



Struggle-La-Lucha.org

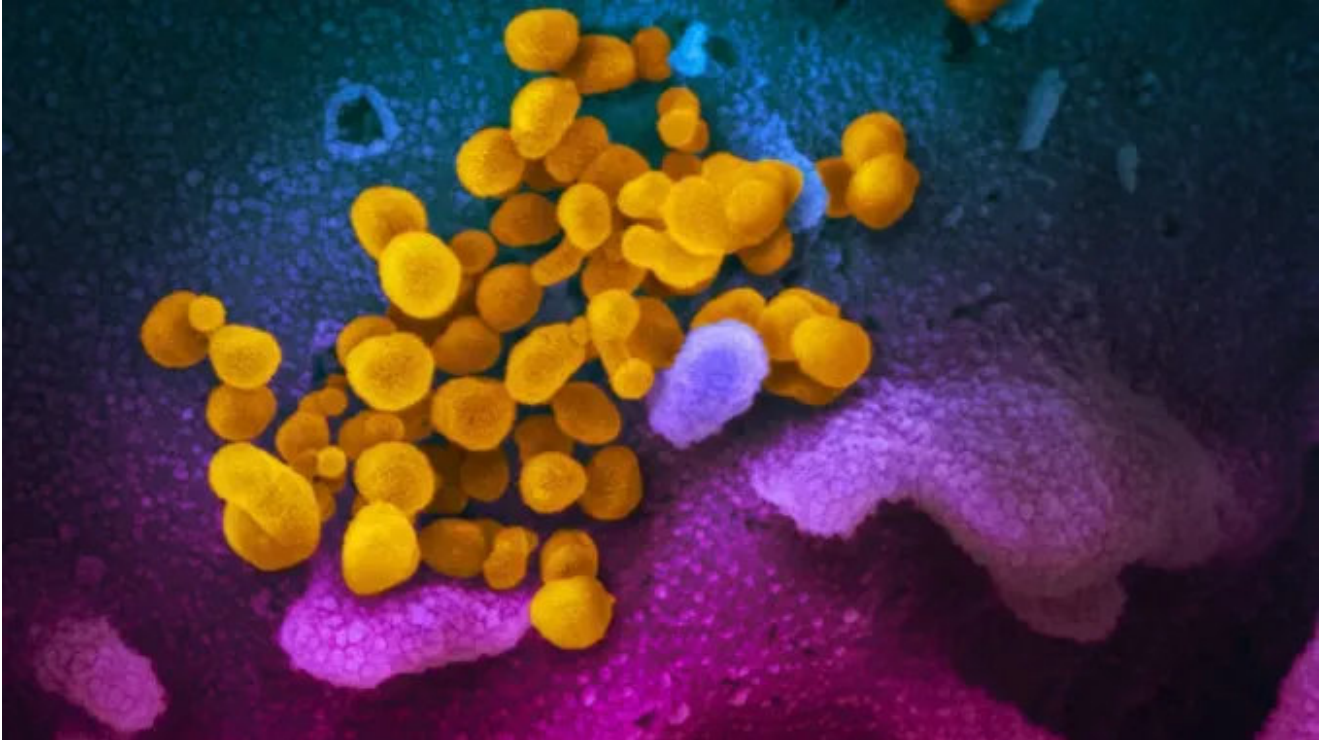
Let them eat plague!

written by Comrade Dremel

February 1, 2023

“When one individual inflicts injury upon another such that death results, we call that manslaughter. When society places hundreds in a position that they inevitably meet early & unnatural death ... its deed is murder just as the individual.”

[Friedrich Engels](#), *The Conditions of the Working [Class](#) in England*



COVID emerging from cells using false-color images from an electron scanning microscope.

We have been betrayed. For three years, we have been abandoned, misled, shepherded to our dooms. Millions have died. Hundreds of millions have been disabled. All the while, respectable faces with plastered-on grins breathlessly offer hopeful platitudes, assuring us we'll all be ok. *Just trust the system.*

You could be forgiven for not realizing we're still in the middle of a pandemic, considering the total absence of media coverage. If it was important, you'd surely be hearing about it, right? The last variant you heard about was likely omicron. The last you heard about vaccines was likely, "we strongly encourage everyone to get boosted." The last you heard about masks was that they work, but they're not required. And why would you bother wearing masks anyway if, as the United States president himself proclaimed, "The pandemic is over"?

