

As omicron surges: Teachers, students resist dangerous school conditions

written by Struggle - La Lucha
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Students at Lower East Side Prep High School joined a citywide walkout for COVID safety in New York, Jan. 11. Photo: Shawn Garcia

Jan. 12 - Members of the Chicago Teachers Union [voted to take classes remote](#) for several days in defiance of the city administration. Thousands of New York City students [walked out of classes](#) to protest unsafe conditions. Furious staff, youth and

families from [Oakland, California](#), to [Columbia, Missouri](#), and [Boston](#) are demanding the return of remote learning options, increased testing and safety measures in schools.

We all remember Donald Trump's racist, anti-immigrant slogan, "Build that wall." Now the Biden administration and its allies in the corporate media have "built a wall" of dangerous denial around the spread of COVID-19's omicron variant in public schools across the U.S. And teachers, school staff, students and families are fighting back.

Along with healthcare and retail workers, school workers and students have been on the frontlines of the pandemic since early 2020 - never more so than today. Crammed into overcrowded classrooms without adequate ventilation, testing or PPE, schools are omicron superspreaders - ones that federal, state and local officials insist remain open despite all evidence to the contrary. Why?

Advocates for keeping schools open and denying a remote option cite "learning loss" as their primary reason. But in cities like New York, home of the country's largest public school system, so many thousands of students and teachers are sick that [little learning is going on](#) in most classrooms. In many schools, students who come in are packed into even more dangerous conditions - like auditoriums and lunchrooms - because so many peers and staff members are out sick.

As enraged teachers and students have been saying for weeks, most want to teach and learn in a classroom environment. But that can only happen when it is safe to do so. Withholding remote options and safety measures during a pandemic surge is the greatest source of "learning loss" as [parents keep their children home](#) and many students and teachers fall ill.

Childhood infections and [hospitalizations have skyrocketed](#) since mid-December. Omicron is a variant of COVID-19 that is highly transmissible and often results in

“breakthrough cases” among those who are already vaccinated. But officials have only gotten more dug in about keeping schools open, without any remote option.

It’s not just pro-Trump anti-maskers who are responsible. Some of the worst offenders are Democratic allies of the Biden administration, including incoming New York Mayor Eric Adams and his predecessor, Bill de Blasio, and Chicago Mayor Lori Lightfoot, who locked teachers out of their remote classrooms.

The real reason – which is becoming clearer to more and more workers – is that the capitalist economy demands it. Profit-hungry capitalists find their businesses short staffed. Keeping schools open is a way to force parents to come to work, often in unsafe conditions. The health of the community – including elders, people with chronic illnesses, and younger children who have not yet been approved for vaccination – is not a priority for the capitalists and their bought-and-paid-for politicians.

Baltimore: a case study

Baltimore, a predominantly Black city, is a case study in what is happening around the country, including larger cities like Chicago and New York.

The school superintendent and Democratic city administration refused to heed the Baltimore Teachers Union, which asked them to act preemptively to protect teachers, students and the community before the scheduled return to classrooms following the year-end holiday break.

On Dec. 22, BTU President Diamonte Brown said: “There is much we do not yet know, but what is clear is that transmissions are at record levels and vaccination does not eliminate infection. It is prudent and necessary for City Schools to consider all possibilities.

“However, there have only been minimal changes to the status quo and we have not

heard of any contingency plans that could be enacted if circumstances continue to worsen.”

The union quickly laid out a clear course of action and preparation, calling on the city to open the winter session remotely and delay in-person schooling while testing and safety measures are put in place.

Instead, the Baltimore City officials plowed forward with reopening, with no plan, minimal testing and resulting chaos.

Baltimore activist Sharon Black of the Unemployed Workers Union told Struggle-La Lucha: “The community is outraged. It’s been up to teachers to raise money to provide N95 and KN95 masks, and not a thing has been discussed in terms of safety on buses at school rush hour – either for drivers or students.”

The School Board and Baltimore City Health Department claim they will have testing in place and possibly completed by the end of January – after schools have already been back in session and spreading COVID for weeks. School staff have reiterated that many air filters and purifiers are in need of further maintenance.

“It is profits before people that is driving this criminal neglect of the health of young people and teachers. ‘Get kids back to school, so parents can make money for bosses’ is their motto,” Black added.

Role of Biden and the CDC

The Biden administration has encouraged this dangerous behavior, with the president repeatedly saying that schools should remain open.

Biden’s Centers for Disease Control issued new guidelines Dec. 27 cutting the quarantine period for infected people from 10 to 5 days, citing “societal impact” (e.g., critical infrastructure and staffing shortages) as a major reason.

Even former Surgeon General Jerome Adams, a Trump appointee, advised against following the new CDC guidance, saying people should get a negative test before leaving isolation. Adams [called the change](#) “a compromise to keep the economy open in the face of inadequate tests.”

Shortly after the CDC altered its guidelines to benefit bosses at the expense of public health, it also issued a report that COVID infection may [increase the danger of diabetes in children](#) – a chronic, lifelong and potentially fatal condition that requires expensive maintenance drugs.

[The Movement of Rank and File Educators \(MORE-UFT\)](#) in New York pointed out the Biden administration’s hypocrisy, noting that on Jan. 2, as schools were about to resume in-person classes, the White House press briefing room was being reduced to only 14 seats due to concerns about omicron. “Cool, cool, but 30 kids in a classroom is fine.”

In truth, what we are seeing is Trump’s vision of mass infection unimpeded by public health measures taking shape under Biden and the “anti-Trump” Democrats. Because the capitalist class demands it, and both Republicans and Democrats at bottom exist to serve their interests.

The more Biden, Adams, Lightfoot & Co. barrel ahead endangering the lives of workers and their children, the more resistance they will face, and the more people will become aware that neither Democrats or Republicans can be relied on to protect their most basic rights.

Only independent organization in the spirit of the rebellious Chicago teachers and New York students can defend the lives and health of the people!

The writer is the parent of two New York City public school students.



People before patents: Moderna's "Grand Theft Vaccine"

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The [World Health Organization](#) estimates that 5.1 million people have died of the coronavirus. The [Economist](#) magazine claims that the real number of deaths may be three times as many.

Meanwhile [Pfizer expects to rake in sales of \\$36 billion](#) from its covid vaccine in 2021. The collective wealth of Moderna's three top shareholders—Noubar Afeyan, Robert Langer and Timothy Springer — [ballooned to \\$12.7 billion](#) because of vaccine sales.

Moderna didn't create its very effective vaccine by itself. The corporation, which has never brought out a product before, got \$1.4 billion from the U.S. government to develop it. Uncle Sam paid Moderna another \$8.1 billion for a half-billion doses.

More importantly it was scientists from the National Institutes of Health who helped design the genetic sequence used in Moderna's vaccine. These NIH scientists were Dr. Kizzmekia Corbett, Dr. Barney Graham and Dr. John Mascola.

Yet [when Moderna filed its patent application](#) in July for the vaccine these scientists weren't mentioned. That's particularly rotten in the case of Dr. Corbett, a Black woman.

It's not just a matter of stealing credit. Moderna wanted government money and crucial help from NIH scientists but it didn't want to share any of the profits.

Moderna has only sold a million vaccine doses to poor countries. It charged the African country of Botswana \$29 per dose, [a 79% higher price](#) compared with its deal with the U.S. government.

That's typical behavior for the big drug outfits known as Big Pharma. Every minute BioNTech, Moderna and Pfizer are together collecting \$65,000 in profits from their COVID-19 vaccines, according to the [People's Vaccine Alliance](#).

That amounts to \$93.5 million per day. At the same time [just one out of fifty people](#) in poor countries have been fully vaccinated.

