A step in the right direction: Zero Covid!

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The Corona pandemic, with its more than 2 million deaths worldwide so far, is certainly the most dangerous fast-spreading global epidemic since the Spanish flu. At the end of the First World War, it claimed more lives than the entire cruel war before it. It spread across all continents in a total of 4 waves, to hit everyone more or less severely in the end - in India alone, the death rate is said to have been over 6%. At that time, it took over a decade before a vaccine against type A influenza viruses was found. After the peak in 1918/19, it took until late in the 1920s for the epidemic to die out - to claim many more lives. In this respect, the speed with which a vaccine against the Corona virus was found this time is a decisive advantage over the situation back then. However, this experience also teaches that a highly infectious, globally spreading virus can only be eradicated globally - and speed is a decisive factor. On the one hand: as long as there are still world regions where the virus can break out uncontrollably, it is always good for a new global "wave". On the other hand: RNA viruses like the corona viruses mutate very quickly due to their biological nature. This not only leads to a race against time to develop a vaccine in time, but will also repeatedly present us with the problem of having to form a new vaccine against a new variant of the virus in the years to come.

No all-clear

The main reason for this is that a broadly applied vaccine will build up an evolutionary pressure on the virus and select out precisely those virus variants that are immune to the broadly applied vaccine. These virus variants can then build up again in secret until a new wave of infection occurs. We see this every year in the form of the influenza flu, against which a new vaccine has to be formed and vaccinated every year at great logistical expense. The same may be in store for us in the fight against Corona. The warnings of virologists point to the urgent need for continuous monitoring of viral change, so that the vaccine can be changed quickly if vaccination with the old vaccine is no longer effective.

The speed of vaccine development should therefore not lead to the illusion that the virus has been "defeated". Firstly, it must of course be emphasised that the short test phase of the vaccines neither provides sufficient information about medical side-effects nor about the actual effectiveness of the vaccination protection (both in terms of protection against disease and infectivity). Vaccination therefore represents a calculated risk that must be weighed against the dangers of further spread of the virus, and which also requires further socially controlled reviews of the vaccines' mode of action.

Secondly, globally, control over the production of vaccines has largely been left to large pharmaceutical corporations, which subordinate the speed and scale of production to their cost calculations and thus their profit interests. This results in far too little speed of delivery of vaccines even in the "rich" countries, but also much less and delayed delivery for the "global South". Thirdly, since global "vaccination coverage" is thus not expected before the end of 2022, it is very likely that by then more dangerous mutations of the Corona virus will have emerged, which will then continue to keep the pandemic alive. Already, there are a large number of mutations that appear to be far more contagious in certain forms (whether they are also more deadly is still under investigation) and for which it has not been conclusively determined whether the
current vaccines will continue to be highly effective.

Second wave

We are currently in the second wave of the pandemic - and as with the Spanish flu, this one is far more deadly than the first. This is also evident in Germany when evaluating the excess mortality statistics, which were almost a third above average at the end of last year. Even when age effects and other causes are factored out, the threat potential is clear, especially for older people. In the meantime, mutations of the virus also seem to cause more threatening courses of disease for younger people and children. A third wave, with possibly more dangerous forms of the virus, should therefore be prevented at all costs - and it is clear from what has been said so far that vaccination alone will not be sufficient against it! If we want to avoid the selection of "survivable" patients (as is now happening again in Portugal, for example) or dying at the gates of hospitals that no longer even have beds for the seriously ill (as is now happening in Manaus in Brazil, for example), we need an effective international strategy to combat the pandemic!

The methods used so far to combat pandemics can be summarised in three types. The speed and extent of new infections naturally depend on how many people not yet affected can be infected through contact with virus carriers. If about 70% of the population is "immune" (either through vaccination or if the antibodies still persist through illness), simple probability calculation shows that the likelihood of new infections is so low that the virus simply cannot find a new host and thus disappears. Thus the famous "herd immunity" is achieved. However, for this to be achieved in a pandemic, it must apply to 70% of the world's population. For newer, more infectious mutants such as those from the UK, South Africa or Brazil, however, herd immunity would be harder to achieve. The much-cited 70% would then no longer be sufficient.

Herd immunity

The first type of pandemic control is therefore to achieve "herd immunity" by spreading the virus as quickly as possible (ignoring the fact that people cannot be re-infected by new variants or lose their immunity over time). Ultimately, this was the "strategy" in the case of Spanish flu, whereby the virus disappeared after about 10 years, or was replaced by "normal" flu viruses. In the case of Corona, the speed of spread is obviously slower, so this strategy would take much longer here. As is known, in Europe this strategy (no lockdown, but with protective measures for "vulnerable groups") has only been tried by Sweden: While not even 5% immunity was achieved, the death rate was much higher than in countries with lockdowns - this strategy is therefore considered a failure.

