

Six months since the World Health Organization declared COVID-19 a global public health emergency

By Benjamin Mateus
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Just six months ago on Thursday, January 30, the World Health Organization declared the outbreak of the novel coronavirus and the disease it caused, COVID-19, a public health emergency of international concern (PHEIC).

As the Director-General of the WHO, Dr. Tedros Adhanom Ghebreyesus, noted then, “we don’t know what sorts of damage [it] could do if it were to spread in a country with a weaker health system. We must act now to help countries prepare for that possibility. For all these reasons, I am declaring a PHEIC over the global outbreak of the novel coronavirus. The main reason for this declaration is not because of what is happening in China but because of what is happening in other countries. Our greatest concern is the potential for the virus to spread to countries with weaker health systems that are ill-prepared to deal with it.”

At the time of the PHEIC declaration, there were 7,818 total confirmed cases worldwide, with only 82 cases of COVID-19 without any fatalities outside of mainland China across 18 countries. Dr. Tedros, during the press briefing, also warned, “this is the time for science, not rumors. This is the time for solidarity, not stigma.”

Despite the warning, the wealthy nations of the globe squandered the time that was bought by the lockdowns imposed by China to prepare for the epidemic by imposing flight restrictions and border closures while healthcare and public health infrastructure remained in shambles.

It was only on March 11 that the WHO characterized the COVID-19 epidemic as a pandemic. The number of cases outside of China had risen 13-fold, and the number of cases had reached 118,000 across 114

countries, with 4,291 people who had lost their lives.

At the WHO’s press briefing on Thursday, remarking on the declaration of PHEIC, Dr. Mike Ryan acknowledged that public health systems across the world responded slowly to implementing a comprehensive strategy to bring the pandemic under control. “The capacity to do surveillance, an integrated response is not there,” he said. “We need to look really hard to our assumptions of the existence of systems that did not prove correct.”

Since then, the pandemic has wrought a trail of devastation that continues to rage in defiance of national borders. The daily cases of COVID-19 have reached a seven-day moving average high of 260,028. There are more than 17.7 million cases with close to six million active cases. Total deaths are approaching 700,000 globally, with a seven-day moving average of 5,655 fatalities per day. Three days running, more than 6,000 people have died. Much of the recent fuel to the coronavirus’ acceleration has been the demand by the markets and the financial oligarchs to reopen commerce even while community transmission remained hot, and health experts warned incessantly that such measures would be ruinous.

Initially, Italy bore the brunt of the pandemic followed quickly by New York City. France, the United Kingdom, and Spain followed. The continent accounts for 2.87 million cases and over 203,000 deaths. Despite the massive efforts to bring the pandemic to a grinding halt, reopening efforts have led to resurgences in Spain, Germany, and France again while the Ukraine and Russia are attempting to fend off their initial foray with the virus. Many of the stateless and most impoverished in the country are facing

uncertainties, including ethnic minorities, the homeless, and those recently released from prisons. They account for more than 35,000 people.

The United States continues to lead as the global epicenter of the pandemic with 4.7 million cases and nearly 157,000 deaths. Though cases have plateaued at a high of almost 70,000 cases per day, the fatality rate has been climbing, reaching nearly 1,500 three days running. According to covidexitstrategy.org, The pandemic that has seen a record number of deaths in the sunbelt states is pushing north through the Midwest states. Yet, federal and state officials have begun an effort to hide the real statistics, making the tracking of hospitalizations and cases impossible.

In a recent development in Georgia, 260 children, teens, and staffers, out of 344 tested, were found to be positive for COVID-19 while attending an overnight camp. More than half those testing positive were children ages 6 to 10. Masks were not required for the children. The massive cluster highlights the fact that children are very susceptible to the virus and should be considered contagious if infected. This will add to the growing return-to-school catastrophe that has the nation on edge. Yet, Director of the Centers for Disease Control Dr. Robert Redfield continued to endorse the reopening of schools while unable to provide clear guidance as to how to achieve sufficient measures to ensure the safety of teachers, staff and students.

During the US House of Representatives' special select committee investigation into the Trump Administration's response to the pandemic, Admiral Brett P. Giroir acknowledged to lawmakers that getting COVID-19 testing back to a turnaround time of 48 to 72 hours "is not a possible benchmark we can achieve today, given the demand and the supply." Yet his attempt to paint an optimistic scenario only fell on bewildered ears. Testing shortages continue to hamper efforts on the ground.

Dr. Fauci, in his opening statement, assured the hearing that he was "cautiously optimistic" that the Moderna mRNA vaccine would be successful. The vaccine trial was ushered in with pomp and circumstance as this week beginning the phase three trial intending to enroll 30,000 subjects to prove the efficacy of the vaccine.

However, the United States has positioned itself to bring all viable vaccines against SARS-CoV-2 under its

control. Sanofi and GlaxoSmithKline reported that the US government would provide them up to \$2.1 billion to fund their development and manufacturing of their experimental COVID-19 vaccine. As part of this quid pro quo, they will provide the US with 100 million doses with an option to procure up to 500 million doses. They are expected to begin trials in September.

On top of the Moderna vaccine, Operation Warp Speed has also invested \$1.2 billion in UK-based AstraZeneca's vaccine with the assurance of 300 million doses. They have also announced the purchase of 100 million doses of German-based BioNTech's vaccine, created in collaboration with Pfizer, for \$1.95 billion.

Should these regimens require two doses, and if the immunity remains short-lived, the vaccine will become a bonanza for shareholders and critical life-saving treatment against a virus that has barely infected the world's population despite the arduous six months the world has suffered to this moment.

Brazil India, Chile, South Africa, Columbia, Mexico, Peru, and Argentina are only a shortlist of countries hard-hit by the pandemic whose economies remain in disarray and are unable to provide adequate care to the poorest in their countries. Countries and areas like Japan, Israel, Lebanon, and Hong Kong are facing a record number of new cases after they had suppressed infections to single digits. In Australia, the rising tide of cases forced officials to impose restrictions on Melbourne, a city of more than 5 million.

Experience with the 2009 Swine flu demonstrated that vaccine distribution would not be based on the allocation of resources to the most in need or essential, but to those that can pay. The majority of nations will be forced to negotiate for vaccines for millions of inhabitants who will face the most likely winter surge. The six months of the public health emergency of international concern has demonstrated capitalism's total inability to deal with the threat of infectious disease and other critical threats to mankind.

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