Patent robbery = death

Patents are legal monopolies that are supposed to encourage innovation. The medical-industrial-complex uses them to jack up prices on life saving medications.

Take the [EpiPen](#), which is a brand name for an injectable device that delivers the drug epinephrine to people suffering a severe allergic reaction. Access to EpiPens can mean the difference between life and death.

Mylan Pharmaceuticals, which later merged with Upjohn to form Viatris, [increased the price of EpiPens by over 500%](#) between 2006 and 2016.

Insulin is a life saving medication for millions of people with diabetes. The Canadian Dr. Frederick Banting discovered insulin along with James Collip and Charles Best in 1923.

Banting refused to put his name on [the patent for insulin](#). He wrote that “insulin does not belong to me, it belongs to the world.” Banting’s two co-discoverers sold the insulin patent to the University of Toronto for one dollar.

That doesn’t prevent the drug outfits from [increasing the average annual cost of insulin](#) of over 15% since 2012. That’s an increase of three and a half times in nine years.

By 2016 the average monthly [cost of insulin](#) had risen to \$450 per month. As a result [one in four people using insulin](#) have reduced their dosage. That’s why Minneapolis restaurant worker Alec Smith [died in 2018 because he couldn’t afford insulin’s](#) high cost.

It isn't just insulin that's overpriced. The communist activist David Schechter, a former math teacher and computer programmer, suffered a stroke because he couldn't afford his medication. He died eight years later in 2014.

Take over Big Pharma!

The failure to vaccinate billions of people in Africa, Asia and Latin America has allowed the coronavirus to mutate into the more spreadable Delta variant. In a world of jet planes and global supply chains, everyone has to be able to be vaccinated.

Cuba and China want to do that. These socialist countries are sharing their vaccines with the rest of the world while capitalist Big Pharma is stalling.

Patents need to be shared and new vaccine plants need to be built in Africa. Don't count on the U.S. government to do so voluntarily.

The Al-Shifa pharmaceutical plant in Sudan was destroyed in 1998 by a U.S. cruise missile. This was the largest medicine factory in Africa and could have produced millions of vaccine doses.

However, when Uncle Sam needed more aluminum for its airplanes in World War II, it broke Alcoa's monopoly on the metal. That's despite the billionaire Mellon dynasty controlling the company. The U.S. Senate Defense Committee and Secretary of the Interior Harold Ickes [advocated taking over Alcoa.](#)

In a world of nearly 8 billion people, the Biden Administration's plan to produce a billion more vaccine doses by the end of 2022 isn't enough. To defeat COVID-19, the power of the people has to be mobilized to smash the greed of Big Pharma and take over their patents.



They didn't have to die: U.S. capitalism fails to contain COVID-19

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Is there anyone who hasn't lost a loved one, friend, neighbor or co-worker to COVID-19? By the middle of September, one out of every 500 people in the United States had died of the coronavirus.

That means in an average little town of 10,000 people, 20 died and over 1,200 became ill, sometimes quite seriously. The number of deaths from COVID in the U.S. has probably equaled those who died in the 1918 influenza pandemic.

There's nothing equal about disease under capitalism. It wasn't inevitable that [one out of 35 people older than 85](#) in the U.S. died of COVID-19.

Former New York governor and maybe-not-so-former sexual predator Andrew

Cuomo [shoved thousands of seniors with COVID-19](#) back into nursing homes. This helped kill the 13,000 residents who died there, as well as many nursing home workers.

Cuomo did this to free up space in hospitals, dozens of which were closed since the 1970s by capitalist cutbacks. Twenty thousand hospital beds were thrown away, according to the New York State Nurses Association.

Some of the closed hospitals, like St. John's in the Elmhurst neighborhood of Queens, were turned into luxury housing.

Last year Fox News and Texas Lt. Gov. Dan Patrick were calling for grandma and grandpa to be thrown under the bus. Capitalists were demanding that the economy reopen even if more people would die.

Typical of their class was [California lawyer Scott McMillan](#). He tweeted: "The fundamental problem is whether we are going to tank the entire economy to save 2.5 percent of the population which is (1) generally expensive to maintain, and (2) not productive."

Seniors and disabled people are considered roadkill by banksters and billionaires. If you can't make profits for them anymore, you're fit for the scrap heap like an old piece of machinery.

Racism kills

Viruses don't discriminate, but capitalism does. In zip code 11369 — New York City's East Elmhurst neighborhood of Queens, where Malcolm X and his family lived — [one out of every 129 people](#) have died of COVID.

That's as if 2.6 million people had died across the United States. Overcrowded housing and working in essential jobs without sufficient protection help fill the

cemeteries and potter's fields.

At least [156 workers employed by New York's Metropolitan Transportation Authority](#) have died of the coronavirus. The overwhelming number of those who died belonged to Transport Workers Union Local 100.

These workers, who keep New York City's subways and buses moving, were told by the MTA last year not to wear masks. The MTA brass did so even though they had a stockpile of masks.

Dr. Martin Luther King Jr. declared in 1965 that "of all the forms of inequality, injustice in health is the most shocking and the most inhuman." The U.S. COVID-19 death rates for those aged between 40 and 65 years old are certainly shocking.

White people in that age bracket died at a rate of one out of every 1,300 people. That's bad enough.

Meanwhile, one out of every 240 similarly aged Indigenous people died. That's a death rate over five times higher.

Black and Latinx people [between ages 40 and 64](#) were also much more likely to perish. One out of every 390 Latinx people passed away, while so did one out of 480 Black people.

What's even more unequal are world vaccination rates against this killer disease. Despite Trump supporters urging people not to be jabbed, about 55 percent of the U.S population has been inoculated against COVID.

But [only four percent](#) of Africa's nearly 1.4 billion people have been vaccinated.

Pfizer, which makes the most widely used COVID vaccine, raked in profits of \$9.6 billion last year. Just in the first three months of 2021 it collected revenues of \$3.5

billion from its vaccine.

Yet the pharmaceutical giant has [donated less than 2%](#) of the 2.5 billion vaccine doses it made to Covax, an alliance that's trying to supply vaccines to Africa, Asia and Latin America.

The big drug outfits got President Bill Clinton to destroy the Al-Shifa pharmaceutical plant in Sudan with a cruise missile on Aug. 20, 1998. This was the largest medicine factory in Africa and could have produced many millions of vaccine doses.

Socialism vs. capitalism

Despite the best efforts of millions of healthcare workers — of whom [more than 3,600 have died](#) of COVID-19 — the U.S. medical-industrial complex has proven incapable of containing the pandemic. So has world capitalism.

The result is that the virus has been allowed to mutate into more virulent strains, like the Delta Variant. An average of 2,000 people are dying daily in the United States.

Just as capitalism is global, so are diseases. There's no such thing as a "pandemic in one country."

Karl Marx pointed out in "Capital" that capitalism in Europe arose from plundering Africa, Asia and the Americas. "Capital comes dripping from head to foot, from every pore, with blood and dirt," wrote Marx, describing the African Holocaust and the Holocaust of Indigenous peoples in the Americas. Capitalism brought smallpox and measles to this hemisphere.

The COVID-19 variants are also affecting socialist countries and countries trying to break free from world capitalism. It was [Delta that led to a sharp increase](#) of COVID-19 cases in Cuba.

Cuba is fighting back. Before the 1959 revolution the country didn't even manufacture aspirin. Socialist Cuba has now [developed its own vaccines](#) against COVID-19 and plans to fully immunize 92.6 percent of its population by Nov. 15.

Cuba also plans to supply millions of vaccine doses to people around the world. It agreed to [supply the Socialist Republic of Vietnam](#) with 10 million doses.

The socialist People's Republic of China has [announced plans to distribute two billion doses](#) worldwide in 2021.

