

PUTTING PROVID BEFORE WORKERS TO REOPEN THE ECONOMY.

On Sunday, Boris Johnson ordered workers in manufacturing and construction back to work. Everyone commented on how muddle headed he came across. That was a deliberate smokescreen to obscure the threat he and his class pose to workers. No doubt, behind the scenes, government assistance to these categories of workers will be withdrawn despite the extension of furlough. In time honoured tradition, the bosses will drive workers back to work, if not with batons, then through financial coercion. The unwritten agenda is to build immunity in society before winter, even if this means spikes in fatalities, so the production of profits can continue.

The impact of a virus on society depends on the novelty of that virus, the susceptibility of the hosts (in this case society and its overall health) and finally the capacity of the health services to deal with acute cases. While there is talk of the virus mutating and of two strains, the virus remains intact and impactful. What has really been exposed is the underlying health of society, particularly in Britain. In Britain, inequality and austerity has left a dreadful health legacy on society. Not only did the general health of the nation scupper Johnson's plan to build herd immunity two months ago, but the delay in lockdown caused by his mismeasurement of the health of the nation, enabled the virus to kill more people in Britain than anywhere else in Europe.

Only with the third aspect, health capacity, has there been an improvement, not only in terms of beds but in terms of interventions. This has led Johnson to attempt to reopen the economy once more. He is taking a huge political risk. The "independent Scientific Advisory Group for Emergencies" led by David King has condemned the moves. Johnson does not have plan B only plan P (Profits). There is no possibility of test, trace and contain when you have 4,000 new cases daily. You need ten times less for this to work and that drop is not on the horizon.

In sickness and in health.

A virus has no consciousness and no compassion. It is very difficult to view viruses dispassionately when they cause so many individual tragedies. But the overarching purpose of a virus, it's purpose for being so to speak, is to promote diversity, to protect diversity, and on the one side to assist adaption through genetic seeding while on the other to cull where adaption has failed. One aspect of the failure to adapt, is the loss of health.

This "eugenic" virus has targeted those in poor health. Between 91% and 98% of those who died of the virus were chronically sick before they were infected. A better word to describe this condition is the term, they were functionally sick. By this is meant that many chronically ill people retain some function but in bodies that continuously ache, where every step is uphill, where eating is associated with discomfort, where bones are corroded, joints frozen, circulation obstructed, brains rotted, and, when even DNA is losing coherence.

Capitalism has and is making us sick. For three generations we have been besieged by pesticides, fungicides, preservatives and pollution. Our defences have been undermined by food that has been denatured, deodorized, processed, cheapened, and served in plastic film or containers. Supermarkets have essentially become mausoleums to dead food (there are exceptions). This poor diet has led to the biggest and most silent holocaust in history, countless hundreds of millions, mainly poor, who have eaten themselves into an early grave, but not before being trapped in their bodies and suffering for many years. Such unrecognised cruelty.

Additionally, we have been smearing our bodies, making ourselves smell pretty and painting our faces with bright colours based on molecules largely derived from the Petro-chemical industries. We live in

homes that emit chemical residues from all the artificial materials that adorn them. Finally, we cover every surface with disinfectants which kill 99.9% of germs and whose aerosols once inhaled, alters our internal ecology.

How can our weakened bodies cope with such an onslaught? They deteriorate. They become inflamed and metabolically disorganised. One would think that the capitalist state, as custodian of the general interest of the capitalist class, would ensure that its most precious asset, the source of its profits and privileges, the working class, was kept in good health, therefore subject to the most efficient exploitation. But it has not. A crisis ridden economic mode of production cannot nurture its assets, and in any case, with the advent of neo-liberalism the general interest has dissolved into competing sectional interests.

If we viewed animals on a farm, with bellies dragging on the ground, tottering around aimlessly, scaly skinned and ulcerated, milky eyed and with piles hanging from their asses, we would arrest the farmer for cruelty on the spot. How have we allowed our own to degenerate so? How has humanity given rise to such inhumanity? Capitalism. This system cannot cope with the forces it seeks to exploit.

