COVID 19: the Good, the Bad and the Ugly (Profitable).

We have passed through the epicentre of the pandemic and the trailing winds are subsiding. Time to take stock. This article compares the contrasting impact of the pandemic in the USA to India. It is the follow up to an article first presented in May last year titled "Reversing the Lockdown". https://theplanningmotivedotcom.files.wordpress.com/2020/05/reversing-lockdown-pdf.pdf

In my previous article linked above, I pointed out that the severity of any pandemic has three facets. The first is the intrinsic quality of the virus including its novelty, the second is the underlying health of the society affected, and thirdly is the capacity of health services. Of the three factors, the underlying health of the nation is the most important. As we have seen this virus has been highly selective, targeting the unhealthy underbelly of society.

The Marxist Left have done a good job exposing capitalism's predation of the planet in pursuit of profit and how this has ruffled unique eco systems disturbing the custodian viruses found there. Where they have done less well is to examine the vulnerability of a over-medicated society. If environmental predation is the detonator, then the explosive is a sickened society. The primary humane object of medicine is to restore patients back to health by restoring function, or as it is called homeostasis.

The perverted object of western medicine is to take over function rather than restoring it. By taking over function we mean, the maintenance and management of symptoms via drug use. The accurate term for this is the medical colonisation of the patient by Big Pharma, where doctors have been reduced to pharmaceutical vending machines. This way the same tablet, or more tablets, because there is an inevitable escalation of symptoms, can be sold day in month out.

It takes a pandemic to expose the catastrophic consequences of such an approach. The two primary risk factors for severity of disease have been age and underlying conditions. Let us rephrase this into plain speak, COVID has killed the elderly and the chronically sick. Patients on regular prescriptions are chronically ill. Doctors can mask their condition, but it does not fool viruses. The purpose of a virus, inter alia, is to cull that part of any specie, whether animal, plant or fungi, which is unhealthy. In case the reader considers this a personal opinion, read the observations of the author, Dr Liji Thomas, as she investigates one of the largest studies investigating risk factors during this pandemic. "*The researchers think these chronic illnesses may be related to a higher risk of mortality because the body's functioning is already under stress from the pre-existing illness. The body's endocrine system is in disarray and the sympathetic nervous system and immune system. Since these are responsible for homeostasis, chronic stress on them causes a slow and progressive wearing down of regulatory capability. The eventual outcome of dysregulated metabolism is the build-up of pro-inflammatory cytokines, which triggers an abnormal immune response. This is widely held to be responsible for the severe complications that are called severe or critical COVID-19, as observed before with the flu, SARS, and MERS.*" *https://www.news-medical.net/news/20201011/Analysis-of-existing-comorbidities-and-COVID-19-mortality.aspx*

Well said doctor. By neglecting to treat the cause of illness and by focusing only on the profitable suppressing of its symptoms, the underlying condition is aggravated requiring stronger and stronger medical intervention. Non-steroidal drugs are replaced with steroidal drugs, and steroidal drugs are replaced either with watered down chemotherapy or specific immune suppressants. This makes these patients a sitting duck for the virus.

In my previous article written during the first wave of outbreak, I suggested that poorer countries would fare better than the richer countries. This was at a time when the consensus was that poorer countries would suffer more from this pandemic than richer countries because of poverty and depleted medical services. India was expected to suffer 4 million dead. Against the stream I said quite the contrary, arguing that because the poorer countries were less medicalized, they were more robust, and that this single factor alone would outweigh poverty and lack of access to medical facilities.

I am not alone in asking why the fatality rate, in hindsight, has been so much lower in poorer countries in say Africa and India. It is so apparent that it demands to be explained. The convenient reason given is that these countries have younger populations. This sole hypothesis is repeated ad nauseum. In choosing India where longevity has risen by 11 years recently, this reason is minimised. The real reason is immunity. In India there are herds of cows walking around with cow dung everywhere including in the air boosting immunity. In the United States there are herds of doctors walking around with prescriptions everywhere.

This useful article from Nigeria covers some of the arguments. What makes it interesting is that it gives different views depending on whether the proponents are part of the medical world or part of governmental agencies which colours their views. https://guardian.ng/news/why-africa-is-recording-low-covid-19-deaths/ What is never spoken about however, what has become taboo, is the medicalisation of society by the sector which is the biggest contributor to government and lobbyists, Big Pharma.

India vs the USA (or the Universally Sick America).

I have prepared a table with relevant information to compare India to the USA. All data relevant to the pandemic has been taken from the "Worldometers" website on the 18th February 2021 https://www.worldometers.info/coronavirus/

Table 1.