Zimbabwe has been punished with sanctions by the U.S. and Britain since 2000 because its farmland was returned to Africans from whom it was stolen. That's what should have happened to the plantations following the U.S. Civil War, with the land being given to Black and Indigenous people.

Despite the sanctions, Zimbabwe's people have fought back. Members of the Zimbabwe African National Union - Patriotic Front (ZANU-PF) go through the entire country helping with necessary sanitation measures.

The result is that the African country of 15 million people had [an average 246 daily COVID-19 cases](#) as of Sept. 22.

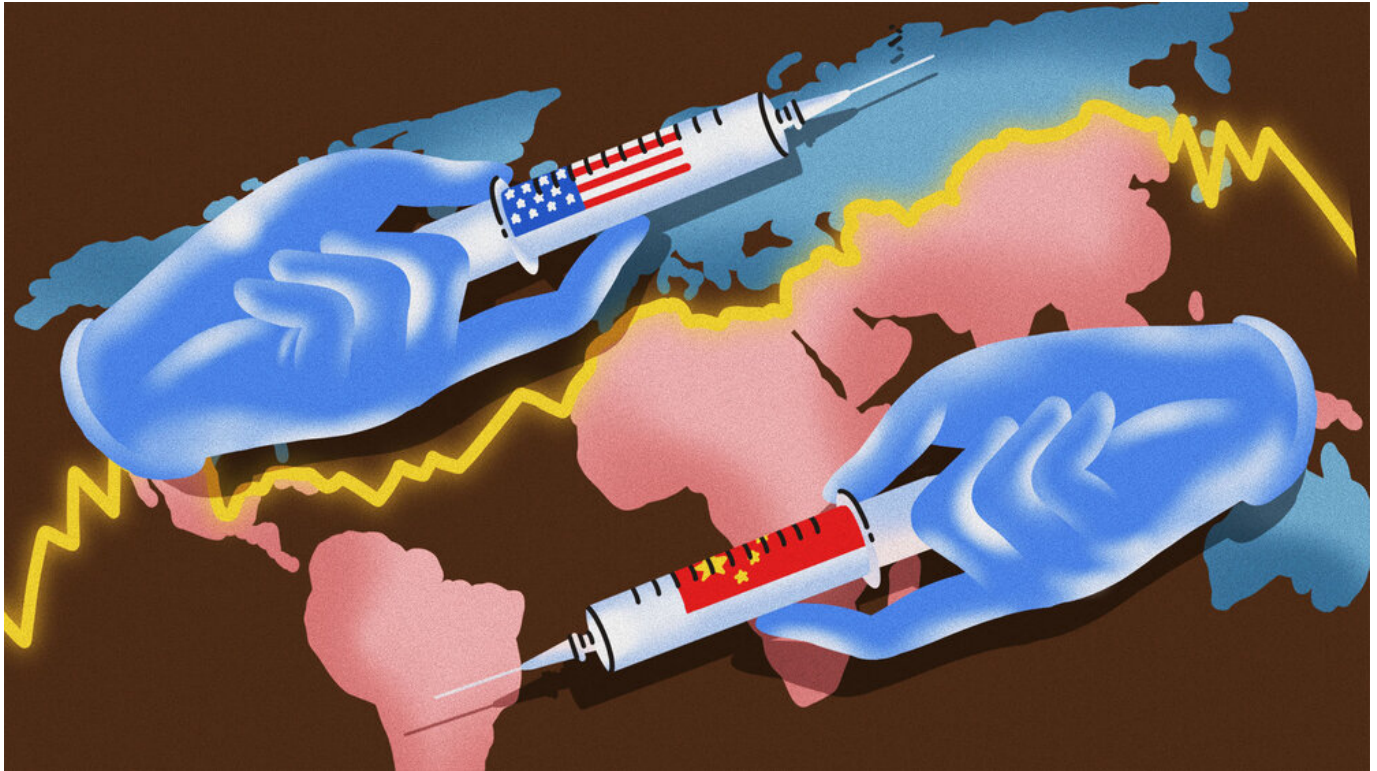
Compare that to Pennsylvania, a state with [13 million people and 17 billionaires](#). Pennsylvania had a [daily average of 4,715 COVID-19 cases](#) on Sept. 22 — nearly 20 times the number in Zimbabwe.

Zimbabwe shows what can be done if people are organized. We need a socialist revolution to fight the next pandemic.



Why China's vaccine internationalism matters

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As rich nations stockpile COVID-19 vaccines, China is providing a lifeline to Global South nations spurned by Western pharmaceuticals and excluded by the West’s neocolonial vaccine nationalism. So why is China being smeared for its efforts?

United Nations Secretary-General António Guterres [called](#) it “the biggest moral test” facing the world today. World Health Organization Director General Tedros Adhanom [warned](#) of a “catastrophic moral failure” whose price would be paid with the lives of those in the world’s poorest countries.

Such cautionings of inequitable global vaccine distribution have been shunted to the margins; instead, optimistic chatter of “returning to normal” is circulating once

again as Global North citizens line up for their long-awaited COVID-19 vaccine. But normal, as ever, is relative: public health advocates [warn](#) that some countries may not be able to even begin their vaccination campaigns until 2024.

Vaccine apartheid is here, and it is revealing once more the ways our world continues to be structured by the geopolitical binaries of colonialism, capitalism, and racism. The People's Vaccine Alliance [reports](#) that rich countries have bought enough doses to vaccinate their populations three times over. Canada alone has ordered enough vaccines to cover each Canadian five times over. Until March, the United States was [hoarding](#) tens of millions of AstraZeneca vaccines—not yet approved for domestic use—and refusing to share them with other countries (only under immense pressure did the Biden administration [announce](#) it would send doses to Mexico and Canada). Israeli officials, [lauded](#) for delivering a first dose to more than half of its citizens, have [likened](#) their responsibility to vaccinate Palestinians living under apartheid to Palestinians' obligation to "take care of dolphins in the Mediterranean." The European Union has [extended](#) controversial "ban options" which allow member states to block vaccine exports to non-EU nations. Meanwhile, countries like South Africa and Uganda are [paying](#) two to three times more for vaccines than the EU.

As of March 2021, China had shared 48% of domestically-manufactured vaccines with other countries through donations and exports. By contrast, the United States and United Kingdom had shared zero.

While the Global North hoards global vaccine stockpiles, China—alongside other much-maligned states such as Russia and [Cuba](#)—is modeling a very different practice of vaccine internationalism. As of April 5th, the Foreign

Ministry [reported](#) that China had donated vaccines to more than 80 countries and exported vaccines to more than 40 countries. Science analytics firm Airfinity [reported](#) that as of March 2021, China had shared 48% of domestically-manufactured vaccines with other countries through donations and exports. By contrast, the United States and United Kingdom had shared zero. China has also partnered with more than 10 countries on vaccine research, development, and production, including a [joint vaccine](#) in collaboration with Cuba.

Crucially, China's vaccine sharing has provided a lifeline to low-income Global South nations who have been out-bid by rich nations racing to stockpile Western-made vaccines. Donations to African nations including [Zimbabwe](#) and [Republic of Guinea](#), which both received 200,000 Sinopharm doses in February, have allowed those countries to begin vaccine rollouts for medical workers and the elderly rather than wait months or even years for access to vaccines through other channels. Just a week after Joe Biden [ruled out](#) sharing vaccines with Mexico in the short term, the country finalized an order for 22 million doses of China's Sinovac vaccine to fill critical shortages.

