

It's not your fault

written by Struggle - La Lucha

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15,000 people have died of Covid-19 in New York nursing homes.

New York Gov. Andrew Cuomo may be forced to resign. Several women have come forward to say he's a serial sexual harasser and all around creep.

Meanwhile 15,000 people have died of Covid-19 [in New York nursing homes](#). Many were [warehoused there](#) to free up space in hospitals.

New York State Attorney General Letitia James estimates that [nursing home deaths](#)

[were deliberately undercounted](#) by much as 50 percent. Cuomo's aides started to [fudge the figures](#) last June.

Before Cuomo went into free fall, the capitalist media treated him as a superhero for his supposed leadership during the pandemic. He was even awarded an Emmy for his news conferences.

During one of these presentations last November, the governor and moral philosopher [offered these words](#) of wisdom: "If you socially distance and you wore a mask and you were smart, none of this would be a problem. It's all self-imposed. ... If you didn't eat the cheesecake, you wouldn't have a weight problem. It's all self-imposed."

It's obscene for Cuomo to talk about cheesecake when hungry people line up at food banks.

Was it "self-imposed" for 151 New York City transit workers to die of the coronavirus? These absolutely essential workers who keep the buses and subways running were initially told by the Metropolitan Transportation Authority not to wear masks.

The safety measure was [considered a violation](#) of the MTA's dress code. Cuomo runs the MTA.

How are poor and working people supposed to socially distance themselves in overcrowded housing? Death rates for Black and Latinx people from COVID-19 are double the U.S. average.

It was Andrew Cuomo's daddy — Gov. Mario Cuomo — who stole \$8 billion that was supposed to be used to build affordable housing and spent it to build 30 prisons instead.

The myth of “free to choose”

There’s nothing new about Cuomo’s awful remarks. For centuries, the ruling class has told poor people that their misery was their own fault.

The economists Milton Friedman and Rose Friedman wrote “Free to Choose” in 1980. The book and television series claim that under capitalism people are free to choose their life.

The peoples of Africa and the Americas didn’t choose enslavement and genocide. The capitalist world market was jump-started by the enslavement of African peoples and the genocide of Indigenous peoples throughout the Americas.

The peoples of Asia didn’t choose to be pillaged for centuries by European and U.S. imperialists.

Even during periods of capitalist “prosperity” millions are jobless. People didn’t choose to be fired when thousands of factories and other workplaces shut down.

The army of people who collect bottles and cans for the deposit don’t choose to go through garbage bags. They do it in order to eat.

Apologists for capitalism tell the unemployed to start their own business. Millions of street merchants have done so only to be harassed by cops.

Trump wanted veterans who were selling merchandise in front of Trump Tower to be arrested. New York City police shot 41 times at Amadou Diallo, killing the street merchant in front of his home on Feb. 4, 1999.

It was in order to start a career that [45 million people in the United States own \\$1.71 trillion](#) in student loans. That’s an average debt of \$38,000 they owe to legal loan sharks.

What the Friedmans really meant by “freedom to choose” can be seen in Chile. On September 11, 1973, the CIA and Chilean Gen. Augusto Pinochet overthrew the democratically elected president Salvador Allende.

Thousands were murdered and tens of thousands were tortured. Milton Friedman visited his pal Pinochet twice and called his bloody regime the “Miracle of Chile.”

Choose socialism

Revolutionaries want people to make choices, too. We want Amazon workers in Bessemer, Ala., to vote for union wages and protection.

We want poor and working people to choose to make a socialist revolution. That’s the only answer to a decaying capitalist that’s cooking the earth.

Socialists want our class to read more and in many cases to learn to read. A growing socialist movement will open up its own schools.

We want people to better themselves. That includes personal struggles, like losing weight. That’s why we call our newspaper Struggle-La Lucha.

Only after capitalist exploitation is swept away can billions of people can really choose to control their own lives.



Begging for a vaccine - ‘Fight, don’t die!’ My story

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This is what it's like in the United States: people desperately competing with each other to get jabbed with a needle. Of course, it's not just any needle, it's a potentially life saving vaccine.

I live in Baltimore city, and since day one [when I became eligible](#), over a month ago, I began the impossible, painstaking process of trying to get a vaccine. Early in the morning and later at night when I wanted to be asleep, I hunted. I signed up every single day. But no vaccine.

Eventually, a friend sent me a spreadsheet showing how to work the system — not about jumping it, but how to use the internet portals more successfully — and a Facebook group called “Maryland Vaccine Hunters.” I lost myself in reading the posts and finally broke down in tears.

Post after post told the same story. “My husband has cancer, please help me get him

a vaccine.” “I’m 80 years old, can anyone help me.” “My grandma needs a vaccine.” “My mom’s too old to get to the site, she needs a ride.” You get the picture.

It was no longer about me personally; besides I said to myself, I’m tough.

The issue became about, why in a country with as much wealth, resources and technology, can we not simply vaccinate people.

The U.S. military and Pentagon can spend millions on jet fighters and manage to keep over 500 unwanted military bases equipped and functioning around the world, but can’t seem to prioritize the logistics of making, transporting and giving vaccines.

What happens to my neighbors, the older ones, who I used to bring extra food to from the People’s Power Assembly food distributions, or even the younger workers on my block who work at Amazon or one of the hospitals? These are the people I see in the morning and in the evening when I walk, that I love and hold dear.

The complete inhumanity of watching people compete to get life-saving vaccines; to watch people despair and simply give up is unbearable. Or to know full well that this system deems most of us as unnecessary if we are older, or less than human in the case of Black, Indigenous and Latinx people, or for that matter workers who can be expendable, is criminal.

Capitalism has workers globally competing against each other for jobs and over wages; and now we are competing to live during a pandemic. Frankly, dogs have it better than humans under capitalism.

Baltimore and Johnson & Johnson’s vaccine

If the lack of vaccines, the terrible inequality and decentralized way in which they are being distributed isn’t enough to make you want to scream, look at Baltimore.

Emergent BioSolutions, a Big Pharma transnational corporation, set up a manufacturing plant on the edge of East Baltimore. I live in East Baltimore. Their plant, located next door to the Black and Latinx community hit hard by COVID-19 deaths, is set to produce Johnson & Johnson's new vaccine.

They say they will be producing 400 million doses, 100 million of which are set aside for the federal government and who knows where the other 300 million are slated to go.

Baltimore Mayor Brandon Scott has asked — maybe he is pleading — that just a small amount be distributed to Baltimore and its underfunded Baltimore Health Department. He's gotten no answer, "crickets" from Emergent BioSolutions. In our city only 5% of those qualified have been vaccinated.

