

“Pandemics are the symptoms of the earth sick with capitalism. They will relapse until we have a better, nature-compatible society.”

## Turkish infectious diseases specialist Dr. Esin Davuto?lu ?enol speaks out on the ongoing COVID-19 pandemic

**Evan Blake, Ula? Ate?çi**  
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*The World Socialist Web Site conducted the following interview on the ongoing COVID-19 pandemic with Prof. Dr. Esin Davuto?lu ?enol, a leading specialist in infectious diseases and clinical microbiology at Gazi University Medical Faculty in Ankara, Turkey.*

**Evan Blake (EB):** Can you briefly describe your professional background and expertise, and the work that you’ve done during the pandemic?

**Prof. Dr. Esin Davuto?lu ?enol (E?):** I’m currently a Professor of Medicine at the Gazi University Faculty of Medicine, which is one of three academic centers in Ankara. I am working in this hospital as a medical doctor and teaching as an attending staff.

I have established the first official “Adult Immunization Center” in Turkey in my hospital, as well as an “Adult Immunization Study Group” on behalf of the Clinical Microbiology and Infectious Diseases Association (KL?M?K), which is the first and largest national specialty association. We conducted courses and trainings on adult immunization. I have also studied infections in cancer and transplant patients.

When I studied as a research assistant at the Tufts-New England Medical Center (Tufts-NEMC) in Boston, I worked on cytomegalovirus (CMV) diagnosis and trained at a virology lab, while also doing consultations with transplant patients as well.

We established the Febrile Neutropenia Association in Turkey and I was the secretary general of this association for a long time.

During the COVID-19 pandemic, we established a “COVID Coordination Center” at the Gazi Hospital. We ran processes such as patient monitoring and treatment, vaccination clinics and coordination of health workers. I have conducted and published academic research in immunology, virology, vaccination and clinical follow-up of patients with COVID-19.

**Ula? Ate?çi (UA):** We know that virtually all surveillance of the COVID-19 pandemic has ended in Turkey and throughout much of the world, but the pandemic is by no means over. What data do you track that allows you to follow the ongoing impacts of the pandemic in Turkey and other countries? Are you seeing increases in heart attacks, strokes, kidney disease or other negative long-term impacts from COVID infection in Turkey?

**E?:** Turkey first loosened the monitoring of COVID-19 cases and deaths by making the conditions for testing more difficult in 2021. At the end of 2022, the Turkish government announced that it ended pandemic surveillance much earlier than the rest of the world, believing that the

Omicron variant would have a milder course. It also began to convince the public that this variant would be “milder.” However, most deaths and Long COVID cases have occurred in this period.

The Health Ministry last announced the daily number of cases on its website in May 2022. But according to the Worldometer website that monitors the pandemic globally, as of April 2024 Turkey has updated its situation as 102,000 deaths and 17 million cases in total.

The World Health Organization’s announcement of the end of the Public Health Emergency of International Concern (PHEIC) on the pandemic was taken by everyone as the end of the pandemic. In fact, when the PHEIC was ended by the WHO, Fahrettin Koca, the Turkish Health Minister at that time, not surprisingly misunderstood it as usual and thought it was a declaration that the pandemic was over. He even made a statement saying, “We had ended it long before they did.”

But in fact these two are very different, and unfortunately the pandemic cannot be declared over. The end of the PHEIC means that international measures such as border closures are no longer in place, not that the pandemic is over. While the very deadly and stormy phase of the pandemic has subsided, COVID-19 has not yet been contained. Moreover, at the places where there have been human contacts with animals, the virus has spilled back into wild habitats, leading to new mutations and new variants.

In Turkey, there are international codes that we use to monitor and define diseases and prescriptions. However, things can get complicated when using these codes to write prescriptions. For example, there are drugs that you cannot prescribe if you do not report a diagnosis of pneumonia, [which] should not be so restricted.

We also have to notify the Health Ministry for some infectious diseases that require social protections. But the integration of primary and tertiary care data is not sufficient. All the data is collected at the Health Ministry, but this data is not shared with academia.