Here's the truth: the pandemic is not over. It's much worse than you have been led to believe. And unless you've spent the past several years reading scientific studies on the subject, it can be hard to convey *just how wrong* the public perception of COVID really is. Everything from how it's spread, to how it's prevented, to what it does once it's in your body, is being tragically misunderstood.

None of this is an accident. It's not your "fault" if you aren't a virologist, immunologist, epidemiologist, or evolutionary biologist. It's the job of experts and trusted voices to convey the truth and give you guidance. Not only have they failed at this, they have engaged in an active disinformation campaign dedicated to making the pandemic "disappear." This has not been the result of a classic caricature of conspiracy — some tiny council of elites gathered in the shadows to craft policy out of whole cloth. What we're actually witnessing is the quiet collusion of class interest. This form of conspiracy is a feature of cultural hegemony, and it has aligned itself in direct opposition to public health and scientific reality. A "conspiracy" of this sort takes place in full view of the public. Every actor within it has openly telegraphed motivations that we are all taught to see as acceptable: keeping the current economic system intact at all costs.

From the moment humanity learned of the novel coronavirus, uncertainty swirled. SARS-CoV-2, named for its terrifying viral cousin, seemed to be even worse than SARS: more deadly, more transmissible, better at evading detection. A singular question arose in the minds of two very different classes of people: "How do we survive this?" For one of those classes, the question was literal: how do we avoid *being killed* by a disease that seems to be spreading and killing invisibly and indiscriminately? For the other class, the question being asked in boardrooms and capitols was really: "Could this dislodge our grip on power?"

For infectious disease experts, the emergence of an unknown human pathogen — quickly identified as a novel virus — necessitated a pretty clear course of action:

contain it, characterize it, and share information as freely as possible. Days after the first cluster of cases were found in Wuhan, [Chinese health authorities issued a warning to the WHO](#). The full genome of the virus that would come to be called SARS-CoV-2 was released to the world [before it was even documented outside of China](#). Coronavirus labs around the world began mobilizing rapidly to study the virus, including creating synthetic versions to study in cultured mammalian cells to learn as much as possible about its life cycle and pathogenicity.

Why did experts mobilize so quickly, even before human-to-human transmission was conclusively proven? The primary reason is the **precautionary principle**: when dealing with an unknown, if you don't *know* conclusively that it *isn't* dangerous, presume the worst-case scenario and take the proper precautions. If that wasn't enough of a reason, researchers figured out pretty quickly that this was a relative of SARS, which has caused enough mayhem on its own to warrant every measure possible to avoid a repeat tragedy. This principle was particularly upheld in China, which had borne the brunt of the SARS crisis, but true precaution never truly materialized in the [capitalist](#) world.

After a brief experiment in precautionary measures (stay-at-home orders, mask mandates, quarantine guidelines) many countries in the West quickly saw the writing on the wall — these precautions were not sufficient to stamp out the emerging pandemic. There were measures that *could* have stopped the virus in its tracks: contact tracing (testing every single person who was in the vicinity of a potential case), *enforced* quarantines combined with guaranteed paid time off for even the hint of exposure, mandating fitted respirators (and distributing multiple N95s to every resident). But these measures would have required central governments to nationalize key industries, companies to pay employees *not* to work, and individuals to get comfortable with some discomfort in the name of social welfare (although many already were). These measures would have been a tremendous imposition on the free market, and even then, there was no guarantee

they would completely eradicate SARS-CoV-2.

Even half measures, like local mask mandates, were better than nothing, and they did keep many people safe in the beginning. But despite them being utterly insufficient in the face of the crisis we were thrust into, they were still too much for the capitalists to tolerate. They were “harming the economy” by impeding production and discouraging consumption. Tiny protests, led by business owners demanding an end to “restrictions,” garnered massive media attention. Less than 2 months after their implementation, stay-at-home orders were already on their way out, even as cases continued to rapidly climb. Injected into every news story about the pandemic was a consideration for the malaise of the capitalists, whose economic ruin would surely spell the end of our society. The drive to “end the pandemic” began almost as soon as the pandemic arrived in the U.S.