Everything is based on what they call the market. They should tell the truth. Everything is based on what is most profitable!

Maybe I could go to Cuba as a tourist and get vaccinated

I have friends that I met in Cuba when I attended the International Che Brigade; I don't know how I could explain this to them. I remember it was so hard for some of the Cubans to comprehend homelessness; they were incredulous that it could exist in the wealthy U.S.

It's not only that health care is free in Cuba; it's about human dignity. At the present, Cuba has four vaccines. You won't hear too much of this in the big business media. Three are ending their trials. Public health is a priority in Cuba.



If you want to see for yourself watch the film
19: Public Health, Science & Solidarity.”

“Cuba & COVID

I will bet my entire but meager Social Security check with anyone who wants to wager with me, that Cuba has its entire population vaccinated in a month. Take my bet, I need the money.

Public health has not been cut like it is here. There is no ridiculous patchwork of lucrative giveaways to private companies like CVS, Walgreens, Rite Aid, Giant Pharmacy, Walmart, etc., whose confusing websites have been impossible to navigate.

Cuba’s health teams will go to where the people are.

I wish this was just my story, just the story of Baltimore, but it isn’t. The same can be said of every poor and oppressed community in the United States. In Indigenous communities and on reservations where COVID-19 deaths have ravaged in what amounts to genocide. The same can be said for Black, Brown and Latinx communities. And we cannot forget the poorer countries that cannot afford to buy vaccines from the capitalist world.

“Don’t starve, fight!” was the battle cry of workers during the Great Depression. I think the new battle cry for our time should be “Fight, don’t die!” I’m going to fight, and I’m going to organize every old person, young person, worker and friend to do the same!



My experience with COVID-19 in Los Angeles

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February 24 — The number of COVID-19-related deaths in the U.S. has reached five hundred thousand and, although a little slower than in the last months, it continues to rise.

Unfortunately, here in the U.S. when the One Percent are in trouble, they get bailed out by the government. When someone who is not part of this group needs help, even if it is a life threatening situation like COVID-19, they better have the money or else they will have to deal with “not-for-profit” institutions like the Good Samaritan Hospital.

On its website, the Good Samaritan Hospital says: “Good Samaritan Hospital is a progressive, tertiary, not-for-profit hospital. Our mission is to provide accessible, quality, cost-effective, and compassionate health care services that meet the needs of our patients and their families, the community, physicians, and employees.”

I can attest from my own experience that they are lying when they say that they are not-for-profit and compassionate. After falling ill with SARS-CoV-2 at the end of last year, I needed to go to the hospital. I went to the Good Samaritan Hospital in the Downtown Los Angeles area. Without having insurance, I asked them how much it would cost as soon as I got in but they said that they could not tell nor give an estimate. I thought it would cost around \$200-\$300 at most, but I was in for a huge and very unpleasant surprise.

After having the usual procedures done, the nurses sent me to the waiting room where they took a radiography of my chest and did an EKG. The doctor arrived after a long time, spoke to me for about ten minutes, prescribed three medications, and left. A few weeks passed and I received a bill of \$3,998 from the hospital. That wasn't all. I also received two other separate bills of \$40 and \$30, from different labs, for the electrocardiogram and the x-ray respectively. All this makes me wonder about the people who were hit with hospital bills bigger than the ones I received and, like me, have no means to pay them but, unlike me, still have not recovered their health.

Capitalism kills!

As in all the unfortunate things that happen in countries where capitalists dictate the rules, the most vulnerable members of these countries suffer the most. Even when they have the luck to survive the COVID-19 infection, many will suffer with lingering symptoms — which can be physical, psychological, or both — and the financial burden that often follows those who need medical treatment, even when they are insured, in the richest country on Earth: the United States.

A country that somehow is able to afford a military budget that is greater than the next ten biggest military budgets combined, sends spacecraft to Mars, gives trillions of dollars to big corporations, but cannot end, or at least reduce, some of the socio-economic diseases of an economic system that puts profits ahead of the wellbeing of

its people: capitalism.

If there is one benefit that is possible from the COVID-19 pandemic, I would say that it's the way it is making the working class realize that the system is rigged against them. Especially when they are suffering some of the symptoms of the capitalist virus like extreme poverty, homelessness, hunger, unemployment, lack of access to basic services, and no health care.

Although the symptoms of the capitalist virus seem to be the norm — like a regular flu — to most people in the United States, it is not common in some other countries that have adopted policies that put the needs of the people ahead of profits. This is why in countries like Vietnam, the DPRK, Cuba, and China the death toll in this pandemic has been among the smallest of all; even for a country with over 1.4 billion people, like China.

Cuba 308, Los Angeles 20,987

Just for comparison, Cuba, which has a population of 12 million people and is approximately the size of Los Angeles County, has a death toll of around three hundred people (308). In comparison to Cuba, Los Angeles County, with a population of approximately ten million people while being one of the biggest economies on the planet, has a death toll of over 20 thousand people (20,987) due to COVID-19 infections.

Such a disparity occurs because in one place, despite the lack of resources, the government prioritizes what is most valuable and essential, the lives of its people, and makes sure that medical treatment is not a luxury but a right. Money is not a necessity for those who need to see a doctor in the countries mentioned above, which cannot be said about the United States.

Another comparison that is very interesting is Vietnam and California. The former,

with a population of approximately one hundred million people and with a land mass equivalent to eighty percent of the size of California, has a death toll of thirty five people due to COVID-19. Moreover, the People's Republic of China has lost about 4 thousand people (4,636) to this virus so far, despite being hit by the pandemic before any other country, thus not having all the information available today to fight it. It is important to note that the Chinese population is more than four times bigger than the population of the U.S., that a comparative death toll in the U.S. would be under 2 thousand. As for the Democratic People's Republic of Korea, it has no COVID-19-related deaths, whereas its neighbor in the South, the Republic of Korea, has 1,581 deaths according to the World Health Organization. Socialism saves lives.



Corporate virus ‘news’ and capitalist irrationality

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On any random day in February, you can visit the New York Times, Washington Post, CNN, and local media from Los Angeles to Chicago, and see several stories side by

side:

1. Schools should be reopened immediately, even [before teachers and other school workers are vaccinated](#). So say the cherry-picked “experts” and President [Joe Biden’s new CDC director](#), echoing Democratic mayors and governors, as well as the Republicans.
2. Governors are relaxing restrictions around the country on indoor dining, gyms, etc., as there is some decline in new COVID-19 cases, though the rate of infections and deaths is still far above what it was last summer and fall.
3. There are [several new, more infectious variants](#) of the virus spreading abroad that have started to reach the U.S., as well as [possible U.S. variants](#). Experts say a “perfect storm” of new infections is brewing — some of which may be more dangerous to children. People should start to double mask and be extra cautious about maintaining social distancing.

