Statistics 2024 report published by the WHO highlights the fact that “COVID-19 ranked among the top three leading causes of death globally in 2020 and 2021, responsible for 4.1 million and 8.8 million lives lost, respectively.”

The report estimates additionally that in 2021, 1.3 billion people (16 percent of the world’s population) had a disability and “faced health inequities due to avoidable, unfair, and unjust factors.”

As WHO Director-General Dr. Tedros Adhanom Ghebreyesus said regarding the findings, “[We] must remember how fragile progress can be. In just two years, the COVID-19 pandemic erased a decade of gains in life expectancy.”

Yet, as the World Health Assembly marks its 77th gathering this week in Geneva, Switzerland (May 27 to June 1), WHO member states have failed to reach an agreement on a pandemic accord, leaving the world less prepared for the next pandemic than ever.

Dr. Tedros, speaking last Friday before the Intergovernmental Negotiating Body (INB), reminded participants that the COVID-19 pandemic could not be allowed to recede so quickly from the collective memory.

He said:

I don’t know if there is anyone who has not been affected by COVID. Not only losing loved ones, but economic problems, loss of jobs, you name it. This impact was because the world was unprepared, and by the way, it still is.



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