The lies and the truth

Near the beginning of the pandemic, you may have heard a common refrain from public health sources: if we address the situation properly, it’ll look like we overreacted. And yet, by the time community transmission started ramping up in the U.S. in March 2020, we had already failed to “overreact.” The consensus had already come in from the highest levels: at all costs, do NOT start a panic. World leaders at the time, including the U.S.’s Donald Trump, the U.K.’s Boris Johnson, Mexico’s Andrés Manuel López Obrador, Brazil’s Jair Bolsonaro, Spain’s Pedro Sánchez, and Italy’s Giuseppe Conte, all spent the first few months of 2020 exhorting the public not to “give in to fear.” Following precipitous stock market crashes in February and March of 2020, every market analysis firm reported on the tremendous financial damage being done by “coronavirus concerns.” The overwhelming narrative in the early days was that fear of the virus would be worse than the disease it causes. This philosophy manifested in several ways, including outright lies that still haunt us to this day, driving misinformed “personal risk assessments” among the population,

including:

- Masks don't work.
- Masks *do* work, but cloth masks are fine.
- Stop the spread by washing hands, standing 6 feet apart, and sanitizing surfaces.
- COVID is not airborne
- COVID *is* airborne, but that's not the main way it spreads.
- The only people harmed by COVID are old and immunocompromised people.
- Children don't get COVID.
- Children can get COVID, but they can't spread it.
- Reinfections are rare.
- Breakthrough infections after vaccination are rare.
- Reinfections and breakthrough infections happen, but they're mild.
- Once enough people have been exposed, herd immunity will end the pandemic.
- Viruses naturally evolve to become less deadly.
- Once you recover from acute infection, you're out of the woods.
- Long COVID is psychological, not physical.
- Long COVID *is* physical, but not a big concern.
- Heightened lethality of non-COVID diseases is due to "immunity debt."

The list of officially-sanctioned lies could potentially go on for pages. The most critical feature of the misinformation is that it is always centered around that same core philosophy of minimization. That trend continued to evolve throughout the pandemic: whether it's Anthony Fauci admitting that he discouraged masks because he didn't want to trigger panic-buying, the CDC shifting its metrics from transmission levels to "community levels" in soothing pastel colors, school districts touting their supposed low transmission rates, or any of the other examples of public health malpractice, everything has been geared toward pushing people

to *underestimate* danger rather than *overestimate*. This pattern has continued to this day, with [officials attempting to head off panic](#) in the face of the [extremely infectious and immune-evasive XBB.1.5 variant](#) (colloquially referred to as the “Kraken” variant).

Before going further, let’s clarify what that danger actually is. Because of how complex biological systems are, it is difficult to convey all the nuances of a viral pandemic without getting too technical. Nevertheless, we can make some pretty clear assertions based on condensing hundreds of scientific studies into a few paragraphs. With that in mind, here’s everything you need to know about COVID-19 and the virus that causes it:

COVID is airborne. Airborne transmission is different from droplets, which are large particles containing the virus, expelled when you speak, cough, sneeze, etc. Droplets are heavy enough that they will eventually drop to the ground or nearby surfaces, meaning it’s *relatively* easy to contain: any physical barrier — like a cloth mask or plexiglass — will block these droplets before they can reach another person. “Social distancing” is a concept that applies to droplet transmission under the presumption that the virus-containing droplets will fall to the ground before reaching someone 6 feet away. Sanitizing surfaces kills any viral droplets that have landed on them before someone can touch them and then touch their orifices.