In this nutrient wasteland there has been only one vulture that has grown fat on the carcass of society. Big Pharma. Big Pharma seeks no cures. Cures are unprofitable. That is why they avoid areas of research that can only have one outcome, a cure, as in the case of antibiotics. Either the bacterium is killed, or, it kills the host. Most antibiotics are only taken for a week.

So they concentrate on broken down bodies. Not to return them to health holistically. Oh no, that means a cure. Instead they concentrate on manging symptoms. That way the same tablet can be sold for years at a time. And not only that, because managing of symptoms does not prevent the underlying condition from progressing, stronger tablets will be needed in future which cost more. Oh, Oh, and not only that, when one condition progresses it provokes other conditions which in turn require a range of tablets. Truly, our bodies have become a marketing wonderland for Big Pharma.

Back to Africa.

It is time to compare Europe and the USA, home to overmedicated societies and over processed food, to Africa.

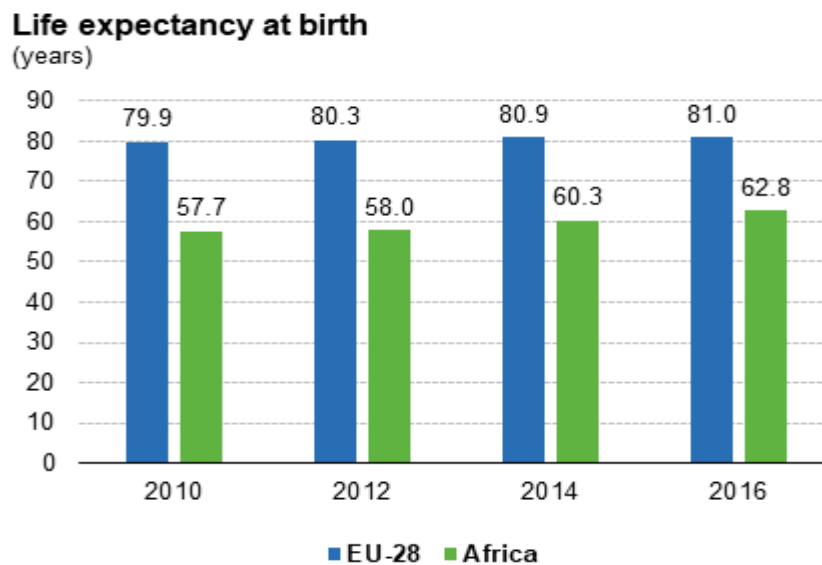
All data here is taken from the following WHO report: *Public Spending on Health: A Closer Look at Global Trends (2018)* It shows that between 2000 and 2016 health spending in rich countries per capita increased by \$900 and in poor countries by \$28 (page 13). As a result, whereas rich countries spent over \$2000 per capital in 2016, poor countries only spent \$100. Or to put it another way, the top 20% consume 80% of healthcare while the bottom 80% consume only 20% of global healthcare. <https://apps.who.int/iris/bitstream/handle/10665/276728/WHO-HIS-HGF-HF-WorkingPaper-18.3-eng.pdf?ua=1>

Many analysts attribute this lower spending on health care to some of the difference in longevity. This variation can be seen in the first graph below. It shows that in 2016, a person living in a poor country could expect to live 17 years, or 20% less than their counterpart in a rich country. That gap has been closing not only because life spans are increasing in Africa, but because they have stopped falling in the rich countries since 2008.

In addition, once we look at finer details, it turns out that much of this difference in longevity is accounted for by the higher incidence of infant mortality. This can be seen in Graph 2. (In addition, Eurostat also publishes a graph detailing the incidence of deaths before the age of 5 which is equally stark.) There is a final consideration which devalues the link between aggregate health spending and

longevity and that is the fact that in the West 30% of life-time health care will be spent within the patient's last year of life. That is keeping them alive. This does not happen in poorer countries.

Graph 1.