Even more, Chinese vaccine aid has reached countries isolated from global markets by sanctions and embargoes enforced by the United States and its allies. In March, China [donated](#) 100,000 vaccines to Palestine, a move [praised](#) by the Palestinian health ministry for enabling the inoculation of 50,000 health workers and elderly in Gaza and the West Bank who have been cut off from accessing Israeli vaccine rollouts. Venezuela, with many of its overseas assets frozen by U.S. sanctions, received 500,000 vaccines [donated](#) by China in a gesture praised by Nicolás Maduro as a sign of the Chinese people's "spirit of cooperation and solidarity." China's international vaccine policy follows the broad pattern of China's early pandemic aid, which [similarly](#) equipped low-income and sanctions-starved nations with the tools to combat the pandemic at home.

From Venezuela to Palestine, Chinese vaccine aid has reached countries isolated from global markets by sanctions and embargoes enforced by the United States and its allies.

In the face of a global pandemic that the U.S. alliance has used as a political cudgel against China, China's vaccine internationalism has been a natural outgrowth of its philosophy of mutual cooperation and solidarity. From rapidly [sequencing](#) the viral genome and making it immediately publicly accessible to world researchers, to sending medical delegations to dozens of nations around the world, China's pandemic response has been guided by a simple axiom of global solidarity. Xi Jinping made China the first nation to [commit](#) to making a COVID-19 vaccine a global public good in May 2020, meaning any Chinese vaccine would be produced and distributed on a non-rivalrous, non-excludable basis. In a telling contrast, that commitment came just as President Donald Trump [threatened](#) to permanently freeze U.S. funding to the World Health Organization in an attempt to punish the organization for daring to work cooperatively with Chinese health officials. Chinese Foreign Minister Wang Yi has similarly [emphasized](#) vaccine solidarity, urging his colleagues at the United Nations Human Rights Council in February that "solidarity and cooperation is our only option." Wang chastised countries that he noted are "obsessed with politicizing the virus and stigmatizing other nations" and implored that global vaccine distribution be made "accessible and affordable to developing countries." China's record to date shows it is working to follow through on the lofty rhetoric its officials have used to implore global solidarity to defeat the pandemic.

Because China's vaccine internationalism models a form of multilateral cooperation beyond the scope of U.S. hegemony, it has been met with relentless media propaganda designed to cast China's vaccination efforts as shady, manipulative, and

unsafe. In November 2020, the Wall Street Journal gleefully [announced](#) that Brazil had suspended trials of the Sinovac vaccine following an “severe adverse event.” Jair Bolsonaro, the right-wing Brazilian president and Trump ally, declared it a “victory.” Casual observers would reasonably assume that there were serious safety issues with the Chinese vaccine; only closer reading would fill in the crucial context, that the [cause of death](#) of the participant was in fact suicide. A similar ruse was exploited in January, as headlines [blasted](#) that a Peruvian volunteer had died in the midst of a Sinopharm vaccine trial. Again, behind the salacious headlines was a crucial detail: the volunteer, who died of COVID-19 complications, had [received](#) the placebo rather than the vaccine.

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As [study](#) after [study](#) shows the efficacy of Chinese and Russian vaccines, the media has turned to painting vaccine aid and exports as a dangerous form of “vaccine diplomacy.” Human Rights Watch nonsensically [described](#) China’s vaccine aid as a “dangerous game,” citing conspiracies about the research development of Chinese-made vaccines. The New York Times [wondered](#) if China had “done too well” against COVID-19, claiming that the government was “over-exporting vaccines made in China in a bid to expand its influence internationally.” Headline after headline [bemoaned](#) that China was “winning” at vaccine diplomacy, making clear that Western pundits view the lives of Global South peoples as pawns in a zero-sum

game valued only insofar as they further the interests of Western hegemony.

Some advocates say the bias against Chinese vaccines is based both on geopolitics and racist notions of scientific expertise. Achal Prabhala, coordinator of the AccessIBSA project, which coordinates medical access in India, Brazil and South Africa, [said](#) “the entire world—not just the West—is incredulous at the idea that you could have useful science in this pandemic come out of places not in the West.” Yet he emphasized the importance of Chinese and Indian vaccines as a “lifeline” to low and middle-income countries, both in addressing vaccine gaps in the developing world and as a “useful cudgel” for negotiations with Western pharmaceuticals.

Despite mainstream media tropes of Chinese “vaccine diplomacy,” it is the United States—not China—whose pharmaceutical companies are employing exploitative tactics to profit from vaccine sales. Pfizer, for instance, has been [accused](#) of “intimidating” Latin American governments in their vaccine sale negotiations, asking countries to put up embassy buildings and military bases as collateral to reimburse any future litigation costs—leading countries like Argentina and Brazil to reject the vaccine outright. One can only imagine the media hysteria which would ensue were Sinopharm to be caught demanding overseas military bases as collateral for its vaccine exports. But because it is a U.S. company, Pfizer’s medical neocolonialism has been absolved and flown under the radar.

Despite allegations of Chinese vaccine opportunism, it is the United States which has politicized its recent foray into vaccine exports. During his first meeting with leaders of the “[Quad](#),” an anti-China alliance likened to NATO and consisting of the United States, Australia, India, and Japan, Joe Biden [announced](#) his intention to use the alliance to produce one billion vaccines for distribution in Asia in an explicit bid to “counter” China. It is telling that while China stresses global cooperation through channels such as COVAX (to which it has [donated](#) 10 million doses) the WHO, and the UN peacekeeper’s vaccination [program](#), the United States is pursuing vaccine

diplomacy through a highly-politicized military alliance designed to contain China. Likewise, despite the Biden administration's lofty rhetoric about its leadership over a global "rules-based order," it is the United States which has [violated](#) a UN Security Council resolution demanding a global military ceasefire to facilitate pandemic cooperation with [recent](#) airstrikes in Syria.

Perhaps most egregiously, the United States and other rich nations have blocked a [proposed](#) World Trade Organization waiver on intellectual property restrictions which would enable Global South countries to manufacture generic versions of COVID-19 vaccines. Proposed by South Africa and India with the backing of China, Russia, and the majority of Global South nations, Global North obstruction of vaccine IP waivers in the WTO makes clear that the status quo of vaccine apartheid is not an accident, but a product of deliberate policy by Western nations to put the profits of their pharmaceutical companies above the lives of the world's poor.

Obstruction of vaccine IP waivers in the WTO makes clear that the status quo of vaccine apartheid is not an accident, but a product of deliberate policy by Western nations to put the profits of their pharmaceutical companies above the lives of the world's poor.

With Global North nations stockpiling vaccines and experts warning that new rounds of vaccinations may be necessary to combat COVID-19 variants, critical vaccine shortages are here to stay. China's manufacturing power and macroeconomic policy puts it in a position to continue to be the world leader in vaccine production. As of April, China's Sinovac [announced](#) it had reached the capacity to produce a whopping 2 billion doses of CoronaVac per year, thanks in part to Beijing district

government [efforts](#) to secure the company additional land for vaccine production. China's vaccine production builds on the [successful model](#) of state intervention and coordination through which state-owned enterprises and private companies rallied to construct hospitals, manufacture PPE, and coordinate food supplies during China's February 2020 outbreak.

The vaccine policies forwarded by China versus the U.S. and its allies serves as a microcosm for two very different worldviews: where China has insisted on global solidarity to defeat the pandemic, the Western world has refused to ease the pressures of its neocolonial regime. While China supports bids for vaccine equity in the WTO and UN, the Global North is bolstering vaccine apartheid for the sake of corporate profits. These differences alone ought to be enough to put to rest [vacuous assertions](#) that render U.S.-China conflict as a matter of "competing imperialisms."

Xi Jinping [stressed](#) at the beginning of the COVID-19 pandemic a commitment to "protect people's lives and health at all costs." Not when it is profitable, not when it is geopolitically expedient—at all costs. Western obstruction of efforts towards vaccine equity forwarded by China, Cuba, South Africa, and other Global South nations only reveals the very different calculus which governs the West's continuing neocolonial regime.