[However, COVID is *not* confined to droplets.](#) We have known for years that it can spread through *aerosol*, as [papers from the New England Medical Journal](#), [National Library for Medicine](#), and the [Wiley Online Library](#) demonstrate going back to 2020. Aerosol is composed of much smaller particles that bounce around between air particles [and can stay suspended and infectious in the air](#). Picture someone smoking: the behavior of the smoke is much more akin to the behavior of viral aerosols. Can you still smell the smoke behind a plexiglass shield? How about if you’re six feet apart? In a crowded, enclosed space, how many people would breathe in the smoke

of one smoker? Measures designed to protect against droplets aren't exactly *pointless* against COVID since it *also* spreads via droplets. But just because you're not spewing COVID-laden spittle in someone's face does not mean you're keeping your germs to yourself.

You can get COVID over and over. The idea that you become immune to COVID after getting infected or vaccinated is based on the concept of *immune memory*. Every time a pathogen enters your body (either through infection or vaccination), your immune system mounts a defense to stop it: first, a broad “kill anything that moves” phase we call *innate immunity*, then a phase of *adaptive immunity*, which is targeted to kill the specific thing that triggered the immune response. Pieces of the invader are used to create, recruit, and activate a variety of immune components — including antibodies, T cells, and B cells — that are trained to recognize that specific pathogen. Some cells of the immune system, called memory cells, are kept around from that second stage as a sort of permanent record. If the exact same pathogen shows up again, the immune system already knows what to look for. This is the key behind vaccination: expose your immune system to a harmless piece of the virus, and it'll remember it when it encounters the real thing.

Except this isn't even close to the whole story. For one thing, the snapshot stored in your immune memory is just a physical piece of the pathogen, and viruses evolve very quickly. As the virus changes, [the real thing starts to resemble the record being kept by your immune system less and less, and it becomes easier and easier for new variants to evade adaptive immunity](#). The more people that get infected, the more times the virus randomly mutates — and [the more likely it is that a particular combination of those mutations makes a virus that is unrecognizable to your immune system](#). For a while, the WHO used to categorize these mutants as “variants of concern,” giving them each a new name. [When the virus mutated enough to evade the immunity to the wild-type virus, they named it alpha](#). The lineage that was able to evade alpha was called beta. Delta was [particularly immune evasive and its](#)

[mutations brought high levels of lethality.](#) Omicron was so different from all existing strains that [it was practically able to infect everyone, no matter when they got infected and/or vaccinated.](#) And then... they stopped giving the variants names. “Omicron” is still used to describe every descendant of that original variant, despite [the dozens of highly infectious,](#) highly dangerous variants circulating today, [none of which look enough like omicron itself for your immune system to efficiently recognize them.](#)

COVID screws with your immune system. Upon infection, SARS-CoV-2 immediately gets to work, suppressing attempts to stop it. [It hijacks your cells’ machinery to shut down production of crucial immune system alarms. This includes the component used to present pieces of the virus on the surface of the cell to tell the immune system, “Hey! This cell is infected, and here’s the culprit!”](#) This component is necessary for specific immune cells to identify the target and proceed with the adaptive immune response, [leading to both delayed innate and adaptive immune responses.](#)

When immune cells arrive on the scene, the SARS-CoV-2 virus is able to *infect them as well*. [Monocytes, which are involved in ushering in the adaptive immune response, get infected by SARS-CoV-2, and are reprogrammed to prevent them from presenting antigens and teaching the adaptive immune system what to look for. T cells rush to become cell killers, causing the signature massive tissue damage that can be fatal in severe cases.](#) Every infection depletes your body’s reserve of naïve T cells — that pool of “blank” immune cells your body keeps on hand for later deployment and specialization — damaging your ability to mount an effective immune response to *future* infections — including other pathogens. This is why, no matter how many people get infected or vaccinated, we have not — and will not — reach “herd immunity.” [Naïve T cells are also necessary for stopping the cell-killing activity of activated T cells, which is a factor in the severity of acute COVID.](#) Worse still, the population is steadily becoming more vulnerable to infections of all types.

We are in the middle of an alarming surge of diseases *beyond* just COVID: RSV, influenza, strep A, and many others are hospitalizing people in record numbers — [opportunistic infections](#) handed the gift of [a softened-up population of victims](#).