Source: Eurostat (online data codes: demo_mlexpec) and the Statistics Division of the African Union Commission

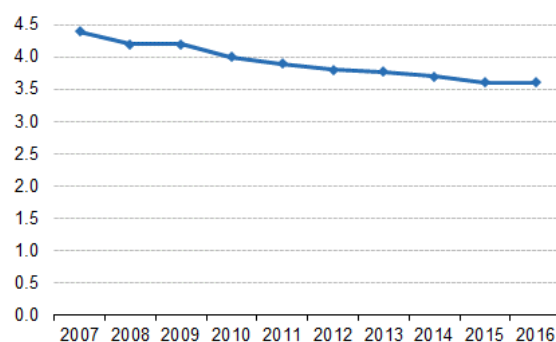
eurostat 

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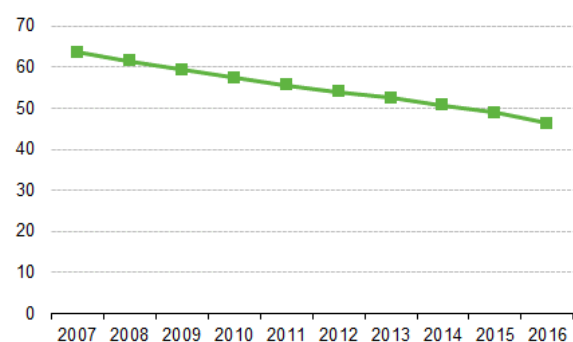
Graph 2.

Infant mortality rate
(deaths per thousand live births)

EU-28



Africa



Source: Eurostat Eurostat (online data code: demo_minfind) and the Statistics Division of the African Union Commission

eurostat 

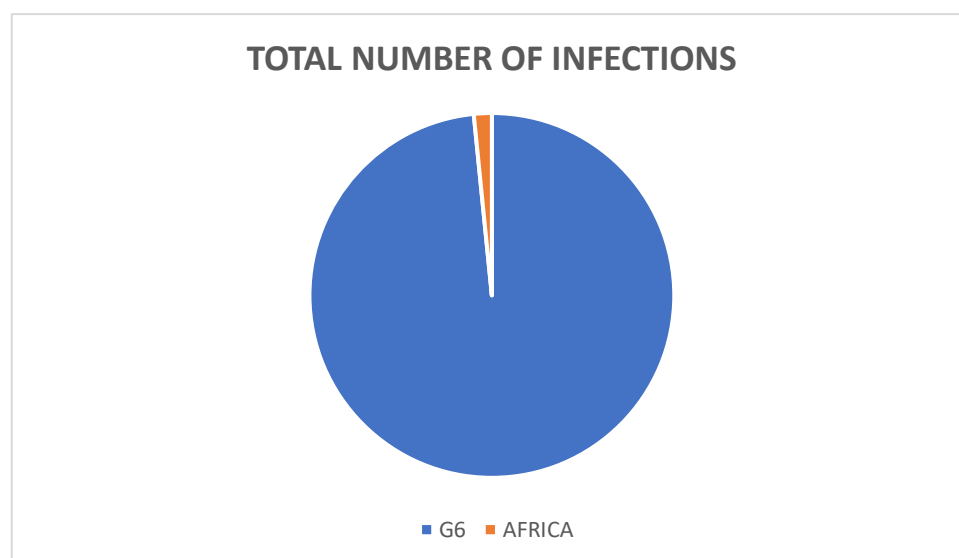
Thus far we have looked at the end of life in the form of longevity. Let's turn it around, and, look at the beginning of life or fertility. It can be said that the prime test of the health of a specie is its ability to reproduce. Declining health is always associated with reduced fertility rates. One of the most accurate markers here is sperm counts, because sperm is a real time indicator through being continuously reproduced from the age of puberty. In a landmark study published in 2017, it was reported that over the span of 40 years, from 1973 to 2011, sperm counts in Western Countries had fallen by 52%. Although the number of men tested in more traditional societies was smaller, no significant reduction in sperm count was found. (Note 1.) Links to commentary on this report as well as the actual report is found below. <https://www.theguardian.com/lifeandstyle/2017/jul/25/sperm-counts-among-western-men-have-halved-in-last-40-years-study>
<https://academic.oup.com/humupd/article/23/6/646/4035689>

In Africa populations are not overmedicated and over-inoculated relative to the West. They eat a simpler diet and are less exposed to complex chemicals. Finally, they rely more on their immune systems to cope with bacteria and other infective agents. The reason for making this detour is to be able to compare the impact of Covid-19 in Africa to that of the West, or more precisely the US, UK, Italy, France, Spain and Germany (G6). By looking at these factors we have given context to our comparisons.