In summary, we have problems with data collection, data recording and data analysis.

COVID-19 affects people as in waves throughout all the seasons, causing recurrent infections as well. It has not become a seasonal virus. The virus known to indirectly cause heart attacks, strokes, kidney diseases, etc. It probably is the main reason for excess deaths during these waves. However, since these are not measured in proper means here, we cannot assess them.

In other words, we don’t look, we don’t follow and we don’t know. In

this way, responsible institutions are relieved of their vaccination and treatment obligations.

The Turkish Medical Association (TTB) Pandemic Working Group, which has been very functional during the pandemic, and Güçlü Yaman, a data scientist in our group, share some graphs comparing summer and winter deaths with previous years.

If there is no other explanatory reason, 60 or 70 percent of the increase in winter deaths over the previous year can be attributed to the direct and indirect effects of respiratory viruses, including COVID-19, while the increase in summer deaths can be attributed to the heat effect and the COVID-19 effect.

**EB:** *Can you elaborate a bit more on the data you use to show that there are more deaths and Long COVID cases since the emergence of the Omicron variant? Are there any reliable estimates of excess deaths in Turkey?*

**E?:** On the TTB website and Güçlü Yaman's social media account, you can find some data for the estimates of excess deaths based on the burials of some municipalities. We know the data of the other countries and project their scientific-evidence-based data. It allows us to make a rational inference since this is a global problem.

In summary, we can say that we have strong predictions even though we have no data.

**EB:** *You tweeted recently, "In the field of health care, we are rapidly slipping back into the Middle Ages." This is absolutely correct; all of the gains since the Black Death are being thrown away. Can you comment further on this, and how the COVID-19 pandemic triggered the repudiation of the most basic principles of public health?*

**E?:** The Middle Ages was a time when outbreaks could not be controlled and the average human lifespan did not exceed 40 or 50 years. It was an epoch of epidemics, and there was no modern medicine.

Now diseases such as measles and whooping cough, which we had brought under control with vaccines, have once again begun to cause epidemics. Tuberculosis is back, AIDS and syphilis have exploded.

Currently medicine in Turkey is disconnected from the universal possibilities in medicine, vaccines and technology.

Under the title of "traditional medicine," methods that are not accepted by modern medicine and those who tout them are promoted on television or at ministry-sponsored symposiums. Harmful practices in inappropriate conditions and charlatans are not inspected or caught by the authorities.

The Health Ministry seems to be very generous in its affiliated hospitals promoting interventions and medicine use instead of protective health. So patients themselves [have to pay for] these imported technologies and mostly locally produced medicines. In this way they can afford the rentals of these hospitals.

However, due to the quantitative and qualitative problems in the healthcare system, such as trained personnel, especially physicians and nurses, there are patients walking around with their bags full of tests, hospital germs that have become widespread due to unnecessary surgeries, damaged organs and damaged health conditions due to too many unnecessary medicines, etc. Of course, after a while, we will witness the shortening of the average life expectancy of human beings.

**UA:** *We know that the current vaccines alone cannot stop the pandemic, but they have been shown to reduce risk of hospitalization, death and Long COVID. Can you comment on the refusal of the Erdo?an government to provide updated vaccines to the Turkish population, and similar policies globally? Recent WHO data indicate that vaccination rates for COVID and other diseases have plummeted globally.*

**E?:** The Turkish government views citizenship on the basis of whether they are pro-government or not. This is also the case for many basic rights and laws, especially justice and employment. The government's voters do not like science and scientists. The Health Ministry has backed the anti-vaccine and anti-science movement by targeting us, either through

misleading or deliberate manipulation. Many of these anti-vaxers and anti-scientists are part of their voting base.

There is a heavy financial burden in the health care industry. On the other hand, due to the build-operate-transfer model in city hospitals, many patients need to enter these hospitals and many operations need to be performed. Vaccines or preventive medicine would reduce patient and hospital costs, which I don't think the government wants.