There is no effort by the champions of corporate journalism to reconcile these glaring contradictions, which replicate almost exactly the situation under Donald Trump with a shiny new Biden sheen. (What it really means is [more pressure on unions and communities](#) to conform with Wall Street’s wishes now that the country’s top office holders are Democrats, even though they are just continuing Trump-era policies.)

Instead of doubling down on safety and providing for the needs of the population until the original virus and new variants are safely contained — as has been successfully done in socialist countries like China and Vietnam — the first dip in infections brings a mad dash to reopen businesses and force more workers into unsafe (and potentially deadly) conditions.

This is the irrationality of capitalism writ large. 488,000+ deaths in the U.S. and climbing.



What you should know about the four Cuban vaccine candidates against COVID-19

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[Cubadebate](#), February 4, 2021

By Randy Alonso Falcón, Oscar Figueredo Reinaldo, Yunier Javier Sifonte Díaz, Edilberto Carmona Tamayo, Lissett Izquierdo Ferrer, Dinella García Acosta, Roberto Garaycoa Martínez, Lisandra Fariñas Acosta, translation Merriam Ansara

Cuba currently has four vaccine candidates in clinical trials. What are the characteristics of each one? What results have they produced so far? What steps is the country taking to confront the new strains of the SARS-CoV2 virus? To learn about these issues, the president of BioCubaFarma, the general director of the Center for Genetic Engineering and Biotechnology, the general director of the Finlay Vaccine Institute and the general director of the Center for Molecular Immunology appeared on the Cuban public affairs show, The Round Table, on Thursday, February 4th.

Why is Cuba working on four vaccine candidates?

Why is Cuba working on four vaccine candidates and not concentrating efforts on

one, some ask? Dr. Eduardo Martínez Díaz, president of BioCubaFarma, the umbrella group for Cuba's biopharmaceutical research, production and marketing institutions and enterprises, explained that ever since the epidemic emerged in China, they had thought about developing a vaccine. Once it became a pandemic, they accelerated the whole process."

"We made a design that included many more proposals than we are working on today. Based on new information and experiences, initial efforts were discarded and we concentrated on the four vaccine candidates that are in clinical trials in humans now".

The four candidates, Dr. Martínez Díaz specified, use the same type of antigen. "This virus has a protein on its surface, called the spike, and if we look at it in more detail we see the domain that binds to the cell's receptor where the virus is later incorporated."

From the beginning, he continued, it was seen in experiments that when this region is blocked with antibodies, the entry of the virus into the cell is inhibited. Hence, arousing an immune response against that region could then be effective in neutralizing the virus and preventing it from entering the cell.

"Therefore, the focus on working became working with this antigen," said Dr. Martínez Díaz.

Dr. Martínez Díaz explained that they began by inserting all the genetic information into bacteria, yeast and cells of higher organisms (mammals). "We discarded the bacteria in the tests because the levels of immunity were not adequate. But the versions in yeast and in mammalian cells did awaken a suitable immunological response".

"As we have the capacity to produce this mammalian protein at the Molecular

Immunology Center and that of yeast at the CIGB, we decided to carry on two projects in parallel to obtain this antigen,” he said.

The vaccines differ in formulation. “Those of the Finlay Institute (the Molecular Immunology Center) use this antigen from mammalian cells in several formulations and those of the CIGB in two others.”

He noted that the formulations are part of platforms that had already been used in other vaccines, “with proven effectiveness and safety.”

Dr. Martínez Díaz reported that “the vaccines are working well”, but as we still cannot say that they are effective, “we must continue the studies.... We cannot bet on a single variant and then afterwards the studies do not give the expected results. If that happened, we would have to start over. “

Another reason behind the decision to advance simultaneously in the four projects is that if one of the Finlay vaccines and also the CIGB vaccine were to be effective, “we would have the capacity to produce a large number of vaccines at the same time.”

Dr. Martínez Díaz confirmed that between Finlay and CIGB, there already is a program in place so as to be able to increase vaccine production per month, through to December. Once we have the final results, we will be able to move immediately into production and be able to immunize our entire population, perhaps the first in the world to do so, he affirmed.

In addition, he said, it is possible for one of these variants to be directed, for example, to the phenomenon of patients who have low levels of response. “We also are evaluating the vaccines in terms of different doses. For example, perhaps that of children is 25 mg. For the hepatitis-B vaccine, children take 10 mg and adults 20. And so that we can position them according to age group.”

Why does the country not acquire the vaccines already produced by other

countries?

Given the current outbreak of the disease in Cuba, many wonder why the country does not acquire any of the vaccines already produced by other countries, at least until the island's projects are completed. Dr. Martínez Díaz stressed that there simple is not enough vaccine. "To date, only 108 million doses have been applied, which means that only slightly more than one percent of the population have been vaccinated. The countries that have vaccinated the most are the United States and China. Only 13 countries have applied more than a million doses of vaccine".

"We see in the news that there are even pre-established contracts that were made previously that are not being fulfilled," added Martínez Díaz. "Of course that rate is going to increase as more doses of vaccines become available," he added, but in the meantime estimates suggest that at the current rate of vaccination it will require 21 years to vaccinate the entire world population.

Martínez Díaz also spoke of the prices at which the vaccines are currently being marketed. "In data that we have read, in public purchases of large quantities the doses vary between 10 and 35 dollars. In other words, to immunize a million people who need two million doses, it takes (multiplied by 10) 20 million dollars. Let's hope that prices will drop so that the poorest countries have access ".

Another advantage of the Cuban candidates, Martínez Díaz added, is that they do not require large refrigeration facilities, as does the Pfizer-BioNTech, but temperatures of two to eight degrees that can be found more typically in this industry.

"Another advantage of our vaccines, with respect to others that are currently being produced, is that with the appearance of new variants of the virus, they are already talking about implementing a third dose and there are some of those approved vaccines where it is not possible to apply a third dose. In the case of ours, it is

possible to apply successive booster doses.”

Levels of antibodies with sufficiently equivalent capacity to those of convalescents

Dr. C. Vicente Vérez Bencomo, general director of the Finlay Vaccine Institute, also appeared on the program. He emphasized first of all the hundreds of Cuban science and health workers who have worked without rest in the face of the challenge of achieving a vaccine against COVID -19, and that they deserve all the recognition.