If our assumptions are correct that African populations are generally more resilient and healthier, then we can expect lower mortality rates there from Covid. The Data used here is derived from the John Hopkins table: "*How does mortality differ across countries*" which appeared on the evening of the 10th of May. <https://coronavirus.jhu.edu/data/mortality>.

The graphs below compare the aggregated data for the above 6 western countries (G6) to the aggregated data for every African country found on the John Hopkins Table. The first Pie Chart below shows the ratio of infections in the G6 to that in Africa. Now clearly, the testing facilities in Africa are not comparable to those found in the G6, but even if only one tenth of infections were detected in Africa the infection rate would rise from 1.6% to 16% still far lower than in the G6.

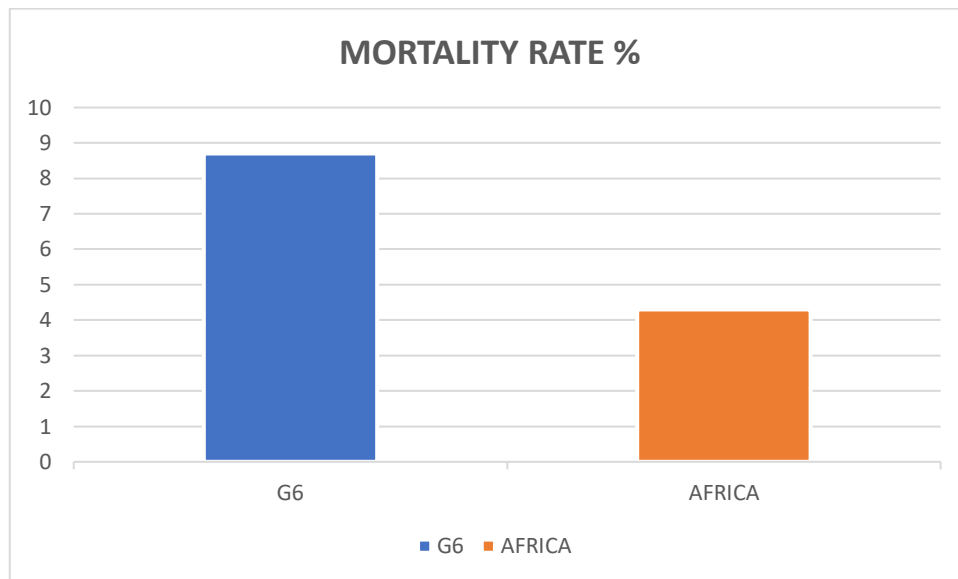
Graph 3.



The infection rate is actually the least important metric. The more important metric is the number of deaths, and, the mortality rate derived by dividing deaths over reported cases of Covid-19. The second