For a while, vaccines were highly effective against severe acute infections — not because they prevented infection or created lasting immunity, but because they prompted your body to create antibodies to the virus, which can persist in your blood for months. If you got infected while these antibodies were present, it helped your immune system compensate for the virus’s suppression of adaptive immunity. Your immune response was less likely to go haywire, cause massive tissue damage, and lead to severe clinical outcomes. However, by the time boosters became available, [the vaccines were already obsolete](#): they were engineered to target the original version of the virus, which you were already unlikely to ever see again.

COVID evolves rapidly. An idea has been floating around for years that SARS-CoV-2 will naturally reach an “evolutionary ceiling,” where it can no longer adapt around our immune systems, and will become no more pathogenic than a cold. This is predicated on a misunderstanding of evolutionary and viral dynamics. The main factors guiding the evolution of the virus are: how well it can spread from person-to-person, how well it can infect cells, and how well it can evade the immune system. This latter factor is the most crucial since, as previously noted, the virus’s effect on the immune system is a significant driver of its danger. The idea of an evolutionary ceiling stems from the notion that, in order to adapt around our immune system, the virus needs to change, and those changes necessarily impact its other features — namely, its ability to spread and infect. But this is not the case.

As the virus spreads, it racks up mutations. Every new host gives the virus trillions of opportunities to mutate before sending it on to the next victim. By the time SARS-CoV-2 first took over the world, it had already diverged so thoroughly into separate lineages, giving rise to variants like alpha, beta, delta, and omicron. The Omicron

lineage eventually emerged with another profoundly unique and highly-infectious set of mutations and followed the same pattern. In its wake, it left behind many more child lineages, each distinct enough from each other to create a “variant cloud.” For months, the various omicron sublineages have been unable to outcompete each other because none has had a set of adaptations so exceptionally advantageous as to outstrip the spread of the others. However, as the mutations continue to accumulate across all lineages, it’s only a matter of time before a new mega-variant emerges. It will sweep across the population, again diverging as it goes, spawning new lineages of its own — and leaving millions dead and disabled in its wake.

COVID is persistent. We’ve known for years that other coronaviruses, like SARS, [can persist in your body long after initial infection](#). This is likely a byproduct of their evolutionary history; they evolved to spread through bat populations and survive bats’ unique immune systems. Bats are very long-lived for their size, potentially living for *decades*, even with multiple different infections quietly simmering inside them. However, in humans, these viruses’ tactics for suppressing a well-regulated bat immune system present a form of *overwhelming force*, which wreaks havoc on our bodies.

After the chaotic and potentially-lethal initial stage of acute infection, [the virus is able to settle in for the long haul](#) — evidence has been found [in the gut, in human waste, and among “cured” patients](#). This can happen whether the acute phase was disastrous and hospital-worthy or quiet enough for you to experience no symptoms at all. By this point, the virus will have suppressed your body’s immune memory, infiltrated throughout various organ systems — including your [cardiovascular](#), [nervous](#), and renal systems — and begun pumping out a steady supply of new virus. Of course, this persistent infection causes damage to the various organs where the virus has made its home, especially since it can trigger further inflammation. Your immune system is constantly trying to smoke it out, damaging more organ tissue as it does so. [Your risk of heart attacks, strokes,](#)

[neurological symptoms, and death, in general, are much higher during this persistent phase](#) — and it only gets worse with every reinfection. It still remains unclear how long this persistent phase can last — certainly as many months as have been studied so far.

Evidence has been mounting for years that COVID is actually a type of autoimmune disorder, with several components of your [immune system turning against your own cells](#). Not only are pro-inflammatory molecules heightened in both the acute infection and in so-called long COVID, [high levels of antibodies against normal cellular pieces have been found in over half of patients hospitalized with COVID](#). The implications of COVID-triggering autoimmunity are broad and can get fairly technical, but needless to say, [the population being infected over and over with such a debilitating virus is catastrophic](#).