“In simple terms, so that the population understands, what we are trying to do with our vaccine candidates is to prevent the key that the virus has from opening the ‘lock’ of the cell, that is, prevent it from penetrating”.

Vérez Bencomo used slides to show how the antibodies are expected to be generated, and how these basically act as a “key” that does not allow the “lock” of the cell to be opened. “The vaccines are best to the extent that they induce more antibodies, and that these are functional,” he said.

Referring to the broad spectrum of convalescents in the country, ranging from asymptomatic to severe, each with a different immune response, the expert pointed out that people who end the disease may be left with very low antibody titers, while others develop elevated levels of antibody titers.

“What is asked of vaccines is that we at least reach sufficiently capable antibody levels like those of convalescents. That is the challenge, to be as good as the disease by inducing an immune response, at least to the average of the people who have responded best,” he explained.

Where are we with Soberana 01 regarding the challenge of inducing an immune response at adequate levels?

Dr. Vérez Bencomo said that in the case of this vaccine candidate, Soberana 1, five formulations were studied, so as to be able to adjust the amounts of each of the components to see which was able to maximize the immune response.

“The Phase I trial, which included 100 people in total, showed that the vaccine candidate is very safe”

According to the director of the Finlay Vaccine Institute, Vérez Bencomo, they are now concluding a Soberana 01 trial of 60 subjects divided into three groups each inducing antibodies at different levels.

He added that they needed to see how good the vaccine was at producing an immune response in order to select which of the formulations should be advanced. Between 80-90% of people have had production of antibodies against the virus, which is considered a positive result, he explained.

Of the above mentioned three groups, it was decided to administer a third dose to those who had received the lowest dose, after which virtually all of the people who participated in the trial moved to better levels of immune response. “About 95% of the participants responded with antibodies,” summarized the Vérez Bencomo.

He clarified that it is not only about responding with antibodies, but that these have to have the ability to block the “key” with which the virus infects the cell, a fundamental first element. Hence, he argued, first objective is achieved.

With that third dose, and from the appearance of mutant strains that decrease the neutralizing capacity of the serum, the need to explore further before moving to phase II arose, that is, what happened with the ability to block the “key”, for which a trial was developed.

This showed, he said, that “after the second dose there is a significant percent of people who inhibit this key well, but after the third this number is higher.”

Such criteria allow us to move to Phase II-III, said the expert. “Once we completed the study, it was decided to give all the participants a third dose, to see in each group which one responded better after this third dose, and from there we would be in a better position to move on to phase II-III clinical trials with that candidate.”

The director general of the Finlay Vaccine Institute reported that this phase II-III should begin in the month of March. “Based on the incidence of the virus that we are having of the virus in the country, it should move to include between 40,000 and 50,000 people,” he commented.

In summary Vérez Bencomo said that Soberana 01 has advanced satisfactorily and is concluding Phase I of clinical trials with very positive results. “We have more than one formula that works very well and therefore we have to make the decision of whether to move with one or more formulas to the next phase in March.”

Why is Sovereign 02 going faster?

Regarding Soberana 02, although it started Phase I of clinical trials later than Soberana 01, it advanced faster, said the director general of the Finlay Vaccine Institute.

“Its Phase I trial showed that it is a very safe vaccine, which allowed us to move to phase II.”

“The second important criterion that allowed us to advance to a second phase is that it was found that after a first dose there are already a significant number of people who respond with antibody titers. This is a criterion of success, because while these levels of antibodies are not enough to protect, that there is a response to the first dose is very positive and allows us to move on to a second phase without fully completing the first, “ he explained.

He added that occurring mainly with Soberana 02, more than 70% of the people in

the Phase I trial showed a strong specific cellular vaccination response against the virus.

According to Vérez Bencomo, the antibody response, when accompanied by the response of the cells, is much more effective, and it also generates memory.

He commented that Phase II A has already begun with 100 participants in two groups of 50 people, including the population up to 80 years of age whose response was shown to be similar to that of the subjects between 19 and 59 years of age.

He explained that this trial made it possible to confirm safety and decide to go on to Phase II B with 810 participants, of which about 100 are a placebo group. Of the total number of participants, there are already 700 who received the first dose of the vaccine. These studies are being carried out in Havana, at the “19 de abril” polyclinic in Plaza de la Revolución municipality, and at Clinic 1, in La Lisa municipality.

Soberana 02 demonstrated the ability to induce antibodies, but how much they could inhibit the virus from infecting the cell? “With Soberana 02 the results were positive. However, we decided that in a small group of those who had first been vaccinated with Soberana 02, we would give a third dose of Soberana 01, which is just the antigen. As a result these people moved to the higher levels of the inhibition curve of the key, one of the best responses we have seen.”

Having two candidates at the same time made possible the decision to apply the third dose to all the people who participated in the Phase I trial. “We are waiting for the results, and if we confirm those we already had with the first group, then we will request authorization to apply a third dose to all the people who are participating in a Phase II, and we would be in a position to evaluate in a Phase III what happens with a scheme of two or two doses of Soberana 02 plus one of Soberana 01 ”.

Vérez Bencomo pointed out that the hope is to start the Phase III study in the month of March in several municipalities of Havana, with a design of 42,600 participants and with a placebo group.

By the month of April, the first million doses of vaccines administered should be reached

He reported that production of the Soberana 02 vaccine is already underway. “Today we are making the first batch of more than 100,000 doses of the vaccine, from the antigen obtained from the Center for Molecular Immunology. The scaling of Soberana 01 was also started, in order to first have the doses for the Phase III trial, but obviously the capacity to produce the vaccine must be reflected in its impact on the population.”

He spoke of four pillars: the first is the need to have sufficient evidence that the vaccine works and for this “there is still a group of results that are yet to come in and that can confirm that the levels of functioning of the vaccine are sufficient to go to a phase III.”

The second pillar, he said, is the regulatory authority, which in all countries is in charge of protecting the population. For this, he said, there are guidelines that have been modified in the face of the COVID-19 emergency but that imply certain requirements to which scientists must adhere to in the production of the vaccine.

A third element is that we cannot lose sight of the context in which we find ourselves, where there is a great need to apply the vaccine, and that application should ultimately help us build that efficacy. It cannot be an application that does not show that efficiency.

[Translator’s note: The fourth pillar is not discussed at this point in the article.]

Vérez Bencomo said that by the month of April the first million doses of vaccines

must be reached, and that it would be part of a Phase III but also of a controlled application that allows compliance with the aforementioned four pillars.