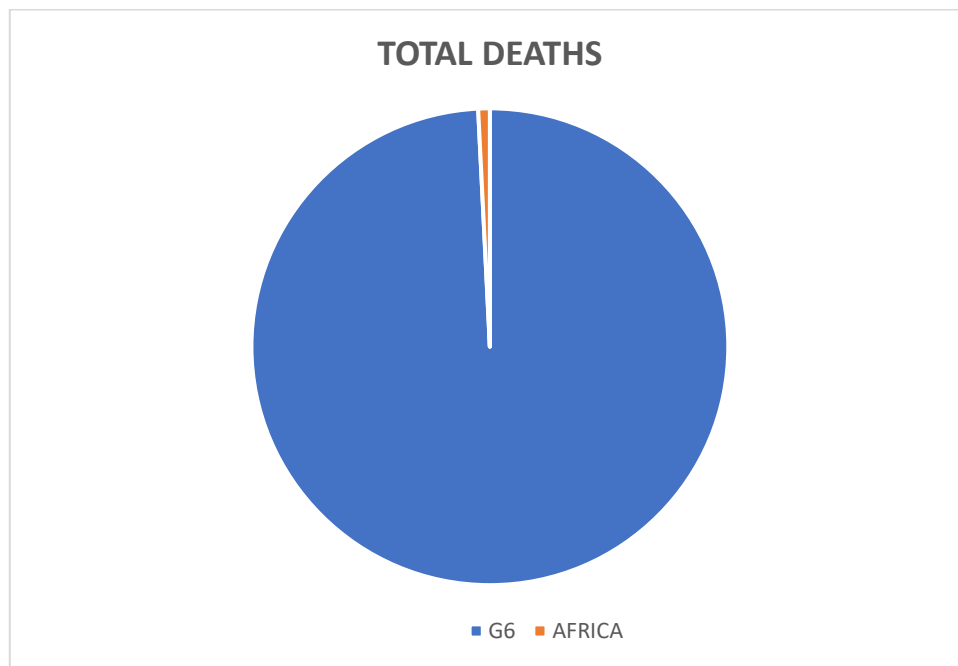
graph plots the mortality rate which is half that found in the G6 despite the poorer medical resources found in Africa.

Graph 4.



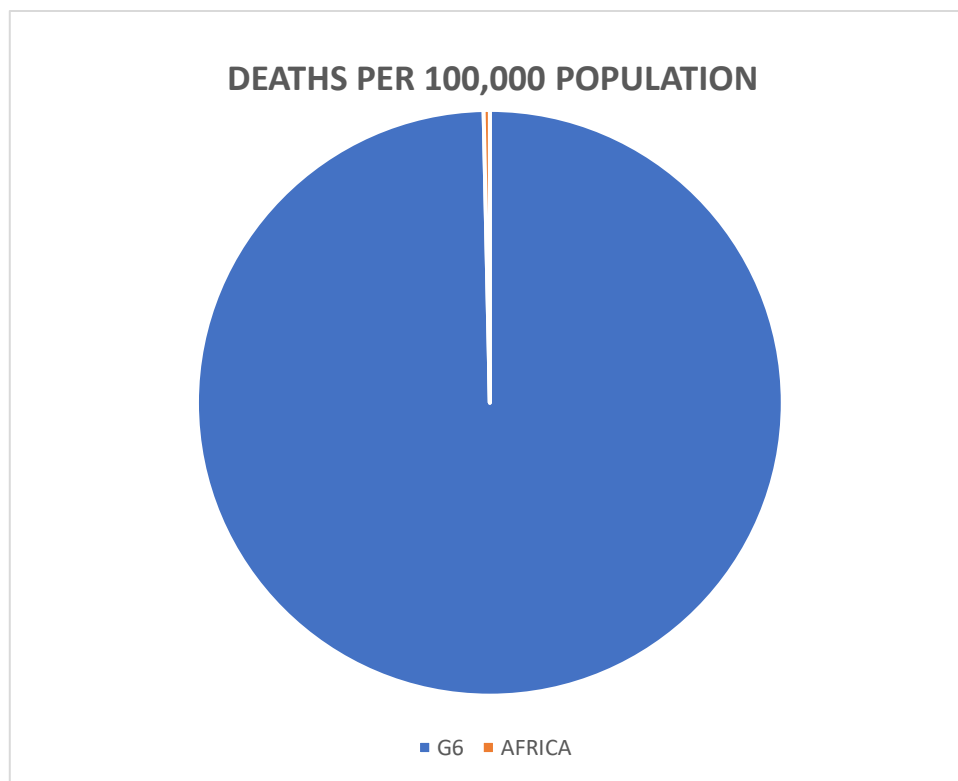
Finally, the lower incidence of infection combined with the lower mortality rate, results in far fewer deaths in Africa from Covid-19.

Graph 5.



Given that Africa's population is double that of the G6 at over 1.3 billion, the difference in deaths per 100,000 head of population is even more stark. Deaths per 100,000 is 293 times higher in the G6 than it is in Africa. The pie chart below hardly registers the death rate in Africa.

