

As COVID-19 infection numbers top 1 million a day, the CDC promotes a campaign *against* public health

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With the toll of new COVID-19 infections regularly topping 1 million a day and weekly deaths creeping toward the 1,000 mark, the Centers for Disease Control and Prevention (CDC) has launched a campaign aimed not at protecting the public from this ongoing pandemic, now in its fifth year, but at washing its hands of responsibility.

CDC Director Dr. Mandy Cohen held a press conference August 23 to review the state of the COVID-19 pandemic and encourage the public to get their winter COVID-19, RSV and flu vaccines once they are made available. While bluntly acknowledging that “COVID is with us,” she tried unconvincingly to assure reporters and viewers that “we have the tools to protect ourselves.” She then added, as a way of shifting the blame, “We just need to use them!”

Dr. Cohen was silent on who was responsible for the failure of most Americans to get booster shots or otherwise protect themselves from a disease, which can be fatal for many and cause lifelong debilitation for many more.

She could have named the Democratic administration of Joe Biden and Kamala Harris, which ended the COVID-19 emergency more than a year ago and treats the pandemic as a thing of the past. She could have named Republican presidential candidate Donald Trump, the promoter of quack remedies like ivermectin and bleach, who recently welcomed into his campaign the anti-vaxxer and enemy of science and public health, Robert F. Kennedy Jr.

And if she had been equipped with a mirror—and a conscience—she could have pointed to herself and other top CDC officials, who have collaborated in the anti-scientific rampage to shut down both mitigation efforts and even elementary data collection on cases of illness, hospitalization and death.

Most importantly (and therefore least likely) she could have acknowledged that within the framework of the capitalist system, the profits of giant banks and corporations are far more important than the lives of human beings. That is the meaning of the incessant claims that schools, factories, public transportation and facilities must be kept open, to save “the economy,” despite the inevitable spread of the infection as a

result.

Dr. Cohen, like her predecessors and colleagues at the top of the public health establishment, puts political pressures above science and medicine. The nearly hour-long briefing was simply political theater, where a panel of experts attempted to place the public health agency in the best light despite acknowledging the monumental number of daily infections that have seen hospitalizations and fatalities climb.

Meanwhile, schools across multiple states have announced closures—affecting thousands—just as the new academic year has begun, in response to mass infections among faculty and students.

So far this year, more than 26,000 Americans have died from acute COVID-19 complications, and more than 800 per week are being killed by a preventable infection, a figure 20 percent higher than last year this time. At the current rate, it is expected that between 50,000 to 60,000 Americans will die from COVID-19 in 2024, a rate two to three times higher than fatalities from flu. However, these do not take into consideration excess deaths, and given the complete dismantling of the reporting systems, these figures are known undercounts.

Such figures could only appear low in comparison to the colossal death toll of the first three years of the pandemic, when 352,000 died in 2020, 464,000 in 2021 and 260,000 in 2022. In 2023, 76,000 COVID-19 deaths were recorded. All these numbers are underestimates, as excess mortality figures are considerably higher. The cumulative death toll from COVID-19 is likely well over 1.4 million in the United States and approaching 30 million worldwide.

Neither did the panel address any concerns over the fact that millions continue to suffer from Long COVID, which has taken a significant toll on the health of Americans and the world over. It bears mentioning that a recent study noted that 410 million people across the world have had Long COVID with a \$1 trillion impact on global GDP. Yet, no treatment for this condition exists. Without health insurance and means, issues of brain fog, chronic fatigue and sleep disturbances become part of one’s physiognomy.

Much about Dr. Cohen's characterization of the ongoing COVID-19 pandemic is deeply flawed and should have been taken up by the press, who remained silent on the matter. First and foremost, her claim, in response to a direct question that COVID-19 "is endemic," is completely misleading.

An infection is endemic when it is contained, not spreading uncontrolled and not causing significant impact on the society. COVID-19 is none of these. It remains a pandemic, with new waves of infections where millions are being infected daily by a virus whose mutation far outstrips the efforts of public health agencies and pharmaceutical companies to provide vaccines, medicines and mitigation practices. It continues to cause large-scale social disruption, economic loss and general hardship.

The opposition of both capitalist parties to any significant effort to fight the pandemic was on display last week. The Democratic National Convention, like its Republican counterpart in July, was a massive superspreader event, with thousands of delegates and media personnel congregating in an enclosed arena, where there was continuous cheering, shouting and singing. There are already anecdotal reports of widespread sickness in state delegations returning from Chicago.

As for the Republicans, Trump staged his appearance with Robert F. Kennedy Jr. on Friday afternoon, beaming as Kennedy announced he was folding up his independent presidential campaign and endorsing the ex-president and would-be dictator. Kennedy said he was working with Trump on staffing agencies like the CDC, NIH, FDA and USDA from the standpoint of ending the "chronic disease crisis." By this he means, of course, ending efforts to fight diseases and letting children, the elderly, and the entire American population suffer the consequences.

Fundamentally, all large epidemics and pandemics are serious social issues that require broad-scale infection control in place to disrupt and prevent disease. And with respect to COVID-19 and all future pandemics, these require an international collaborative perspective.

In 2024 so far, 179 million people were infected in the United States, a total that is eventually expected to surpass 2023, when more than 248 million Americans, or three-quarters of the population, caught COVID-19. SARS-CoV-2 wastewater levels throughout the pandemic suggest that there have been more than 1.1 billion infections in the United States, between three and four for every person in the country.

This begs the question how are those most vulnerable, such as the elderly, immunocompromised, and those with chronic disabling medical conditions, which represent a significant portion of the population, to protect themselves from perpetual mass infection?

For the CDC director to present public health efforts as a matter of individual, personal choice is a gross falsification of reality. The policy of mass infection has been forced on the population.

As for having the tools to protect themselves, what is being

offered are simply vaccines and more vaccines as a means to prevent COVID-19. As the WSWS recently noted, "Despite the limitations, the uptake of the vaccines is vital for the health of the population. The shots have a strong, proven safety record and do prevent severe disease and potentially reduce the risk of Long COVID, as studies have indicated. However, they do not prevent infections and the immunity they offer is short-lived given the constant mutation of the virus."

The vaccines by Pfizer and Moderna carry a cost of \$120 to \$130 per shot. In some regions, these can be as high as \$160 or even \$200. However, the rescinding in March of \$4.3 billion from the Department of Health and Human Services in COVID-19 supplemental funding means access to free vaccines for the 26 million uninsured and tens of millions more underinsured, essentially all from working class families, will only mean that the vaccination campaign will simply languish as it did last year when only 7 million Americans accepted the boosters within six weeks of their delivery to pharmacies.

As for other tools in their toolbox, Cohen refers to anti-viral treatments like Paxlovid, which are regularly being denied to patients by their physicians or when they actually are given a prescription, face the daunting price tag of \$1,300 to \$2,400 per course because their insurance denies them coverage. Meanwhile, repurposed medications like Metformin, a drug that treats diabetes, which has shown anti-viral properties and shown in randomized trials to reduce COVID-19 viral loads and decrease risk of Long COVID, remain unmentioned. In particular, this raises the question of why there are so few tools in the toolbox, and why some are being removed, such as the ability to wear N95 masks in public.

The arrest of an 18-year-old New York man in Nassau County on Tuesday who was wearing a black ski mask utilizing the recently passed mask-ban legislation will only embolden police departments and threaten the public who face possible detentions and arrest simply on charges of police suspicion.

At the Democratic National Convention, guidance was issued forbidding mask wearing by attendees unless "it was necessary due to a disability" and this at the discretion of security.



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