The West is practicing vaccine apartheid at a global level

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For rich countries, the billions of dollars of vaccine market for Big Pharma far outweigh the benefits of saving millions of lives.

More than an [eighth](#) of the world's population living in rich countries—the United States, Canada, the UK, and the EU—have access to more than 50 percent of the world's vaccine doses. According to [Our World in Data](#), about 112 million people in the United States alone received at least a single vaccine jab by April 8. This is more than 12 times higher than the total number of people vaccinated in the entire continent of Africa—which has [four times](#) the population of the United States. On April 8, the World Health Organization [said](#) that “nearly 13 million of the 31.6 million doses delivered so far [to 45 African countries] have been administered.”

And if we do not count the vaccine doses that have been administered in Morocco—truly an outlier in Africa—as of April 8, the United States has [received almost 35 times the vaccine doses that Africa has](#). No wonder Dr. Tedros Ghebreyesus, the WHO’s director-general, called the distribution of vaccines “[grotesque](#)” and “[a catastrophic moral failure](#).” Let us not call reserving the bulk of vaccines for a handful of rich ex-colonial or settler-colonial states “[vaccine nationalism](#).” Let us call it what it is: [vaccine apartheid](#) at a global level.

How much of the vaccines manufactured in the rich countries have gone to the rest of the world? The brutal answer is that the rich countries have kept their supplies [almost entirely to themselves](#). Moderna’s vaccine production has mostly been used to inoculate the population in the United States besides [supplying](#) it to some countries in [Europe](#) and to [Canada](#). Pfizer has supplied its vaccines to the [United States](#) from its U.S. facilities, and to [Europe](#) and the UK from its European plants. It has also [supplied](#) vaccines to Israel and the Gulf monarchies and [\(begrudgingly\) parts of Latin America](#), but that makes up a small fraction of its total production.

The rich countries have had some [squabbles](#) with each other over vaccine supplies—an example of this is the [clash](#) between the EU and the pharmaceutical company AstraZeneca and the UK. Perhaps this is why they have had no time to think about the rest of the world.

A comparison of the number of doses manufactured by the rich countries with the number of doses used by them in their own countries provides a clear picture of the extent of vaccine apartheid practiced by these countries. An article in the New York Times in late March [reveals](#) how “Residents of wealthy and middle-income countries have received about 90 percent of [the nearly 400 million vaccines delivered so far](#).”

Where has the rest of the world gotten its vaccines from? It appears that the only other sources of vaccines for low- and middle-income countries are the ones being

produced by [China](#) and [India](#), with [Russia](#) providing smaller amounts of vaccines. This is substantiated by various [press sources](#) that recount how countries in Latin America, Eastern Europe, Africa, and Southeast Asia are [receiving](#) supplies from China, India, or Russia.

How much of the vaccine supplies from Sinovac, a Beijing-based biopharmaceutical company, and Sinopharm, a Chinese state-owned company, was administered locally in China, and how much has been provided to the rest of the world? About [115 million doses have been used in China, and the same amount has gone to the rest of the world](#), according to an April 5 article in Nikkei Asia, which relied on data provided by Airfinity, an analytics company. Similarly, based on the figures released by India's [Ministry of External Affairs website](#) on April 15, 2021, more than 65 million doses of the Serum Institute's Covishield vaccine—licensed from AstraZeneca—have been exported to other countries. With the surge in the rate of infection in India recently, the doses exported from India have fallen in comparison to the number of doses it has administered to its own population. According to an April 13 [article](#) in Deutsche Welle, “more than 104.5 million people in the country have received at least one dose of the inoculation,” while “India has shipped more than 60 million doses to 76 nations.” China and India are the *only two major countries that have been willing to export vaccines* while also vaccinating their own people.

To curtail the sharp [rise](#) of COVID-19 cases in India, the country is currently prioritizing its supplies and has [temporarily halted](#) exports of vaccines from India. This has slowed down vaccine supplies to other countries [significantly in March and April](#) and will impact the COVAX program, particularly in Africa, which is heavily dependent on the WHO's [Access to COVID-19 Tools \(ACT\)-Accelerator program](#) and its vaccines pillar of COVAX.

Sputnik V, developed by the highly respected Gamaleya National Center of

Epidemiology, has [shown its efficacy](#) in clinical trials. Ramping up its production, however, has been slow. Russia's [production capacity of vaccines](#) is not on the scale of Indian and Chinese manufacturers. While many [Indian](#) and [South Korean](#) companies have expressed interest in manufacturing Sputnik V, they have yet to start doing so. Only one South Korean company—Hankook Korus Pharm—has [started production](#) of Sputnik V, and a [large consortium of South Korean companies](#) have signed up to manufacture 500 million doses. Five Indian companies—Hetero Biopharma, Gland Pharma, Stelis Biopharma, Virchow Biotech, and Panacea Biotech—[have inked deals with the Russian Direct Investment Fund \(RDIF\)](#) for setting up a [combined](#) production capacity of 850 million doses.

Meanwhile, even as India looks to ramp up its current vaccine production to meet the worldwide demand for vaccines, it has not been able to do so. The [Serum Institute of India](#), the largest vaccine manufacturer in the world, can produce up to [100 million](#) Covishield doses per month and can add to that capacity with additional investments. Similarly, Biological E—which is expected to produce [600 million doses of Johnson & Johnson's single jab vaccine](#) after recent approvals by the United States Food and Drug Administration—has not been able to begin production. This raises questions about what is preventing these companies from expanding and producing vaccines.

This is where the global media—read: the dominant Western media—fails to inform the people about the bottlenecks in ramping up production around the world. Apart from [the intellectual property rights issue](#), the major roadblock to quickly ramping up global vaccine production is that the rich countries—the United States, the EU, and the UK—have been [refusing](#) to export not only vaccines but also the supplies of intermediate products and [raw materials](#) required for vaccine production in other countries.

The United States is using a 1950 Korean War-vintage Defense Production Act to

curb exports of vaccines as well as [raw materials](#) and other inputs vital for vaccine production elsewhere. In a [letter](#) to India's commerce secretary Anup Wadhawan and foreign secretary Harsh Vardhan Shringla, Prakash Kumar Singh of the Serum Institute wrote that by invoking the Defense Production Act, the United States is making it difficult to "[import] necessary products like cell culture medias, raw material, single-use tubing assemblies and some specialty chemicals" to India, according to an [article](#) in Mint. The [U.S. restrictions](#), which prioritize Moderna and Pfizer's vaccine production, harm not only the Serum Institute's Covishield production but also its efforts to produce another [1 billion doses](#) of [Novavax vaccine](#). Adar Poonawalla, the chief executive of the Serum Institute of India, [told](#) a World Bank panel recently, "The Novavax vaccine, which we're a major manufacturer for, needs these items from the U.S. We are talking about having free global access to vaccines but if we can't get the raw materials out of the U.S.—that's going to be a serious limiting factor," according to an article in the [Financial Times](#).

Similarly, Mahima Datla, managing director of Biological E, which is committed to making Johnson & Johnson's single-dose vaccine in India, voiced her concern about the U.S. embargo on vital intermediate products and supplies. In an [interview with the Financial Times](#), she said that materials that are a vital part of vaccine production are made only by a limited number of companies that are under the U.S. embargo. Unless the global supply chain is viewed in its entirety, and not with the me-first approach of the United States and the rich countries, we will not be able to control the pandemic.

The Indian government, which looked quite willing to be the [Quadrilateral Security Dialogue's COVID-19 vaccine supplier](#)—as also seen from the joint statement by Quad leaders, "[The Spirit of the Quad](#)"—seems to have backed off from any public engagement with the U.S. government on this count. There has been no public response by the government of India relating to the plea of the Indian big generic manufacturers on how to facilitate both capital and the much-needed supplies for

rapidly increasing production. Instead, the Indian government has slowed down its export of vaccines to other countries, worsening the global crisis.