		USA	INDIA
1	Life expectancy	78.8 years	69.3 years
2	Total Population	332 million	1,338 million
3	Health Spending per capita p.a.	$10,500	$73
4	Total Tests done	340 million	208 million
5	Infections found	28,453,526	10,950,201
6	Total deaths	502,544	156,038
7	Deaths per million people	1,513	112
8	Infections per test	8.4%	5.3%
9	Deaths per positive test	1.8%	1.4%
10	Adjusted deaths per test	2.85	1.0

We will begin with life expectancy (1). This has been reduced to under 10 years by 2018 because India's life expectancy was increasing and the US expectancy decreasing. But this crude discrepancy of 9.5 years is overstated. If we factor for infant mortality of the under-fives, which is still 34.3 per thousand in India versus 6.5 in the USA, then the life expectancy of an over five in India is much closer to that in the USA. https://data.unicef.org/country/ind/ The median age in India in 2018 was 28.4 years whereas in the USA it was 38.2 years. It is unlikely which ever measure is used, that age can account for a mortality rate which is ten times lower in India than in the USA.

Next, we turn to health spending (2). The US figure per capita is 144x larger than the expenditure in India. There are a number of confounding factors. In India, a dollar of health care goes further. In the US, the expenditure on health care is extremely unequal, in addition 30 to 40% is spent on the last year of life, while around one-third is wasted on unnecessary administration, and finally patients are over-charged particularly for drugs. Setting this all aside, the amount spent on medicalising (North) Americans is between one and two orders of magnitude higher than in India.

Total deaths (6) in the USA from COVID which stands at over half a million, is 322% higher than India's. In fact, US deaths as a share of globally recorded deaths from COVID is 21% despite the US population only representing 4.3% of the global total. The scale of the tragedy which has devastated the US is projected to have shaved two years off longevity there in 2020. https://www.nytimes.com/2021/02/18/us/covid-life-expectancy.html

The difference gets starker when we examine deaths per million (7). Using this measure, the death rate in the USA was 135 times higher than in India. Of course, it can be argued that medical surveillance is much stronger in the USA, and that often deaths at home go unreported in India. Even if this were the case, and even if we trebled the Indian death rate, the US would still have experienced 45 times more deaths per head of population.

In the last two months the conversation in India has turned to whether or not, herd immunity has been acquired. The most recent serological study in Delhi found 56.1% of the population had been previously infected. These anti-body tests are not the definitive tests, memory T cell panels are, but these tests are much more expensive and involved. The body conserves energy it does not waste it. Therefore, unless challenged, it stops producing anti-bodies to specific antigens, but it does not lose the memory or template of how to reproduce them rapidly. Thus, on balance, anti-body tests underestimate immunity particularly if the infection has long since departed.

Whatever the case, indirect evidence suggests something qualitative has occurred. Current infection rates in Delhi, having been as high as 10,000 at the peak, have now fallen to the low teens, positivity rates from testing have also fallen sharply and overflowing COVID wards have emptied. However, in states like Kerala and Maharashtra cases have risen and the fear is that, as in Brazil, a new variant may have appeared Nonetheless, all eyes should be on India, where the vaccine roll out is stuttering. If cases in Delhi and other large cities continue to be low, then it may very well be the case that initial herd immunity has been achieved.

The good.

The ability to produce a vaccine in under a year with high efficacy is a true milestone in the march of science. It would not have been possible but for the migration of science between countries, in this case scientists from Hungary and Turkey. This is the only international aspect of the scientific endeavour against the pandemic. There is not much else that is good about the response to the virus.

The bad.

But there is plenty of bad. At the onset of the pandemic, global Big Pharma and their governments pledged to work together, to mount a united response, to share breakthroughs and data. They treat us as fools. In the end it was every pharmaceutical company for itself and governments prioritising their own populations first, up to and including the unedifying spat between the EU and the UK over the availability

of the Oxford vaccine. Predictably it would end up with the richest countries hogging the current output of vaccines. Only 10 countries are consuming 75% of current vaccine output.

China and Russia have been much more open to other countries producing their vaccines. Conversely in the West, three major vaccine manufacturers, Senofi, GSK and Merck have been carved out. They were less nimble compared to the more agile start-ups such as Moderna and BioNTech. At the time, Ken Frazier head of Merck, felt a vaccine could not be brought out in under a year. A repeat of IBM and the laptop surely. It is a disgrace that governments in Europe and the US did not legally force the pharmaceutical industry to work together and combine their capacity even if it meant sharing proprietary knowledge. If this had happened, more vaccine shots could have been produced more quickly.

