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Second case of coronavirus confirmed in the US

According to the Centers for Disease Control and Prevention (CDC), a second confirmed case of the Coronavirus has been diagnosed in a 60-year-old Chicago woman who traveled to Wuhan in December and returned on January 13. The patient reported she had no symptoms during her flight and sought medical attention when she developed symptoms.

Dr. Nancy Messonnier, director of the National Center for Immunization and Respiratory Diseases, told news media that an additional 63 cases are presently being monitored in the US across 22 states. Authorities have also reported on three new cases that have been identified in France.

Since it was first identified on December 31, 2019, more than 1,000 people have now been infected worldwide, and in the latest report the death toll has climbed to 41, all having died in mainland China. However, the World Health Organization (WHO) has continued to decline to formally designate this new epidemic “a global health emergency,” stating they require additional information before reaching their decision. The incubation period for the new newly designated virus, 2019-nCoV, can take up to 14 days before symptoms appear.

A comparison with recent epidemics is useful. In 2003, the Severe Acute Respiratory Syndrome (SARS) virus, also known as the Asian Avian Flu, spread across 32 countries, with over 8,000 cases and 800 deaths reported. SARS was the first occurrence of a Coronavirus where human-to-human transmission was documented. The SARS fatality rate was 10 percent.

In September 2012, the Middle East Respiratory Syndrome (MERS) epidemic germinated in Saudi Arabia and spread to 27 countries. Human-to-human transmission of MERS was first reported in May 2013 in France. However, researchers noted that the virus spread slowly among humans, suggesting a regression in its virulence. The MERS fatality index was 35 percent.

By comparison, the Spanish flu of 1918 had a death rate of 2 percent. The present Wuhan Coronavirus epidemic has a case fatality approaching 4 percent. Authorities are grappling with determining if the virus could become more virulent and infective. Presently there are no antiviral drugs or vaccines ready to prevent the disease. The National Institutes of Health (NIH) has said that such a vaccine could be manufactured with human trials underway in three months.

Yesterday, the Chinese authorities made an extraordinary decision to extend the lockdown in central China to 12 cities around the epicenter of the outbreak, affecting over 36 million people. The Chinese government has come under significant criticism for attempting to sweep the issue under the carpet. As the infection rates began to escalate rapidly, fears of a pandemic on the heels of a major holiday event, the Lunar New Year, sent the financial markets into a frenzy. Only after health officials in Hong Kong reported on a mysterious respiratory illness that can be transmitted by humans did the magnitude of the problem come out in the open.

According to National Public Radio, hospitals in Wuhan are struggling to find enough doctors and nurses to treat and care for the rising number of patients seeking medical attention. Patients are being turned away from overcrowded hospitals and clinics after standing for hours in line waiting to be seen. There is insufficient protective gear, and health workers are at risk of acquiring the infection. Hospitals are sending out pleas for online donations and supplies. The city is rushing to build a new hospital within six days, and to staff it appropriately to treat patients.

Panic and frustration are seizing the Chinese people as they turn to social media to seek answers. Frustrated by the lackluster response, their posts express their anguish and ire as they feel helpless watching their families fall ill with the infection.

The local health response has been overwhelmed and that insufficient resources have been dedicated to the potential magnitude of such a crisis. It would be, to say nothing else, prudent to offer the Chinese government all the possible resources to aid them in addressing this burgeoning epidemic.

Ultimately, the Wuhan-coronavirus epidemic, possibly pandemic, is a byproduct of growing populations with ever-increasing social inequality. Poverty and social dislocation are creating unprecedented environmental disasters that capitalism, under the outmoded nation-state system, is woefully incapable of addressing.

The SAR and MERS epidemics are only the most recent development of human-to-human transmission of a virus that had been confined to animals. The viruses are adapting to the miserable conditions that capitalism has created. Just last year, the Democratic Republic of the Congo was grappling with the world's second-largest Ebola epidemic on record, with more than 3,300 cases confirmed and 2,200 dead.

The Australian fires that have claimed at least 31 lives, destroyed thousands of homes and burned over 27 million acres of land are directly attributable to the intensification of climate change. Yet, no substantive actions or programs have been proposed to address this catastrophe or prepare for a future crisis that is surely on the near horizon.

One must ask, how prepared would the United States be should an epidemic similar to that presently developing in China affect it? When Hurricane Maria devastated Puerto Rico, leaving more than 5,000 people dead, countless households were left without running water or electricity for months, and many still remain so.

Nurses and doctors in the US are unable to keep up with the burdens of daily patient care. Hospitals are being forced to close due to a lack of funding. The uninsured and underinsured face the prospects of lower life expectancy. Could the United States muster the necessary response to address such an epidemic?

The Coronavirus emergency places in focus a health crisis which is an expression of the failure of the capitalist system to provide solutions to the most basic needs of the population. Inevitably, the inability of authorities to confront such health emergencies are intrinsically linked to social inequality and the subordination of science to profit.

Exposed is the fact that there are no coordinated global mechanisms in place to cope with a health crisis that could easily spiral out of the control of authorities, placing the lives of countless people in danger.

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