The other part of the ugly picture of vaccine apartheid is the [vicious campaign](#) mounted against the Chinese and Russian vaccines. It is bad enough that the United States and its allies are not willing to share the vaccine they produce with the rest of the world. Moderna and Pfizer vaccines are not available to most low- and middle-income countries, and even if they were available there, these countries would not be able to provide the ultra-cold chain infrastructure required by these mRNA vaccines. An anti-China and anti-Russia campaign by Western media means that they are willing to deny the global population of any vaccine—even if this means taking on the risk of new variants emerging and the permanent threat of COVID-19 looming large across the world.

The latest in this anti-China campaign is twisting the statement of Gao Fu, the head of the Chinese Center for Disease Control and Prevention, who suggested improving the efficacy of the vaccines being produced by China by mixing them. This is being touted as a “[rare admission of weakness](#)” and proof of the poor quality of Chinese vaccines. How are similar statements by [AstraZeneca of using Sputnik V](#) as the second dose along with a first dose of AstraZeneca not viewed in the same light?

The figures to show more than [90 percent efficacy](#) for Moderna and Pfizer, and above [62 percent](#) for Oxford-AstraZeneca, compared to supposedly only about [50 percent](#) efficacy for the Sinovac vaccine do not reflect a true comparison. In clinical trials in Turkey and Indonesia, the figures for Sinovac’s vaccine were [83.5 percent](#) and [65.3 percent](#), respectively. The low figure of 50.4 percent in the Brazilian trial was the result of counting very mild symptoms as positive cases, which other [vaccine trials did not count](#). Data of Brazil’s Sinovac’s CoronaVac trials showed that it provided 78 percent protection in mild cases and 100 percent protection in moderate and severe cases, according to an [article](#) in Bloomberg.

Esper Kallas from the School of Medicine, University of São Paulo, Brazil, pointed out in an [article](#) in Science Magazine, “If you can prevent someone being seen by a doctor by 78 percent and prevent hospital admissions by 100 percent, let’s give a toast and celebrate.”

The good news is that Sinovac’s vaccine is maintaining its efficacy against the more transmissible and dangerous [Brazilian P1 variant at more than 50 percent](#). AstraZeneca’s vaccine has [low efficacy](#) (10.4 percent) against the B.1.351 prevalent currently in South Africa, although it [was more effective against the B.1.1.7 variant](#), otherwise known as the UK variant.

I have earlier reported [about the World Trade Organization rules](#) and the rich countries’ unwillingness to temporarily suspend intellectual property rights rules so that all the vaccine producers can re-engineer their facilities very quickly to produce COVID-19 vaccines. In the books of the rich countries, the tens of billions of dollars to be earned as profits in the vaccine market by Big Pharma far outweigh the benefits of saving millions of lives. This also explains the vicious campaign against Chinese and Russian vaccines. For Big Pharma and the rich countries, it is [profit](#) over lives every time, whether it was during the AIDS epidemic earlier or with the COVID-19 pandemic now.

Vaccine apartheid and support for Big Pharma are driving the policies of the rich countries. It does not matter that these policies will perpetuate the continuation of the global pandemic and the emergence of new variants along with the economic crisis being faced by most nations. Only a powerful movement for people’s health and universal vaccines can beat back the offensive by Big Pharma coupled with the ongoing vaccine apartheid by the rich countries.

This article was produced in partnership by [Newsclick](#) and [Globetrotter](#). Prabir Purkayastha is the founding editor of Newsclick.in, a digital media platform. He is an activist for science and the free software movement.



Wall Street Journal lies about Detroit vaccinations

written by Struggle - La Lucha

January 13, 2022

Detroit — The Wall Street Journal proudly admits it is a mouthpiece for capitalism. According to WSJ the private, for-profit sector is the best solution for the problems faced by the earth's human inhabitants.

Thus it is no surprise that an April 3 article about [Detroit's COVID-19 vaccination battle](#) would reflect this bias. The article's subhead asserts: "City's mostly Black residents largely aren't using the mass vaccination site at Ford Field, with many finding access difficult." It lies by telling only part of the story.

The common capitalist view of post-bankruptcy Detroit was that this proud, Black, working-class city had been forced into the dominant privatized capitalist model. Virtually every municipal asset was monetized or privatized to satisfy the banks and bondholders.

A Feb. 22 [Detroit News article](#) quotes Chief Deputy Financial Officer Tanya Stoudemire confirming that “the pension fund is the lone remaining asset creditors could go after.”

The COVID-19 pandemic unmasked the fallacy of the for-profit private sector panacea, especially in its most dominant ideological center, the United States. The warp-speed vaccine rollout continued the indictment of neoliberal capitalism, as each state competed for resources, every county and town had its own testing, masking, education and vaccination responses to the pandemic, with this chaos resulting in unnecessary deaths and hardships.

In Baltimore, for example, people wanting the vaccine signed up at multiple registration sites, and showed up at vaccination sites at the end of the day hoping to get a leftover vaccine before it expired and was thrown away.

Instead of explaining what Detroit did correctly, the WSJ article presents the city as yet another poster child for the failure of government; in this case the prominent Democratic Michigan Gov. Gretchen Whitmer. Its reporter only examines the Michigan state vaccination center at Ford Field, home of the Detroit Lions football team, plus an individual pastor, as though that was the full picture.

This auxiliary regional vaccination center opened just weeks ago, on March 23, but its problems and demographics are used to falsely claim that Detroit’s Black population, hard-hit in the early pandemic, is not being served. In fact, Detroit began drive-through mass vaccinations at the TCF Convention Center on January 14.

Coordinated government response

Looking at history, the current post-bankruptcy Detroit city administration would seem to be free market proponents. Mayor Mike Duggan, the first white, suburban mayor since the 1973 election of the widely revered Coleman A. Young, privatized

the Detroit Medical Center — home of Detroit Receiving Hospital, formerly Detroit General.

Yet when the pandemic ravaged Detroit at the outset, killing Black elected officials, bus drivers and thousands of our loved ones in the first few months, the city administration organized a centralized response.

First, the administration gave in to a longstanding community campaign opposing shut-offs and demanding affordable water. It restored service to thousands of homes where service was denied for non-payment of unfair bills that were inflated to repay bonds. The city even worked with the Plumbers union to fix failed pipes in some homes.

Mass, centralized COVID-19 testing was organized. When the vaccine became available, mass vaccination began.

Weekly televised reports from the mayor, health officials and community representatives addressed new measures to confront the virus and vaccinate Detroiters. The [Detroit COVID-19 Vaccine Dashboard](#) provides the numbers and outlines the effort to reach the most vulnerable, the homeless, nursing homes and senior apartments, essential workers, first responders, teachers, Detroit residents and those who work here.

There are “good neighbor” vaccinations for people who drive eligible seniors to vaccination appointments, and \$2 rides for people who need them, including people with disabilities. Senior Saturdays vaccinated 500 people each week at each church designated across the city.

When the Johnson & Johnson vaccine was finally available, a new site opened at the Northwest Activity Center. All appointments are made through a well-staffed central phone number — not multiple websites.

Alongside the city's effort, health plans at Henry Ford Health Systems and Beaumont Hospital also rolled out appointments for their clients, many of them also Detroiters.

It's definitely not socialism. Yet Detroit does show that coordinated government response is necessary, even in a capitalist system, to begin to successfully confront the pandemic. It rebuffs the Wall Street Journal's narrow article.

Detroit and Michigan elected officials are also aware of Cuba and its healthcare achievements, made with few material resources under a U.S. economic war. But they were constrained by the capitalist norms and fell back on them under the pressure of the crisis. Cuba's life-saving tools that prevented infection and the death of health care workers were not considered.