When Russia brought out its Sputnik V vaccine it was ridiculed in the West. As it turns out, this vaccine, which is just as effective as its competitors, has won pride of place because it the simplest to produce and easiest to distribute. Seems Western Big Pharma excels at complicated as this justifies higher prices, especially in the poorer countries. Consequently, the West is losing the vaccine wars or at least diplomacy to China and Russia. Together these countries have supplied 800 million doses to other countries while the West waffles on about making excess doses available to poorer countries as and when they become available. https://www.theguardian.com/world/2021/feb/19/coronavirus-vaccine-diplomacy-west-falling-behind-russia-china-race-influence

But this is not the main concern raised by this article. All the above was predicted. The really bad is that the success of the vaccine will make the ruling class more confident about rolling back their promises to improve societal conditions making populations healthier. As honest as the hangman using part of the rope to teach those condemned how to knit before execution.

The reader will remember when governments were wringing their hands over how inequality had corroded the health of the nation. How this must end. Ambitious goals regarding diets and housing were talked about to make society more resilient. Not only were governments going to build back greener, or better, they were going to build back thinner and warmer. However, this is very costly. It would require reigning in the food companies, raising living standards so the poorer sections of society can afford healthy food, it would require shorter hours and more secure jobs, and it would require the most massive housing programme to end overcrowding in sub-standard housing.

On the other hand, vaccines are much cheaper. Public health authorities are not shy to admit that mass vaccinations are the most cost-effective way to control disease in an unhealthy population, hence the derogatory reference to herd immunity. In some ways, and taking the longer term into account, it could be said that it was unfortunate that effective vaccines were produced so quickly. They have taken the pressure off governments to radically change the way they look after society by the civilising act of curbing the excesses of capitalism and by reducing inequality. As a result, in the longer term, more people are going to die than from the pandemic itself, because the old normal will be indistinguishable from the new normal.

Until workers take power into their hands the old will endure. The war on the virus has resulted in the equivalent of a war debt. By the time this pandemic is over, the total losses in terms of production as well as the cost of relief or support funds, could exceed $25 trillion globally. (Note 1.) Workers over time, will be forced to repay this. Thus, despite their promises to build back better, the logic of capital and the need

to rebuild state finances, will force them to intensify rather than to moderate, the conditions that gave rise to the pandemic, namely a society riven with vulnerabilities and inequality.

The bad but profitable.

More annual inoculations. The emergence of new variants has won the argument for Big Pharma that profitable annual inoculations will be needed. It is likely that the flu and the COVID vaccine may be combined in a shot gun approach for cost purposes. From an evolutionary point of view this is completely unnatural because multiple and simultaneous infections in nature are rare and our immune systems are not adapted for that.

Conclusion.

The purpose of this article was to attack the Big Pharma model which seeks to medically colonise patients in order to keep them dependent on pharmaceutical products. I have written to *Keep Our NHS Public* who are about to embark on a "People's Covid Enquiry" investigating the causes and responses to the pandemic to challenge this model. (Really a Peoples Enquiry not a Workers Enquiry. The last time I looked Boris Johnson was a people but not a worker.) Chronic illness and age are the two biggest risk factors in this pandemic.

And while Big Pharma may not cause chronic illness, it certainly exploits it with its medical model. In this sense they reinforce each other which is why by age 65, two thirds of Britons suffer chronic illnesses of one kind or another and often from more than one infliction. Thus, the vulnerability of society to pandemics is just as big a question as is the lack of medical capacity due to cuts and privatisation. Possibly greater which is why the Enquiry must challenge the current medical model as part of a larger political challenge to the way society is organised.

As we plan the future, we recognise that two developments are needed. Firstly, to restore health to the planet and to the people who inhabit its ecosphere. A healthy society is one whose population is well fed, comfortably housed, physically active, socially integrated and unstressed, all of which is undermined by private property and its ensuing atomisation and disempowerment of the mass of society, the workers. And it will be cared for by a medical profession that seeks to address the causes of illnesses in order to cure them and not to symptomatically treat people. Lifestyle and preventative medicine will be indistinguishable. At the dawn of medicine, Hippocrates' "hospital" had three layers. Patients first saw a "sociologist" who investigated the social circumstances of the patient to eliminate living conditions that could have stressed the patient and undermined their health. Then patients saw a "psychologist" who investigated their attitudes to life to determine if negative thoughts were contributing to the illness. Only then did the patient see the doctor, actually the herbalist. In short Hippocrates, the father of medicine, had a holistic approach to illness or metabolic disturbances.

Capitalism has undermined all this. It is based on 3 failures. Firstly, it focuses on symptoms. Secondly it does not treat illness holistically, but as isolated conditions, despite these symptoms being a manifestation of a deeper dysfunction in the body and or malnourishment. Finally, it is guilty of opportunism, seeking short term results like getting workers back to work as quickly as possible regardless of the longer-term damage this does to their health. This is a redundant and dangerous form of health care system that has no role in our future society. Medicine for profit can kill.

As much as we need a revolution in society, so we need a revolution in medical care. The pandemic has shown this to be true.

Note 1. Incidentally, that sum of $25 trillion would have been sufficient to convert the world's power supply from carbon to green.

Brian Green, 20th February 2021.