Vérez Bencomo said that the possibility of extending Phase III trials to other countries was considered and discussed, at this time, unfortunately, the increase in the incidence of cases on the Island has led to conditions favoring a conventional Phase III so as to determine the effectiveness.

How is the trial with Soberana 01 in convalescent patients going?

Vérez Bencomo referred to a Phase I trial led by the Institute of Hematology and Immunology that has been developed with Soberana 01 in convalescent patients, 30 patients with low antibody titers after being infected and at risk of reinfection.

When a first dose of the vaccine was applied, 23 of those 30 convalescent patients were over 90% inhibited in the interaction of the virus with neutralizing titers. “This becomes a very important instrument, since in Cuba we already have more than 20,000 convalescent patients, and there are millions in the world, who are exposed to reinfection, even with new strains, if their neutralizing capacity decreases,” he said.

Mambisa, the Cuban candidate exploring intranasal application

Dr. C. Marta Ayala Ávila as general director of the Center for Genetic Engineering and Biotechnology (CIGB), spoke to the Mambisa vaccine candidate and to development of the Abdala candidate.

Dr. Ayala Ávila said that the institution put all its products and molecules in function of the creation of vaccines. The team, she stressed, “has not stopped for a minute in the work to transfer the results as quickly as possible in assuring the health of the people” and that while ordinarily a vaccine could take 12 years to get into the health system, “in times of pandemic people work differently.”

She said given the extensive experience of the Finlay Institute and the CIGB, the industry was in a good position to take assimilated knowledge and convert it into the development of vaccines, especially. At the same time, she emphasized, work has continued on vaccine products that are also of interest to public health, such as those for dengue, Zika, HIV and active immunotherapies against cancer.

Ayala Ávila also explained that due to that extensive experience in genetic engineering management, it was possible to design these molecules or proteins, while the extensive development in computer design platforms allowed the creation of different formulations. As well, the fact that almost every living organism except humans has already been used to express these proteins has also made it possible for development of the Cuban vaccine candidates.

The CIGB, explained the Ayala Ávila proposed the development of two subunit vaccine candidates, which were developed from the work and study of a group of experts.

In addition to these projects, the CIGB continues research with other molecules based on the ability to synthesize peptides and also joined the study of the phenomena of mutations that have appeared.

“We have had the ability to design a gene that contains these mutations and that will be put into the same system to produce this protein and evaluate how the responses of our vaccines might be able to combat these mutations,” she added.

Ayala Ávila explained that the candidate Mambisa (CIGB 669) explores the intranasal route, which also participates in the body’s immune response to the presence of the virus. “In that case, we created the formulation in the form of a spray and we sought not only to stimulate the antibody response, but also T cells, another interesting way to fight the virus.”

The specialist commented that from the beginning an immunization scheme with three doses was proposed, although two guidelines were established: a short immunization at intervals of six, 14 and 21 days, and a long one in which the vaccine candidate would be applied on day zero, again day 28 and then day 56. "In the case of the short path, it allows us to know more quickly what happens in the individuals who receive the vaccine"

This study is in Phase I at the National Poison Control Center and has 88 volunteers divided into four groups. Its start date was December 7, 2020 and it is already possible to talk about some results. The Director of the CIGB said that the study is already on its 56th day and all the volunteers have received the three immunizations.

"So far it has been shown that the doses are safe and well tolerated, and we have only had mild reactions associated with the routes of administration and that resolve spontaneously. Now we are in an intense analytical activity to determine the induced immunity and lead us to the advance to Phase II, always without violating the established protocols," she commented.

Abdala: Antibody values up to 4 times higher than those they had before vaccination

For its part, the vaccine candidate CIGB 666 Abdala does use the intramuscular route. In it, the research institute took advantage of extensive research on Hepatitis B to create a formulation that induces a systemic and T-cell response. This trial also assesses the safety and immunogenicity of the vaccine.

As was the case with Mambisa, the study with this candidate also began on December 7, 2020, in this case with 132 volunteers divided into six groups. So far, all participants have received all three doses of vaccination.

“When we evaluated the immune response, we found that all individuals had the ability to respond to RBD antibodies. Likewise, the vaccine candidate was able to inhibit the binding of RBD to its receptor. We also found that 86 percent of those who received the highest dose developed antibody levels up to four times higher than those they had before vaccination,” she said.

According to these results, there is already progress in Phase II with this immunization scheme, a stage that is taking place in Santiago de Cuba and should conclude in March 202. In fact, between Monday and Tuesday of the present week they had already vaccinated 330 of the 660 volunteers, who are between 18 and 80 years old.

Despite these results with the short schemes, Dr. Ayala Ávila said that the long scheme studies for both candidates have been maintained. Phase III of the studies are scheduled to be carried out between March and May 2021, while the Center prepares to produce higher doses of vaccines, especially through alliances with Laboratorios AICA.

We have sufficient capacity installed to be able to handle clinical development

Dr. Eduardo Ojito Magaz, general director of the Center for Molecular Immunology (CIM), said that the procurement strategy was conceived from the beginning by BioCubaFarma.

The organization, he affirmed, had conceived three fundamental pillars. First, an organizational dimension of sufficient productive capacity; second, a scientist dedicated to the discovery of all necessary technologies; and third, the technological capacity, that is the levels of production required to meet the vaccine needs for Cuba and for supplying abroad.

A strategic alliance was created at the Finlay Institute for the production of Soberana 01 and 02, as well as for the Center for Genetic and Biotechnological Engineering and the AICA laboratories.

“From the beginning, two parallel lanes were created so that no candidate would compete with others and at the same time, we would have the necessary productive levels in view for the need to produce for Cuba and the world.”

The two lanes have capacities for the production of complex biomolecules at CIM and CIGB, while Finlay has capacities for protein formulation, plus there are two companies that are productive outlets, at BIOCEN and AICA laboratories.

“During the development of vaccine candidates there was negative press saying that we are producing vaccines of other producers in the world. But the reality is that that our installed capacities are sufficient to be able to meet clinical development,” he said.

The other organizational dimension has to do with material supply chains. He recalled that 2020 was a complex year, affected by the aggressiveness of the United States blockade and by the pandemic, where all raw material suppliers were affected.

He stressed that BioCubaFarma has to fight very hard to provide itself with the necessary raw materials, as many suppliers demand that nothing provided to the company has a component that comes from the US market. “This has led us to seek internal solutions in the country to strengthen our position as producers.”

The other element is related to production costs. “The big vaccine manufacturers today are the only big manufacturers in the world. No sub-American country can afford to have great formulation and filling capabilities. This ability that we have gives us independence when facing a pandemic like this.”