The motive

Why would governments, public health officials, news media, business leaders, and every other trusted voice tell us outright lies (such as “COVID is **not** airborne!”) and avoid highlighting crucial truths (such as COVID’s propensity to damage immune systems)? Why would such a simple thing as distributing and mandating the proper usage of high-quality respirators — a layup of public health policy — be portrayed as being so toxic that to suggest it would get you laughed out of the room? Why would institutions like the CDC casually mention the existence of long COVID with one breath, and with the next, pat themselves on the back for “diminished hospitalizations”? Why has the entirety of public health policy contracted down to “Get vaccinated and you’re free”?

Part of it is simple ignorance: in the beginning of the pandemic, there was a lot we didn’t know. There were clues, of course, hypotheses based on what we knew about other coronaviruses. We could have guessed at airborne transmission, immune suppression, viral persistence, and rapid evolution, but we didn’t *know* these things

conclusively. We didn't know the exact numbers for case fatality, transmission, long-term symptoms, etc. But we didn't need to know. The precautionary principle could have guided us to keep up avoidance and containment practices until we knew *exactly* what we were dealing with. And yet, the clearer the picture has become, the more we have *reduced* those measures, instead of ramping them up. COVID is *more dangerous* than initially expected, and yet we have continued to make ourselves *more vulnerable*.

The cold truth of the matter is that the motive behind COVID minimization is greed and social control. The capitalist system depends on *constant* growth: constant production, constant consumption, constant expansion of profits. Even brief pauses — such as a month-long stay-at-home order — have disastrous effects on [capital](#). Implementing the mass prevention strategies necessary to slow down transmission (daily rapid testing, contact tracing, guaranteed paid leave for exposed workers, high-quality respirators, etc.) is expensive and eats into profits. An information campaign explaining why everyone needs to stay home instead of contributing to “the economy,” eats into profits further. Winding down all non-essential business and keeping it shuttered until the *true* end of the pandemic would contract the economy down to only what is necessary for society to function. The opportunities for financial capital to invest in new, profitable enterprises would vanish faster than they reemerge.

For [capitalism](#) to function, it requires two things: a steady supply of workers producing [value](#) and an unending flow of consumption to realize that value as profit for the capitalist. The onset of a pandemic presented a challenge on both of those fronts. Workers getting sick en masse and being forced to stay home for a couple of weeks — or even dying or becoming disabled and exiting the workforce altogether — was only one potential headache for the capitalist class. Far worse was the prospect of workers staying home *out of precaution*, thereby grinding production to a halt. Consumers staying home and buying only the essentials would prevent the

realization of profits across huge swathes of the economy, cutting off the flow of capital necessary to keep the whole system running.

The moment it became obvious to market analysts that COVID was more than just a local Chinese outbreak, it triggered utter panic in the financial sector. Fears about the slowdown of profits led to several mass stock sell-offs from investors, lowering stock value, triggering even more panic-selling, across multiple different days. This wasn't just speculation: decreased demand for oil rapidly triggered a massive price war that caused prices to spiral for months until becoming *negative*, with the holders of oil futures paying to offload their contracts. Without ramping demand back up, production of this and other key commodities would be financially toxic.

Capitalism also relies on a reserve army of [labor](#) to keep labor costs artificially deflated. A contracted economy, in which any worker willing to work is a rare [commodity](#), tips the balance of power in favor of workers. Workers could more easily bargain for higher wages and safer working conditions (including liberal COVID leave). Most worryingly of all, in the context of long-term precautionary measures, the population would get used to a dangerous notion — that we have value beyond our labor and our consumption. When faced with the prospect of death or [disability](#), the contradictions become sharpened in our eyes. Hundreds of millions of workers would suddenly ask “Why am I risking my life for this?” The frustration at a choice between abject poverty and potentially contracting a debilitating condition would galvanize workers to stand up for our rights. Waves of labor mobilization, rent strikes, workplace lockouts, boycotts, and more would sweep the country — and the world. It would be the greatest challenge to the political power of the capitalist class in a century.

The strategy

Actually solving the pandemic was never in the cards for the U.S. and the rest of the capitalist world. It would have necessitated deep international cooperation, massive

investment in clean air infrastructure, a persistent information campaign (and censoring of hazardous misinformation), efforts to build public trust in government, guaranteed paid leave, nationalization of key industries, and more. Basically, it would involve massively undercutting the philosophy of free market capitalism.