Graph 6.



(Note 2. The raw figures can be found in the table at the end of the article.)

Clearly Africa is different climatically, demographically and in a different hemisphere. However, these factors cannot explain the scale of the difference in infections and death. Particularly when we aggregate global figures. We find the global mortality rate is 6.9% which means Africa is 50% lower at 4.3% while the G6 is fifty percent higher at 8.9%. Given the epidemiology within the G6 itself, namely the number of symptom free infections amongst the more healthy and young, or what is the same thing community spread versus hospital admissions, the most likely explanation for the difference between the G6 and Africa, is the issue of the general health and immune response found in Africa, in short resilience

Danger Be Brexit Aware.

If this is the case it is a terrible indictment of the medical model found in the G6 and the quality of diet that feeds it. It means that in their greed, the neo UK and US has laid the grounds for their own failure against Covid. Because of the ill health of their nations, the density of potentially acute cases is higher pro-rata than say a country like Sweden for any given spread of the disease. The propensity therefore for overloading their health services is much higher. Any relaxation of quarantine will be met by patients piling up in hospital corridors. (Note 3.)

In terms of strategy, if no vaccine is found, leaving herd immunity as the only recourse, then countries like the US and UK will suffer catastrophic casualties en route to that goal.

The tragic irony of course is that despite this, it is the homicidal populists like Trump, Johnson and Bolsonaro who are willing to take the greatest risk with their citizens in seeking to restart the profit machine. Gambling at a table which is on fire is never a good idea unless you can fireproof your cards. Johnson's cards are flammable. His talk of track, trace and contain (TTC) is an empty bluff. In the UK

new (identified) cases are running at over 3000 a day. Only if the figure was 300 is TTC possible. And that is not even on the horizon.

Given the packed tube trains in London, it is likely that in two to three weeks' time, Johnson will not be wearing a mask on his face, but egg. The virus could come roaring back. It is not beyond the assumption parameter that by year end over 100,000 people will have died. At that point, the biggest tragedy of all will be, were his poll ratings to still stand at 50%.

Johnson parroted "Get Brexit Done" in the elections and won. He also wrapped himself in the slogan "take back control". At all times he kept his real agenda hidden, that is to turn the UK into a tax haven for the rich and a sweatshop for workers, overseen by a lack of state regulation. His behaviour in response to this virus is beginning to reveal his true colours. If he is willing to take such risks with this virus in pursuit of profit, what will be do later, after Brexit, when he takes control. And this from a Prime Minister who almost sacrificed himself on the altar of capital.

Note 1. Even within a country, sperm counts can vary depending on occupation and diet. Thus men with the highest pesticide burden in their blood, had a reduction in sperm count of 49%. <https://www.cbsnews.com/news/pesticides-in-fruits-and-vegetables-linked-to-poor-sperm-quality/>

Note 2.

	G6	Africa		
infections	2,316,027	37,329	Africa's share	1.6%
deaths	201,192	1591	Africa's share	0.8%
Mortality rate	8.7%	4.3%	G6 multiple	2
Deaths per 100K	38.1	0.13	G6 multiple	293
	Global infections	Global deaths	Mortality rate	
	4,081,970	281,339	6.9%	

Note 3.

There is no such thing as a pure science, one not contaminated by the dominating interests in society. For this reason, most science is refracted by the prism of profit which splits white light into colours in order to highlight some colours and play down others. This is true of the SAGE group of scientists who have been advising the government. This criticism holds for all scientists who are a-political. Recently a group of scientists led by the University of Edinburgh launched a project to investigate whether DNA plays a role in the progression of the disease. Let us hope they find a gene for pollution, or a gene for poverty, or a gene for malnourishment, or a gene for poor housing, or a gene for age, or a gene for overwork. These scientists should not be seeking to feather and advance their careers. They and all the other scientists should be concentrating on condemning the conditions found in this capitalist society which has led to so much pain and suffering. They should be political. Only when society is rendered classless, will science serve the unblemished interest of society, can it be fully unschackeled.

Brian Green, 13th May 2020.