However, it is still the prevailing one for a large number of semi-colonial countries. In the metropolises of the North, people cynically overlook what this means for the health systems there - and blame it on insane heads of state like Brazil's Bolsonaro, or lull themselves into a sense of security because of the low case numbers resulting from inadequate local testing systems. The further spread of the virus in the global South is thus pre-programmed and undermines any global strategy for pandemic control.

Flattening the curve

After the abandonment of the herd immunity strategy in the imperialist countries, the prevailing strategy there is "flattening the curve". This strategy is based on the curve of new infections to be statistically calculated from the "reproduction number". The reproduction number indicates how many non-immune persons are infected by an infected person during his active time "on average". The speed of infections is linked to the reproduction number by the exponential function. Therefore, even a few differences in the decimal places of this number make noticeable effects in the increase of new infections (e.g. measured in the doubling rate) when the number is greater than one, or in the decrease of new infections (e.g. measured in the halving time) when the number is less than one.
The "flatten the curve strategy" now consists of taking measures to first control the number of new infections in such a way that the health system does not collapse - i.e. first keeping the increase below the limit of the capacity of treatment options (intensive care units, nursing staff, etc.). To do this, the number of reproductions must be lowered in the direction of one, as otherwise the limit will be reached more or less quickly due to exponential growth. This can usually only be achieved through strong contact restrictions, such as lockdowns, school closures, compulsory wearing of masks in public spaces, curfews, repeated mass tests, quarantine measures, etc. The first step is to reduce the number of infected people. In a second step, the number of new infections must be reduced to a level that enables the tracing of infection chains and regional containment of new outbreaks. What matters here is how far the reproduction number is actually brought below one. However, with the values of around 0.9 that are mostly achieved today, halving the number of new infections actually takes several months. Even a reduction of the reproduction number to 0.8 would limit this to a few weeks.

This also leads to the centre of criticism of today's prevailing strategy for fighting pandemics. The governments of the "Global North" are ultimately bourgeois-capitalist governments that not only dare not touch the interests of pharmaceutical and health corporations even in times of pandemic - they would also never take measures that would contradict "their" economy, i.e. the profits of the most important capital groups.

Therefore, the strategy of flattening the curve is also geared towards restricting public life only to the extent that it is just acceptable for the profit interests of capital. I.e. the consistent steps to reduce infection reproduction that would be necessary are not taken, but the reproduction figure is lowered just enough so that the health system can just about stand it and, on the other hand, "the economy" does not suffer further growth slumps. The result is a months-long partial lockdown with ever more absurd restrictions in the private sector, while largely maintaining the activities of large private enterprises. Only the (partial) closures in the education sector or the extent of "home office" are the subject of major debates. It becomes clear that all these measures do not bring about the reduction in the number of reproductions that would actually lead to rapid halving of the number of new infections - and thus to a real containment of waves of infections.

Zero Covid

In mid-December 2020, leading scientists in the field of pandemic control therefore published a call in the relevant scientific journal "The Lancet" for a radical change in strategy (https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)32625-8/fulltext). This third strategy was given the label "Zero Covid" and means that through drastic short-term measures (3 - 4 weeks) involving all sectors of society, the number of new infections can be reduced to such an extent (target: no more than 10 new infections per million inhabitants per day) that further waves of infection can be prevented.

To this end, the appeal proposes appropriate testing capacities, tracking structures and quarantine mechanisms in case of infection. It is also calculated that such a short-term total lockdown costs far less than a protracted partial lockdown including consequential health damage. The criticism that "zero covid" is not possible because the virus cannot disappear completely with this strategy (which is only possible with herd immunity) is therefore unfounded: the strategy is one that reduces the level of new infections until herd immunity is achieved, so that no further wave of infection sweeps over the country.

If any criticism is justified, it is that this is a programme purely for Europe - and here we are talking about containment through synchronised measures in the EU, while maintaining open borders. A truly effective "zero covid" strategy would have to implement such measures in a globally coordinated manner in order to actually eliminate another global wave of infection.

In addition, of course, there is something else to be said about the call in "The Lancet": The positive reference to China or Australia, which have allegedly successfully relied on a "zero covid" strategy, is more
than questionable. In the case of China, it is uncertain to what extent the draconian and authoritarian measures to restrict contact (in the context of imposing martial law on quarantined regions) have actually produced the claimed successes. In the case of Australia and New Zealand, the measures were certainly not implemented under the pretence of "open borders". Another critical point about the scholars' call is, of course, that it remains very vague about what the now necessary shutdown measures are supposed to be.

Barrier to capital interests

Even though it is therefore to be welcomed that leading academics have recognised that the measures implemented by the ruling governments in the EU are completely inadequate and do not lead to the desired results, they remain below the realisation that this might have something to do with the ruling capital relations in the EU.