Instead, the explicit goal of the ruling class has been to make the pandemic simply disappear from *public perception*. Any reminder of the existence of a highly-transmissible, highly-dangerous, mass-disabling disease could trigger panic, or worse: organized, militant labor action. Averting this crisis required a careful campaign of culture-crafting; the people themselves needed to become convinced that there was no reason to fight. Consent for protracted mass infection needed to be manufactured.

There are three main ways this hegemonic narrative around COVID has been propagated to the public: **official rhetoric**, **public policy**, and **media framing**. These three facets of idea propagation feed into each other, and all three are maneuvered in various ways by the interests of capital. The process by which a hegemonic narrative is crafted in the capitalist sphere is not quite as straightforward as one might expect. It's not a simple matter of a [state](#) propaganda department deciding on a central doctrine, issuing scripts to paid actors, and imprisoning all who dissent. There is no party line for the capitalists, no single convocation of business elites, and relatively few shadowy backroom deals. Explicit planning meetings *are* held — independently — among the leadership of different ruling class parties and distinct business interests, and their similar class interests lead them to similar priorities. But the way *narrative* unity of this sort is achieved is not through an all-powerful conspiracy. Instead, the “decision” for how to frame events arises organically from the interplay of the many individual sectors that comprise the ruling class propaganda machine.

The tone struck by what we think of as official sources sets the stage for the broader

social response. This rhetoric comes from a variety of places — heads of state, government agencies, individual experts, think tanks, and other entities imbued with a sense of authority. These are voices that we are socialized to pay attention to. When they speak, they easily garner media attention. A news outlet that ignores or disputes these sources loses access to them and invites flak, thereby harming their ability to sell more news. These voices are generally in the room when policies are crafted — or crafting the policies themselves. What “the experts” say matters, and the particular experts being promoted by governments and corporations have steadily coalesced around rhetoric that minimizes the public health threat of the virus.

Official rhetoric does not always come to total agreement on presentation. The two-party system in the U.S. is often characterized by competing “official” stances, even when both stances are de facto acceptable to the established capitalist order. Throughout 2020, many prominent figures, including Donald Trump, attempted to prematurely declare the end of the pandemic. The Great Barrington Declaration attempted to launder the notion that attempts to mitigate the pandemic were harmful, and that we should instead try to reach “herd immunity” by allowing the virus to run rampant through the population. This was a non-starter in terms of propaganda [material](#), since we could all see the devastation in plain sight. However, this was still valuable to the ruling class, because it laid the groundwork for a potent narrative — that of the “level-headed pragmatists” guiding us through the pandemic. Against the backdrop of conspiracy theories, bunk cures, and political disengagement from the reality of the pandemic, there came a promise from the liberal wing of the ruling class: “Unlike our opponents, we actually care, and we will get you through this.” Despite the difference in tone, the trajectory of the *policies* themselves has largely been preserved across political lines.

Pandemic public policy has been both shaped by and indicative of the official rhetoric of whoever happens to be in charge. It has reflected the recommendations

of experts — those experts which had been *chosen by* the ruling government. In places governed by more liberal tendencies, curfews and cloth mask mandates lasted longer, instilling an implicit message that, unlike those science-denying conservatives, the liberals were “following the science.” This meant that, when these half-measures were rescinded, it seemed obvious that *now* people could feel safe putting themselves at risk.

Every policy choice has acted to shape the public’s perception of the pandemic. Mandating that businesses put stickers on the floor to demarcate 6 feet of distance hammered home the false notion that being 6 feet apart from others protected you. Requirements that bars and restaurants be closed for indoor dining made people reckon with the fact that these necessarily-unmasked spaces were dangerous. Reversing that restriction while mask *recommendations* were still in effect created confusion and demonstrated that the recommendations were meaningless. School districts shuttering physical classrooms put every parent on high alert for their children’s safety, while so-called “hybrid learning” taught people that safety was a parent’s choice. As school districts moved away from virtual school altogether, the message became clear: there is no reason to worry about your children getting sick. Steadily, measures put into place to protect people from the virus have been reversed until the current state of affairs, where every public health “policy” has become instead a recommendation — and those recommendations don’t even come close to establishing true safety.