**UA:** *Can you share your thoughts on the science of airborne transmission and the importance of wearing N95 masks? What do governments need to do to prevent airborne transmission of COVID and other respiratory pathogens?*

**E?:** The most effective masks for airborne respiratory viruses are always N95, which we healthcare professionals have been using extensively in the care and treatment of patients since before the pandemic.

During the pandemic, when there were no vaccines yet, these masks were essential for all of us in areas such as public transportation and hospitals. However, they can be very inconvenient and expensive to use. Now I only use this type of mask in areas such as airplanes, hospitals and public transportation where everyone, vaccinated or unvaccinated, can be together.

**EB:** *What concerns you most about the COVID-19 pandemic at this stage? There are the ever-growing ranks of Long COVID patients, the threat of a new and more dangerous variant evolving, the potential for long-term damage we haven't even seen yet, and other ongoing risks we face.*

**E?:** First of all, the virus needs to be properly tracked. We are talking about a virus that has come back as a relative of SARS-CoV-1, which was responsible for a local outbreak in Asia in 2002 and started a pandemic.

Long COVID is rarer in vaccinated people, but the population in Turkey has skipped three new variant vaccines. Our population is vulnerable and unvaccinated. Doctors in the country are not very familiar with Long COVID.

In addition, COVID affects many systems; most importantly it is associated with diabetes. The prevalence of diabetes is already increasing like an outbreak in Turkey, and COVID-19 has triggered this increase.

The current official strategy is: don't see, don't know, pretend the virus doesn't exist. But this is not a sustainable attitude.

**EB:** *What was your opinion of the Zero COVID elimination program that was implemented in China, New Zealand and other countries? We advocate the global implementation of this policy as the only way to stop the pandemic, but argue that this is impossible under capitalism.*

**E?:** The Zero COVID policy would have been sustainable and very effective if the world had implemented similar control/protection programs. Millions of lives have been saved in countries that have implemented them.

But then, despite the completion of basic vaccinations, there were many deaths in those countries during the Omicron storm, which was falsely called "mild." I have always described the response to the pandemic as a "patchwork." China was hit by the Omicron surge when it first opened itself to rest of the world.

The only way to prevent deaths before vaccination was strict control/protection. If there had been an equal distribution of vaccines, if there had been a global effort, perhaps these new variants would not have developed.

Let's not forget that smallpox was eradicated by vaccination and a global effort. Before that, it was a scourge of humanity for hundreds of years.

**UA:** *There are now reports of a growing polio epidemic in Gaza, on top of the over 186,000 people killed so far in Israel's genocidal war. Can you comment on this, and what connections you see between the capitalist response to the COVID-19 pandemic and the Gaza genocide?*

**E?:** The four horsemen of the apocalypse: Pestilence, War, Famine and

Death.

War destroys all the gains made by the established order in the name of health and safety. The Spanish flu spread through the front lines and the battalions and then into the North American population.

Next door in the Middle East we have cholera and malaria and other vector-borne diseases that have been eliminated in many countries. For polio, we proudly hold a “certificate of elimination” in our hands, but war can start a new spread that threatens the whole world.

War is also forced migration. Although the first major pandemic of this century was spread by international air travel, migration due to war would connect the whole world, as it did in ancient times with infectious diseases.

**EB:** *Dr. ?enol, thank you for taking the time to speak with us today, and for your persistent efforts to raise awareness of the ongoing dangers of the COVID-19 pandemic. Any final thoughts you’d like to share?*

**E?:** Capitalism is destroying everything except itself at full speed. This is becoming a viral century and humanity needs to get prepared in a proper way, which means very close coordination internationally in order to track the emergence of new pathogens and raise the alarm at once. As we have already witnessed with COVID-19, when the alarm bells ring to announce the start of a pandemic it is already too late.

At least in the beginning of a pandemic, you can never hide even in a very well-equipped and rich country. Viruses or microorganisms do not distinguish, no matter how sophisticated their host.

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