Nevertheless, the reaction of the capital associations (and, as was to be expected, also of the trade union leaders) was clear: a lockdown strategy that would also affect the private sector and disrupt the sacred supply chains would be completely unacceptable and would have "unforeseeable" economic consequences. For example, the president of the Federation of German Industries (BDI) said that an industrial shutdown would lead to a 5% slump in growth in just one week (https://www.deutschlandfunk.de/lockdown-massnahmen-bdi-chef-wir-muessen-...[1]). What is not mentioned is that even in the case of a zero-covid shutdown, economic sectors that are necessary for survival, e.g. for food production, would have to continue to work. It is also concealed that after the first lockdown the supply chains, unlike now threatened, did not need weeks to start up again. Of course, it is also being concealed that German industry is currently making billions in profits again from exports to China - and that this is the main fear of a new lockdown, that this will collapse again. This is why overtime is being worked again in industries such as the automotive industry - and pressure is being exerted on employees to come to work and not to call in sick because of a Covid illness (because of the quarantine consequences this could have). So here again, full commitment at the risk of one's life for "our economy", i.e. its profits!

Solidarity Shutdown

It is therefore a very important and correct initiative that the scientists' call of "The Lancet" was taken up by the campaign "#ZeroCovid" and critically extended by an appeal "For a European Shutdown in Solidarity" (https://zero-covid.org/[2]). The initiators of this call come mainly from left-wing organisations or are well-known progressive scientists and cultural workers. Many signatories also come from trade unions or are active in social movements. Even though the call was propagated by people from Switzerland, Austria and Germany and was able to mobilise over 80,000 signatories by 25 January, it is also running parallel to similar calls in the UK, Spain and other European countries.

In contrast to the scientists' call, it also states concretely that the Shutdown must also concern the working sphere: "Measures cannot be successful if they are only focused on free time but exclude working time. We have to shut down for a short period of time those areas of the economy that are not urgently needed by society. Factories, offices, plants, construction sites, schools must be closed and compulsory work suspended. This pause must last until the above goals are achieved. It is important that workers design the measures in the factories themselves and enforce them together."

A crucial point is also raised here: The temporary shutdown of all the above-mentioned areas must not be left to governments, regulatory authorities or employers' associations - we know what they mean by "vital work" everything. Both as far as the factories that are still working (especially those in the health sector) and the shutdowns are concerned, the workers there must take control of these measures!

In this respect, it is also very important that the appeal also calls for the socialisation of the health sector, especially the reversal of privatisation in this sector. Once control over the pandemic has been regained
after the above-mentioned goals have been achieved, there must be a reorganisation of the health sector, an increase in the number of institutions that follow up on infections - and above all, a transfer of such control tasks away from regulatory authorities and towards genuine communal institutions that are under the control of the people living there.

Furthermore, the demands for financing the consequences of the shutdown and for social security for all workers, small self-employed and precarious workers affected by the measures are of course also correct and necessary. They - not the big and smaller companies - are the ones who have suffered most from the crisis so far - not the big and smaller companies and who will certainly be saddled with the whole burden of further costs in the near future.

In this respect, it is right to build up the structures of resistance against the crisis policy of capital already now, precisely by organising an effective fight against the pandemic. It is precisely here that it becomes clear how much it is necessary to link such initiatives as "#ZeroCovid" with the building of nationally and Europe-wide coordinated anti-crisis alliances.

Finally, what is also right about the call is that despite the goal of a "European shutdown", the question of global pandemic control is clearly taken up. It calls for the global production of vaccines to be taken out of corporate control and for the patents on vaccines to be made global public goods. However, the wording remains demand - clearly the thrust should be towards expropriation of these corporations and a global plan to produce, distribute and administer the vaccines under the control of workers and neighbourhoods, rural communities etc.

From a collection of signatures to unity of action

Certainly, this call also remains vague on many points, e.g. what the actors of its implementation should be. It is true that the trade unions are also called upon to mobilise for these goals and in many places there is talk of control by those affected or workers. It is also clear that in the unions such demands would have to be fought hard against much of the leadership. That in the parties, such as the "left", different interests prevail, which, in relation to such demands, today show a positive take-up, tomorrow again a complete denial.

Even if there is great sympathy for the demands in many parts of the working population, there is also great fear about the consequences of a further shutdown, also with regard to their own social situation. Therefore, an appeal is by far not enough. The tens of thousands of supporters must be organised, must develop pressure in the trade unions, but also parties, municipalities and the media, in order to actually make these demands a concrete option that can be implemented locally and in the workplaces. The foundation of local groups and campaign structures is an essential and correct step in this direction.

In contrast to the situation of the last months, in which there was only the alternative of a "government shutdown" or protests by lateral thinkers who were completely removed from the reality of the pandemic, especially in connection with the political right, the struggle for the solidarity shutdown offers a real left perspective. It can only be implemented against capital and government and requires the self-determined initiative of working people and those affected by social hardship.

Despite all the criticism of the shortcomings and flaws of the initiative, it is an opportunity that we must seize if we do not want to capitulate completely to the failed strategy of the government and accept that the consequences, both in terms of health and economy, are then in turn imposed on the working class and the poor sections of the population. If we take the initiative now, we will then be able to intervene much better in the struggle against these consequences and the pandemic that will surely burden us for a long time to come!

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