Economic measures taken during the pandemic have worked in a similar way to public health policy. In the beginning, policies were put in place to help the people who would be economically impacted: paycheck protection programs, tax credits, expanded unemployment benefits, eviction moratoria, stimulus checks, and student debt deferral. This aid was granted to ensure that the economic situation for the working class never got so despondent that workers would have greater incentive to rebel through labor militancy, rent strikes, or even violent uprisings. As these

measures dried up, they came with the accompanying message: “You’re on your own now.”

Throughout the pandemic, media attention has been focused on reproducing official rhetoric through op-eds and interviews. The experts promoted above all have always been selected based on their proximity to power, both in terms of their official appointment and their rhetorical line. As governments and agencies solidified their pandemic-minimization rhetoric and policies, individuals who championed that line became even more appealing. The lure of manufactured conflict allowed media companies to profit by highlighting astroturfed, unpopular movements protesting all forms of public health policy. Depending on their particular cultural bent, news corporations could position themselves either as “freedom-fighters,” standing up to the government tyranny of half-baked precautionary measures or as “champions of reason,” pushing back against misinformation and science denial.

In all cases, the pivot in 2021 was palpable. Now that vaccines had arrived, there was a feasible narrative for transitioning away from “economically-disruptive restrictions.” As soon as you got vaccinated, you were free to get back to normal. “Fresh air smells sweeter without masks!” proclaimed the first lady, triumphantly. Summer of 2021 was full of freshly-inoculated people enjoying significant levels of antibody-based protection, and cases were at their lowest point. The media trumpeted this wonderful news at every opportunity, showcasing ecstatic public health officials, booming businesses, and throngs of maskless people while ignoring the still-omnipresent circulation of background cases.

Prognosis

With every new major variant, cries of “No one could have seen this coming!” quickly give way to “At last, the pandemic is over.” The same refuted myths of herd immunity, hybrid immunity, and vaccinated immunity keep cropping up, only to be dashed to pieces by the next wave. In the latter half of 2022, we entered a phase of

multiple overlapping variants — all deliberately still referred to by their parent, omicron, to avoid panic. The baseline of weekly infections and deaths have remained higher than at any other phase of the pandemic, save for spikes as a new dominant strain emerged. The expert, government, and media line has stagnated at a calibrated silence, interspersed with the occasional recommendation to get vaccinated. Fitted respirators are recommended (lumped in with less-effective cloth and surgical masks), but they are not mandated, and rarely even modeled. Schools are fully in-person, despite their established role as hotspots of community transmission. At every opportunity, governments, corporations, and community organizations congratulate themselves on making it through the pandemic.

This is not simple negligence on the part of those who govern and shape our society. It amounts to **social murder**: the establishment of policies that place large numbers of people on the path to an early and unnatural death. You have the *right* to health, and that right is being deliberately stripped away from you with a policy of mass infection. Just because the choice isn't being made with the *specific goal* of eliminating us (such as in the case of genocide), doesn't absolve the choice itself. And that choice is being *continually reaffirmed* every day. The calculation has been made with no special regard for human health; only the preservation of the social order. Too much death and disease could challenge the power of the ruling class; [15 million excess deaths](#) are just the cost of doing business.

We are at a crossroads in this ongoing crisis. As we continue to pretend everything is normal, the virus continues to evolve. Multiple lineages are circulating, accumulating mutations that help them evade immunity and run roughshod over defenseless populations. The next uber-variant is likely already here: the XBB.1 lineage is as different from the original SARS-CoV-2 virus as that virus was from SARS, and has an even higher ability to infect cells. With every wave that washes over us, our organs and our immune systems become weaker. Life expectancy is declining at an alarming rate. We are an increasingly disabled population, with no

community support — or even awareness. The longer we allow ourselves to be governed by a culture of individualism, capitalist greed, and ignorance, the sicker we will all become.

Source: [Red Clarion](#)