He also referred to the scientific dimension associated with these projects and commented that the CIM has developed monoclonal antibodies, cancer vaccines, knowledge that was available to and provided the basis for the antigen of the Sovereign 01 and 02 candidates.

A second scientific dimension is related to the scaling of the productive platform of the candidates. “From the first moment we proposed a development capacity to meet Phase III and the vaccine deployment in the population.”

The last element is technological. “All four candidates have the same protein antigen, RBD. The production scales in the CIM are 50/500/2000 liters. In the CIGB these reach 300/1000 liters of fermentation.”

Ojito Magaz explained that both AICA and BIOCEN have capacities for more than 100,000 vaccine bulbs to be filled daily in each of the laboratories. “They are reason enough to tell our people to be calm and have confidence. The technologies are available and ready for when the regulatory authority approves Phase III to begin mass production and distribution.”

What is Cuba doing in the face of coronavirus mutations?

In the last section of the Round Table, Eduardo Martínez Díaz, president of BioCubaFarma, updated the audience on the mutations of the coronavirus and assured that it is normal for this to happen.

Since SARS-Cov-2 emerged, he explained, mutations have appeared, such as the one in the UK virus at the end of the year. “The mutation opens the lock more easily and enters the cell easier, which has caused it to spread faster.”

Next, he continued, the South African variant emerged, “another worrying mutation because it changes the structure of the RBD. The American company Moderna, for example, has studied and found that its vaccine reduces its capacity against this

variant. Hence, they are talking about using a third dose of vaccine.”

Towards this end, Martínez Díaz reported that Cuba has created working groups to study these variants and how to deal with them: using the antigens that these mutations have, studying what mutations can occur, in order to incorporate other antigens that we would have prepared at the laboratory level and, if necessary necessary, incorporating them.

On the subject of medicines, the president of BioCubaFarma pointed out that there are difficulties in manufacturing them due to lack of resources. However, he assured that those of the protocol for COVID-19 have priority because “they save lives and prevent patients from progressing to gravity.”

“Today in the world more than 10% of patients who become infected go to gravity, but in our country, as a result of the protocol and the action of doctors, it is less than 3%.”

Likewise, in the world the lethality is over two percent and in Cuba it is 0.74. “We very much regret the death of 220 Cubans and that is why we insist that regardless of whether we work hard and we are going to have the vaccines, more individual and collective responsibility is necessary to try to get out of the situation we currently are in.”

Even when we are in the vaccination stage of any illness, he recalls, that first dose does not solve the problem. “Vaccines so far do not protect 100 percent. Until the circulation of the virus is cut off, it is necessary to maintain the measures and protect oneself ”.

“March and April will be decisive months for Cuban vaccines and we are confident that the results will be what we expect and we will be able to enjoy the Sovereigns”, he concluded.



Cuba's Nasalferon protects against COVID-19

written by Struggle - La Lucha
March 8, 2021

As early as April 24, 2020, information that nebulized interferon prevented COVID-19 infection and also produced better outcomes if administered early in COVID-19 infection was known and available in the U.S.

According to [Prensa Latina](#), as of Jan. 7, 2021, Nasalferon interferon nose drops are being administered to international travelers arriving in Havana and the Cuban families that plan to receive them. International flights from the U.S. resumed in mid-November, causing a sharp spike in COVID-19 infections.

The Nasalferon drops add to the protocol of a PCR test at the airport, and five days quarantine after arrival plus a negative PCR test, before international visitors depart for Cuban destinations.

The Saving Lives Campaign initiated by the U.S.-based [National Network on Cuba](#)

and the Canadian Network on Cuba advocates and organizes for opening medical and scientific collaboration with Cuba. It was formed to respond to the staggering number of pandemic deaths, publishing reliable information and documents.

A document by Cuba's Center for Genetic Engineering and Biotechnology, "Potential Effect of Interferon and Treatment Recommendations Against COVID-19," describes in detail the use and effectiveness of nasal interferon. It is [available for download](#) at the National Network on Cuba website.

An early report from China shows these results: "Among the 2,944 subjects in our study, 2,415 were included in the low-risk group, including 997 doctors and 1,418 nurses with average ages of 37.38 and 33.56 years, respectively; 529 were included in the high-risk group, including 122 doctors and 407 nurses with average ages of 35.24 and 32.16 years, respectively.

"The 28-day incidence of COVID-19 was zero in both the high and low-risk groups. The 28-day incidence of new-onset clinical symptoms with negative images for pneumonia was also zero in both the high and low-risk groups. As control, a total of 2,035 medical personnel with confirmed COVID-19 from the same area (Hubei Province) was observed between Jan. 21 to Feb. 23, 2020. No serious adverse events were observed in our trial during the intervention period."

The unilateral U.S. economic war against Cuba known as the blockade or embargo ruptures mutually beneficial collaboration and exchange between the U.S. and Cuba. Additionally, the racist demonization of China obscured the positive outcome reports by that country's medical experts.

On March 24, 2020, Shanghai Jiao Tong University School of Medicine researchers registered these preliminary results with ClinicalTrials.gov, making it known to U.S. researchers.

We continue to ask: Why has this not been tried in the U.S.? More than 3,000 health care workers have died from COVID-19. The U.S. death toll is nearing half a million people. More than 1 in every 1,000 residents of the U.S. has died. Could it have been prevented?