National Nurses United just revealed that 3,200 health care workers in the U.S. have died of COVID-19.

Beginning last May 5, twelve U.S. City Councils and six labor councils, including the Washington State Labor Council, have passed resolutions calling for cooperation with Cuba to end the pandemic and to end the U.S. blockade. These actions by the Saving Lives Campaign — a joint project of the National Network on Cuba and the Canadian Network on Cuba — represent millions of U.S. residents who stand to benefit from Cuba's excellent medical and pharmaceutical advances.

International solidarity, not sanctions and blockades, are the key to improving lives right here at home.



‘Is COVID-19 as deadly as they say?’ Stupid question. Deadly answer.

written by Struggle - La Lucha
January 13, 2022



“Is COVID-19 as Deadly as They Say?” was a headline in the Wall Street Journal on March 25, 2020.

One year later, over 2.8 million people around the world have died of the coronavirus. In the United States, the pandemic killed 551,638 people as of March 31.

Even Dr. Deborah Birx, who was on Trump’s coronavirus panel, [admits hundreds of thousands of lives could have been saved](#) if safety measures had been taken earlier. That’s what socialist China did in Wuhan and surrounding Hubei province starting in January 2020.

The 58 million people living there had their companies and schools closed for several weeks. Seniors weren't left to die in nursing homes, as they did in New York state and across the U.S.

No one in Wuhan went hungry. While U.S. cops murder poor people like George Floyd, China's socialist police delivered meals to people in their homes.

The result is that China suffered 4,636 deaths, less than one percent of the U.S. total.

China's actions were unthinkable for capitalists like those at the Wall Street Journal. They can't imagine putting people's lives ahead of corporate profit.

Now a fourth wave of the virus may be starting. Cases [in Michigan](#) have increased five-fold since February. Centers for Disease Control Director Dr. Rochelle Walensky said she had a feeling of ["impending doom."](#)

At this point, it seems the only answer being pursued by the U.S. government is to hope vaccinations outpace a possible virus upsurge. Ultra-right elements, like those at Fox News, want all the remaining safety measures dismantled.

Racism and the virus

Under capitalism, the coronavirus is not an equal opportunity killer. The Navajo Nation had [the highest per capita rate of covid cases](#) in the United States last year. As of April 1, some [1,252 members of the Navajo Nation have died](#) from COVID-19.

That's almost three times as many deaths as suffered by socialist Cuba, whose population of 11.3 million people is 50 times as large.

Before the 1959 revolution, when Cuba was a sugar colony for Wall Street, it couldn't even manufacture an aspirin. Now the socialist country is [testing different](#)

[vaccines against COVID-19](#). It's sharing them with Iran and other countries around the world.

Big pharmaceutical outfits like Pfizer don't foresee vaccinating a billion Africans until 2024 or later. That's vaccine apartheid, similar to the denial of retroviral therapies for HIV-AIDS to Africans for a decade after they were being used in the U.S.

Millions of people died as a result. [Andrew Natsios](#) — the head of the U.S. Agency for International Development under President George W. Bush — thought it was useless to provide help to Africa. The drugs were to be taken at certain times of the day and Natsios claimed in 2001 that Africans "don't know what Western time is."

So what's the excuse for the East Elmhurst neighborhood in Queens, N.Y.? One out of 160 people in the 11369 zip code have died there of COVID-19. That's almost four times the overall U.S. rate.

Malcolm X and his family lived in East Elmhurst at 23-11 97th Street in the Black and Latinx neighborhood. Two hundred ten people have died of the virus [in the community](#) of 33,000 people.

That's six times the 35 people who've died of COVID-19 in the Socialist Republic of Vietnam, a country of 98 million people.

The U.S. dropped thousands of napalm and phosphorus bombs on Vietnam, burning alive children and older folk. The Pentagon dropped even more bombs on Vietnam's neighboring country of Laos. Hundreds of thousands of people had to live in caves in order to survive.

No one has died of the coronavirus in the socialist Lao People's Democratic Republic, a country of 7.1 million people. But in New York City — the capital of capitalism with 8.6 million people — [31,262 people have died](#) of COVID-19 as of

April 1.

Please remember this whenever you hear somebody claim that “socialism doesn’t work.”



‘Free the vaccine’ protest hits Pfizer profiteering

written by Struggle - La Lucha

January 13, 2022

More than a hundred people gathered outside Pfizer’s midtown Manhattan headquarters on March 11 to demand the drug company provide its COVID-19 vaccine to poor countries.

Under current schedules, it won’t be until 2024 that most people in Africa, Latin America and South Asia will be vaccinated. That’s because Big Pharma outfits like Pfizer think it’s not profitable enough to do so sooner. Last year Pfizer had a net

income of \$9.6 billion.

Speakers said the unavailability of vaccines was a death sentence for the poor. Among them was Dr. Roona Ray, a family physician and supporter of Physicians for a National Health Program.

The delayed rollout of vaccines for countries made poor by global capitalism threatens everyone's health. Rally participants pointed out that "no one is safe until everyone is safe."

Members of ACT-UP and other organizations came to the noontime rally, held two blocks from United Nations headquarters.

While Pfizer rolls in the profits, socialist Cuba is preparing to manufacture 100 million nonprofit vaccine doses. Before 1959, when Cuba was a sugar colony for Wall Street, the country wasn't even able to make an aspirin.





Community leaders demand: End vaccine apartheid in Baltimore

written by Struggle - La Lucha
January 13, 2022



On March 6, community leaders held a news conference announcing the formation of the Baltimore Saving Lives Campaign. They called for an end to vaccine apartheid in Baltimore, and for concrete remedies to the disparity in Maryland's COVID-19 vaccine rollout.

Participants included the Rev. Annie Chambers, Peoples Power Assembly and Douglas Homes advocate; Dr. "Doc" Marvin Cheatham, president, Matthew Henson Neighborhood Association (West Baltimore); Leon Purnell, director, Men's and Family Center (East Baltimore); Joyce Butler, Prisoners Solidarity Committee; and Sharon Black, retired RN and Peoples Power Assembly.

The press conference took place on a blustery cold day in front of Dallas Court at Douglas Homes. Rev. Chambers explained: "In this small housing court, three people have died from COVID-19 and a fourth has developed serious COVID illness. I have also lost a family member to COVID."

"We are asking for a minute of silence for the lives lost to COVID-19," Sharon Black announced. "You can see that this is not an abstract question for us. We will not rest until every person who wants a vaccine gets one and we beat COVID in Baltimore."

"Give Baltimore the damn vaccine!" proclaimed Doc Cheatham. His organization has been actively engaged with neighborhood outreach since the pandemic began.

Cheatham stressed that Coppin State University should become a site for vaccination. “It sits in the heart of West Baltimore, and it enables residents to easily access the vaccine.”

Leon Purnell stated, “Our residents don’t have internet access and the ability to navigate the complex systems, and they are being left behind.” He exclaimed, “We already have the vans that can do work in the Eastside.”

“Our prisoners must get the vaccine! They are our relatives and loved ones. We are continually getting reports that there is inadequate PPE and they are getting sick,” stated Joyce Butler.

The Baltimore Saving Lives Campaign is seeking meetings with city officials, the Baltimore Health Department, the state government and National Guard representatives to discuss concrete steps.

Following is the group’s statement and list of demands:

Statement from the Baltimore Saving Lives Campaign

Ending vaccine apartheid

As community leaders and organizations, we have come together to form a Baltimore Saving Lives Campaign. We both seek to expose and highlight the disparity in vaccine distribution and put forward solutions.

Black, Brown and poor communities of Baltimore have been left behind. The facts are there, and the urgency is real. In the last year, Black people’s life expectancy has dropped a full 2.7 years due to COVID-19. This is the first time in U.S. history that we have seen such a sharp decline.

