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## ***Biden claims “there is nothing we can do” to halt mass death from coronavirus***

In the three days that included Trump’s last day in office, the inauguration, and Biden’s first full day as the 46th president of the United States, over 11,000 Americans perished from complications of their COVID-19 infection. The seat of power has exchanged hands, but the suffering remains the same.



Jan. 21, 2021, President Joe Biden reacts to a reporters question after signing executive orders in the State Dining Room of the White House, in Washington [Credit: AP Photo Alex Brandon, File]

Biden has predicted that the national death toll from COVID-19 would exceed more than a half-million by next month. Refusing to call for a nationwide lockdown to stem the continuing surge in infections and death, he and his administration will bear the responsibility for a significant proportion of this misery.

Biden declared yesterday that “there is nothing we can do to change the trajectory of the pandemic in the next several months.” This is a blatant lie, and an assertion that would meet with even Donald Trump’s approval.

While his [200-page pandemic response strategy](#) is touted as a roadmap to exiting the crisis, the proposal’s main objective is to deceive the public with the claim that, by employing

science and federal initiatives, lives can be saved, while at the same time restoring full economic activity. In this regard, the reopening of schools is foremost on their agenda.

The immediate goal is to see most K-8 schools open in the next 100 days. Additionally, the executive order issued seeks to appropriate funding from Congress to assist federal and state institutions with the necessary resources to see the complete reopening of all secondary schools, as well as colleges and universities.

Top Biden officials have made clear that their drive to reopen schools is aimed at making it possible for them to force workers back to work.

The ruling elites see this as the price of doing business in a pandemic. However, the most recent science demonstrates the critical role children and students have played as vectors for community transmission.

Despite the rosy tone of the proposal, President Biden offered his own sober assessment of the situation. “The brutal truth is it’s going to take months before we can get the majority of Americans vaccinated,” he said, even though he has promised that 100 million vaccines will be administered in his first 100 days in office.

According to Bloomberg’s vaccination tracker, the US has been averaging approximately 940,000 doses per day, which means Biden has to do little more than wait to see his promise come true.

Only 49 percent of all the vaccines that have been distributed to the states have actually been administered. Even the *New York Times* has taken Biden to task on this issue. “But that is actually aiming low,” it wrote. “Over that period, the number of available doses should be enough for 200 million injections.”

Still, vaccine manufacturing capacity remains relatively limited in the immediate future. As the *Times* noted, even after the Trump administration invoked the Defense Production Act to increase the production of the Pfizer and Moderna vaccines domestically and globally, “there was little space left to secure more production.”

Global demand for these lifesaving therapeutics is further escalating geopolitical tensions as vaccine nationalism—rather than international coordination—is determining who receives them. Presently, approximately 5.6 doses have been administered for every 100 people in the United States. However, less than one per 100 have completed the two-dose vaccine regimen. Only Israel, the Arab Emirates, the UK and Bahrain are having some success in the vaccine rollout. Europe’s initiatives have proceeded at a snail’s pace. In South Africa, outside of clinical trials, the population has yet to see the vaccine.

Director-General Tedros Adhanom Ghebreyesus of the World Health Organization, in his opening remarks to the Executive Board on pandemic preparedness, warned that the world was on the brink of “catastrophic moral failure.” He stated, “The price of this failing will be paid with lives and livelihood in the world’s poorest countries. It’s not right that younger, healthier adults in rich countries are vaccinated before health workers and older people in poorer countries.”

The uncontrolled spread of the virus is driving a slew of new worrisome mutations. Already a California variant of the virus, CAL.20C, has been identified to have become the dominant strain accounting for half of the virus sequenced in Los Angeles.

Jasmine Plummer, a research scientist at Cedars-Sinai Medical Center in Los Angeles, told the *New York Times*, “We had our own problem that didn’t cross over from Europe. It really originated here, and it had the chance to start to emerge and surge over the holiday.” The rapid resurgence of several more transmissible variants of the SARS-CoV-2 virus in multiple countries has raised deep concerns in scientific communities.



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Even more troubling has been evidence that some of these mutations, such as seen in the South African variant known as 501Y.v2 and the Manaus, Brazil, strain named P.1, can evade immune responses triggered by vaccines and previous infections.

Even epidemiologist Dr. Anthony Fauci has had to acknowledge these findings despite providing an optimistic spin on developments, which implicitly indicate his agreement with Biden and the Democratic Party's efforts to see the US open for business.

In a [just released study](#) from the UK-based New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) on the severity of the B.1.1.7 version of the virus (UK variant), revised estimates found those infected with this variant have increased disease severity compared to those infected with the original variant. The relative hazard of death within 28 days was 1.35, which translates to an average 35 percent increased risk of death.

Though the absolute risk of death remains low, as the article notes, they write that “based on these analyses, there is a realistic probability that infection with B.1.1.7 is associated with an increased risk of death compared to infection with non-VOC (non-variant of concern).” Last week, the Centers for Disease Control and Prevention remarked that B.1.1.7 could become the dominant strain in the US.

In contrast to the musings provided by the Biden administration and the media to lull the population to sleep in the face of the pandemic, Michael Osterholm, director of the Center for Infectious Disease Research and Policy at the University of Minnesota and appointed coronavirus adviser to President Biden, offered his harsh assessment:

“We’re going to suddenly see these variants come to play that based on the experience we’ve seen in Europe, in particular, South Africa, these variants can substantially increase the number of cases. I worry desperately in the next six to 12 weeks we’re going to see a situation with this pandemic unlike anything we’ve seen yet to date. And that is really a challenge that I don’t think most people realize yet... The difference is going to be, are we going to react now or later? The question is how soon will we do it? Do we put the brakes on after the cars wrapped around the tree, or do we try to put the brakes on before we leave the intersection? That’s the challenge. I just don’t know if we’re really prepared to even have that discussion yet.”

To halt the spread of the virus, workers must intervene to enforce emergency action. This includes the immediate shutdown of all nonessential production, along with schools and universities, with full income to all workers.

***23 January 2021***