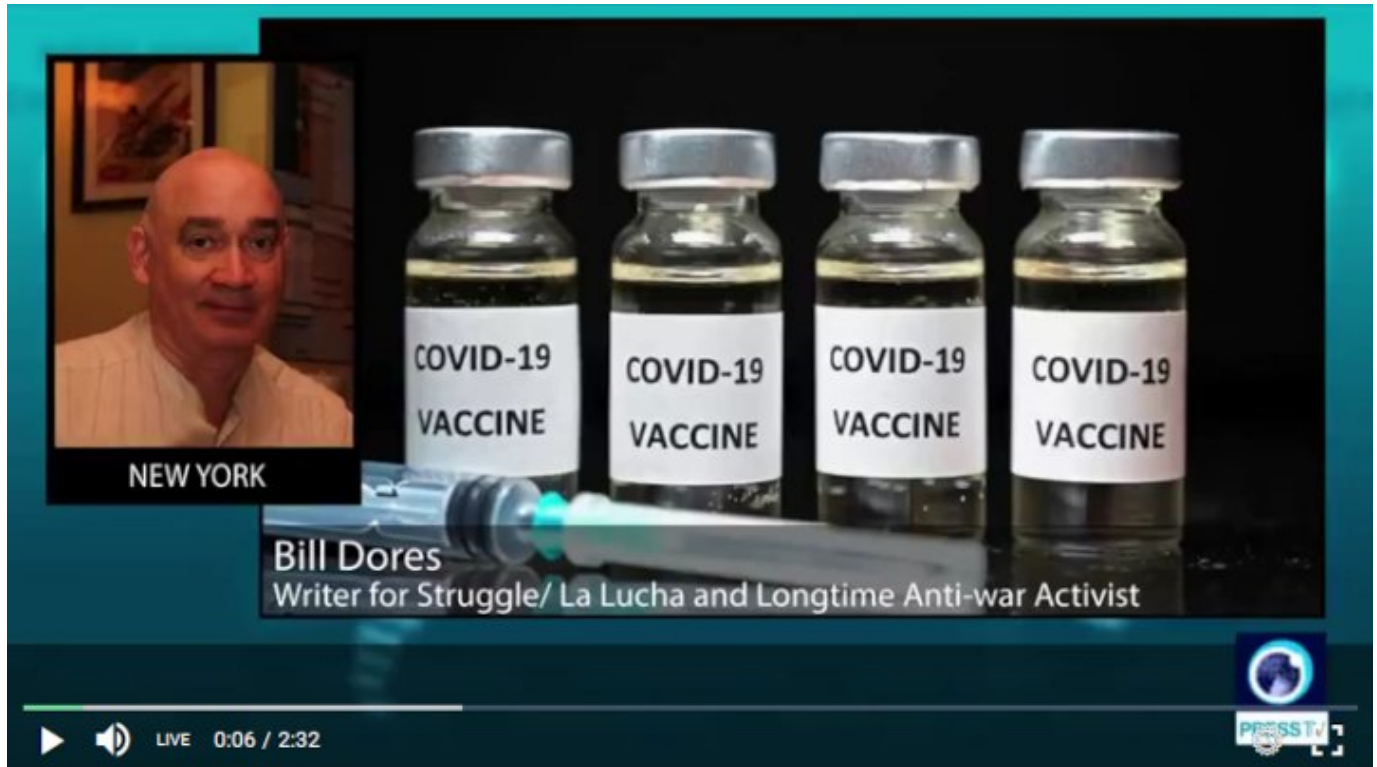
It isn't too late.

For more information about the Saving Lives Campaign, write to SavingLives [at] US-CubaNormalization.org or this writer at Cheryl [at] NNOC.info.



U.S. is waging medical warfare on the entire world

written by Struggle - La Lucha
March 8, 2021



The United States is waging the medical warfare on the entire world, a system of medical apartheid, an American political analyst has said.

Bill Does, a writer for Struggle-La Lucha and longtime antiwar activist, made the remarks in an interview with Press TV on Tuesday while commenting on the concerns raised in the U.S. media following the death of a “healthy” doctor two weeks after getting a first dose of a Pfizer COVID-19 vaccine.

Dr. Gregory Michael, a Miami-Beach 56-year-old obstetrician, was in good health. Health officials from Florida and the Centers from Disease Control and Prevention (CDC) are investigating whether the vaccine played a role in his death, which possibly is the country’s first death linked to the vaccine.

“In a few days, we will be marking the birthday of Dr. Martin Luther King Jr., who was murdered by the U.S. state apparatus. Dr. King famously said, ‘Of all the forms

of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death,” said Does.

“At the time he was speaking about the racist healthcare system inside the United States, but it also applies to the medical warfare United States is waging to the entire world, a system of medical apartheid, of technological apartheid they are trying to impose on humanity,” he added.

“I am not a medical expert or scientist. I cannot speak on the effectiveness of different vaccines, but I know that everything the U.S. does is designed for corporate profits and to keep U.S. corporations at the center of the world economy, no matter the cost,” he said.

“And the cost of this politics of destruction is borne by the people of the entire world, including in the United States, where more people will be dead in a year than died in World War Two for this country,” he noted.

“In this health crisis for humanity, we should have global cooperation, not sanctions and economic warfare. The sanctions on Iran, as Dr. Morandi has pointed out, are medical mass murder. While the United States tries to impose its vaccine on the world, they cannot provide anywhere near enough for the people right here. The death rate here in the supposedly wealthy country is also terrible,” he stated.

“Why should people here not be able to access vaccines and treatments developed in other countries? Much of the world including Iran, China, Cuba, and Venezuela are cooperating, working together to try to develop a vaccine. Why should the United States not be joining in as an international effort instead of trying to impose its medical financial domination on the world? The sanctions on Iran and all other countries should end now,” he said.

“This is a time for international medical cooperation, not economic warfare. There

are many people here in the United States who would still be alive if we've been able to access some of the treatments available in Cuba and other countries," the analyst concluded.

Source: [Press TV](#)



Stop killing prisoners with COVID-19!

written by Struggle - La Lucha

March 8, 2021

Winter weather didn't stop people from protesting the coronavirus plague that's being allowed to sweep through U.S. prisons. Dozens gathered in front of New York City's main post office on 8th Avenue on Dec. 15. Other rallies were held in Philadelphia and Pittsburgh.

Prisoners are some of those most vulnerable to COVID-19. Over 200,000 of those locked up — one-out-of-ten inmates — have caught the virus. In an outbreak at California's San Quentin prison, [3,200 inmates fell ill](#) and 28 died.

At the New York rally, former political prisoner and Black Panther Tarik James Haskins described the dangerous prison conditions:

“I spent 17 years in various prisons. Consequently, I know prison superstructures provide highly favorable breeding grounds for contracting COVID-19.

“In most prisons four or more cells share the same vent shaft. When a prisoner in one cell lights up a smoke, all the other prisoners connected to his vent smell his smoke.

“Moreover, those prisoners not housed in cell blocks are housed in dormitories. Their beds are not six feet apart. Both living arrangements provide ideal breeding grounds for contracting COVID-19.”

Governors procrastinate as prisoners die

Brother Shep — Sadiki Olugbala — of the Universal Zulu Nation chaired the rally. When he was 19 years old, Shep joined the Black Panther Party.

Relatives of prisoners talked of their imprisoned loved ones being refused adequate medical care. A granddaughter of Mutulu Shakur described how the 70-year-old political prisoner has been diagnosed with bone cancer. Yet prison authorities delayed giving him a cat scan.

Baba Zayid Muhammad tore into the governors of New York, New Jersey and Pennsylvania. The three Democratic officials have delayed freeing prisoners despite the dire health conditions that Tarik Haskins described.