Those most in need have been pushed to the back of the line. This is due to the methods that have been used to roll out the vaccines. Complex, confusing and impossible internet sign-ups, phone lines that people cannot get through, and lack of transportation have created barriers.

Our most vulnerable elders, those without digital access and transportation, must get the vaccine. So must low-wage essential workers, those living in public housing and on the streets, and those who are being forgotten in the patchwork of confusing delivery systems.

Our goal is to see that everyone who wants a vaccine gets a vaccine. Our goal is to beat COVID in Baltimore.

Our proposals are based on that larger goal. We must be proactive and think beyond the initial rollout, which has been a failure — a failure that has obviously left out the people of Baltimore. We need to prepare now, not wait!

These are our initial proposals:

Include M&T Bank Stadium site for Baltimore residents first.

Allocate more vaccines to close the disparity.

One dedicated 24-hour city hotline to schedule vaccines, based on the 311 model and with adequate staffing.

Plan to extend hours for all vaccination sites.

Door-to-door vaccinations.

Accessible community vaccination centers

- Churches and closed recreation centers

- Coppin State University – West Baltimore
- Men’s and Family Center – East Baltimore

Housing projects

- The zip code priorities set at the Convention Center site have left off many housing projects, including Douglas Homes. With the detection of the virus at Latrobe Homes, setting up mobile units to cover each area is urgent.

Free Uber transportation

- Baltimore County is already providing free Uber transportation.

Expand categories based on need

- The City of Baltimore can use its own guidelines based on the fact that many of our residents are at greater risk. For instance, the COVID death rate for Black, Latinx, and low-wage and essential workers is higher, regardless of age. In Washington, D.C., Mayor Muriel Browser lowered the age for vaccinations in heavily Black wards. This is because the Black population’s death rates were higher, and life expectancy was shorter. We must think out of the box, including exploring other vaccine sources if needed.

Homeless people and people with addictions

- Plans must be made to immediately go into action when one-shot vaccines are delivered. Many states have already begun using the Johnson & Johnson vaccine.

Prisoners

- While the prison system is run primarily by the state government, many of the incarcerated population are from Baltimore City. We must strongly

advocate that all prisoners be vaccinated and have adequate PPE.

Low-wage and essential workers not formerly covered

- Many of these workers suffer from underlying health conditions, yet they are forced to work with no protection. This includes grocery workers, retail clerks, fast food and restaurant workers, bus drivers, etc. Let's get them vaccinated as soon as possible.
- Involve the unions in making plans to protect their workers.

Listen to our teachers: No return to classrooms until it's safe.

Weekly briefings with community leaders on progress and problems

- We are urging weekly briefings for the Saving Lives Campaign and others with city and state representatives, including the Baltimore City Health Department, representatives of the mayor's office, the governor and the National Guard.

We are developing a volunteer network of students, doctors, nurses, nursing assistants, EMTs and firefighters willing to roll up their sleeves and get the work done now. Please text us at (410) 218-4835 to get involved.



China vs. COVID-19: Behind the U.S. slander campaign

written by Struggle - La Lucha

January 13, 2022

March 6 — As the Trump administration's profits-first approach to COVID-19 was unfolding in the early months of the deadly pandemic, a slanderous campaign against China was rolled out. That campaign aimed to cover up the fact that the Communist Party of China led the world in its successful fight against the deadly virus, and helped many impoverished countries that have been abandoned by rich capitalist countries.

The U.S. slanders dovetail with the general hostility and aggression emanating from Washington in the form of the "Pivot to Asia" — a revival of the Cold War directed against China. But this new body of slander has a distinct goal — to deflect from the horrors that have occurred in the U.S.

The anti-science, murderous, racist neglect in response to the pandemic led to the deaths of more than 500,000 people so far in the U.S. The disease has taken its

heaviest toll on Black, Brown and Indigenous peoples.

The Biden administration has presented its pandemic agenda to the world as a departure from all of that, promising an aggressive, science-based, full-court press against COVID-19. But nearly two months into the new administration, corporate interests are still a brake on progress against the virus at home, and the reactionary and counter-productive campaign against China is still being employed to distract from the crisis.

Trump pushes false theory

Early in January an investigative team of 10 scientists from the World Health Organization (WHO) arrived in China on a second trip to look into the origin of the COVID-19 virus. Searching for viral origins is a crucial component of epidemiology and it would be normal for these studies to continue for many years.

The U.S. has been pushing a false theory that the virus “leaked” from a laboratory in Wuhan, where the first cases were detected, and that there is a cover-up by China’s leadership.

The “lab leak theory” was discredited in April 2020 after the first WHO trip. Leading scientists who study viral samples from animals cast doubt on the theory and agreed that it would have required a “remarkable series of coincidences and deviations from well-established experimental protocols,” according to an April 23 [National Public Radio report](#).

The consensus among scientists then was that the most logical theory of the origin of the virus is from bats, and that the virus jumped to humans, possibly through a second species, at an open-air market in Wuhan.

Soon after these findings were made public, the Trump administration pulled U.S. funding from the WHO. That funding is the United Nations entity’s largest source of

income. This was meant as a warning to the U.N. Although the funding has been reinstated under Biden, the message still stands.

The U.S. doesn't pay WHO for objectivity. It pays for information that serves its interests.

No official reports from January's trip have been made public at the time of this writing. But initial comments that were made public seemed to indicate that the investigators were satisfied they had been provided needed information.

"All questions asked and answered," according to Peter Daszak, one of the team's investigators and an expert on disease ecology. But without the official report having been issued, the Biden administration has begun propagating a different message altogether.

Biden continues anti-China campaign

Another WHO team member, Dominic Dwyer of Australia, had complained that a request for raw data on the path of the disease in Wuhan during the beginning of the outbreak only resulted in summary data being turned over by China. His complaints were in spite of the fact that Chinese officials stated clearly that they quite simply could not compile the detailed information within the limited time that the WHO requested.

Biden's National Security Advisor Jake Sullivan has latched onto Dwyer's remarks to imply a cover-up by China. "We have deep concerns about the way in which the early findings of the COVID-19 investigation were communicated and questions about the process used to reach them," Sullivan said in a statement.

Many corporate news media have picked up on and faithfully carried forward the White House tone.

WHO team members had reported that to the extent there was any tension during the investigation, it was par for the course, and there was a consensus among them that there was “enough good will that talks and studies will continue,” according to a Feb. 12 [New York Times article](#).

Twitter messages between Daszak and a Danish team member lamented the distortion by the White House and the mainstream media of how team members felt about the trip. “It’s disappointing to spend time w/ journalists explaining key findings of our exhausting month-long work in China, to see our colleagues selectively misquoted to fit a narrative that was prescribed before the work began. Shame on you @nytimes!” tweeted Daszak to Thea Fischer.

Leading White House figures, including Secretary of State Anthony Blinken, Treasury Secretary Janet Yellin, and National Intelligence Director Avril Haines, have all made initial comments indicating that aggression against China will not diminish under Biden. Maybe the clearest sign of the path the White House is taking is the creation of the new role of “Indo-Pacific coordinator” for former Obama official Kurt Campbell — the architect of the “Pivot to Asia.”

It would be hard to point to a time in history when the misery wrought by capitalism has been more widespread. Tens of millions lost their livelihoods, hundreds of thousands have died, and most of it was unnecessary.

China and other countries that are striving to build a socialist world, like Cuba and Vietnam, put human life first, and the proof is in the pudding. Fewer than 10,000 people have died from COVID-19 in those three countries combined.

Although the pandemic is far from over, that reality is not something that any U.S. Cold War propaganda blitz can ever diminish or tarnish.