Following the rally, people marched through Manhattan’s Penn Station with signs. A final rally was held across from Macy’s biggest department store.

SLL photos: Stephen Millies



A two-day COVID tidal wave in the U.S.

written by Struggle - La Lucha
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In just the first two days of December, an estimated 5,495 people died of the coronavirus in the capitalist United States.

That's 690 more deaths than the total number of people who have died of COVID-19 since the beginning of the pandemic in the following socialist countries: People's Republic of China (4,634 deaths); Socialist Republic of Vietnam (35 deaths); and the Republic of Cuba (136 deaths).

The population of these three socialist countries is an estimated 1.548 billion people or almost five times the population of the United States. Yet they've suffered less

than 2 percent of the estimated 274,762 deaths from COVID-19 in the U.S as of Dec. 3.

On a per capita basis, the difference in the death rate between the capitalist U.S. and the rates in these three socialist countries is 267 times. Why is that so?

One reason is that socialist countries don't close hospitals because they're losing money. Under socialism, medical care is for people not for profit.

Just in New York City, both St. John's Hospital in Queens and St. Vincent's Hospital in Greenwich Village were recently closed and turned into luxury housing. The Jersey City Medical Center with a thousand beds was converted over 20 years ago.

Hahnemann University Hospital in Philadelphia with 400 beds was also shut down and is now being turned into luxury apartments. These beds are desperately needed now.

The coming months may see even higher numbers of COVID deaths in the United States. Black, Indigenous and Latinx people are at least twice as likely to die.

This ongoing tragedy didn't have to happen. It's how capitalism functions. COVID-19 is another reason we need a socialist revolution.



Capitalism's coronavirus catastrophe

written by Struggle - La Lucha
March 8, 2021

[Wall Street's war machine](#) includes 11 aircraft carriers and 5,800 nuclear weapons. Yet the capitalist government in the United States is helpless to combat the latest coronavirus surge.

Daily cases have soared to 180,000 with over a thousand deaths per day. Hospitals throughout the Midwest are being overwhelmed. New York City is close to closing its public schools again.

None of this was inevitable. Donald Trump has blood on his hands. By sabotaging absolutely necessary public health measures — like wearing masks and practicing social distancing — Trump guaranteed thousands of more deaths.

The Trump regime follows decades of cutbacks and privatizing government programs. Hundreds of hospitals have closed with tens of thousands of hospital beds

lost. Now they're needed.

Some of the closed hospitals — like St. Vincent's in Manhattan's Greenwich Village — have been turned into luxury housing. Real estate profits are more important than human lives.

Contrast the tragedy unfolding in the U.S. with how socialist countries are fighting the COVID-19 pandemic. [Twenty-two new cases](#) of the coronavirus were reported on Nov. 12 and Nov. 13 in the People's Republic of China.

That's 10,000 times fewer cases than in the U.S. How has socialist China been able to control the pandemic?

People's health comes first under socialism. China's government, led by President Xi Jinping, didn't hesitate to temporarily shut down the economy in order to save lives.

No consideration was given to private profit. That's unlike the capitalist U.S., where President Trump issued an executive order keeping the meatpacking plants open without safety guarantees.

Tyson Foods and other big meatpackers demanded it to shield themselves from lawsuits. Trump complied on April 28, which was Workers' Memorial Day.

Talking about his billionaire friends in the dead-animal industry, [Trump said](#): "They're so happy. They're all gung-ho, and we solved their problems."

No thought was given to the problem of thousands of meatpacking and poultry workers getting sick and dying.

Socialism vs. COVID-19

In socialist countries, people are encouraged to be organized. Members of communist parties volunteer for duty in the war against the coronavirus.

So do members of women's associations and youth groups. Unions are mobilized to enforce safe working conditions.

Police kill an average of three people per day in the U.S. At least half are Black, Indigenous or Latinx.

When the Chinese metropolis of Wuhan was shut down to fight COVID-19, unarmed socialist police delivered meals to people's homes.

Thirty-five people have died of COVID-19 in the Socialist Republic of Vietnam, a country of 97 million people. North Dakota's 762,000 people suffered 732 deaths from the virus as of Nov. 13.

The Pentagon killed at least three million people in Vietnam, using napalm and phosphorus bombs to burn children to death. Hundreds of thousands of Vietnamese people suffer from the effects of Agent Orange, dropped by U.S. planes, as do thousands of U.S. veterans.

Another million people were [killed in neighboring Laos](#). The U.S. killed over three million people during the Korean War.

Today, both the socialist Lao People's Democratic Republic and the socialist Democratic People's Republic of Korea have reported no deaths from COVID-19.

For 60 years, socialist Cuba has been economically blockaded by the U.S. Its socialist health care system has become world famous. Cuban medical workers have gone to Italy to help during the pandemic.

Cuba, with 11.3 million people, has had 131 deaths due to COVID-19. The 11.7 million people in Ohio have had at least 5,700 deaths.

The Bolivarian Republic of Venezuela is also beating back the coronavirus, despite

Trump's cruel sanctions. Venezuela's 28.4 million people have suffered 844 COVID-19 deaths. The 29.5 million people living in Texas have had at least 19,917 deaths from COVID-19.

Africa fights back

Africa has been pillaged for over 500 years by European and U.S. capitalists. Yet African countries have been able to tackle the coronavirus much more effectively than their colonial exploiters.

With four times the population of the U.S., all of Africa has had [less than one-fifth of the cases](#) of COVID-19.

The people of Zimbabwe have been punished by the U.S. and the European Union for daring to take back their land from white settlers. These capitalist governments are trying to strangle Zimbabwe's economy.

With around 15 million people, Zimbabwe has had 257 COVID-19 deaths. Pennsylvania, with around 13 million people, has had at least 9,353.

More than a vaccine is needed

People are hoping for the rollout of vaccines against the coronavirus. Capitalists see dollar signs.

After Pfizer and the German firm BioNTech announced a potentially effective vaccine, \$44 billion [poured into U.S. stock markets](#).

U.S. billionaires have [grabbed another trillion dollars](#) during the pandemic.

Meanwhile, 15 million workers are scheduled to [lose their unemployment benefits](#) the day after Christmas. Temporary moratoriums on evictions and home foreclosures are set to expire.

We have to demand the reinstatement of the \$600 weekly supplemental unemployment benefits that ended in July, with the missing weeks paid in full. A complete ban on evictions and foreclosures must be enacted.

This won't happen automatically even if Trump is kicked out of the White House. We have to organize the power of the people to win it.

