

Humanity faces the COVID-19 pandemic

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This article is dedicated to all workers who have lost their lives while fighting the pandemic.

1) The world's response to the pandemic

As of the moment of writing, the total number of global deaths owing to the COVID-19 has surpassed 4 million, and the number of cases the figure of 187 million.¹ This picture clearly shows that the world has totally failed in the test of the COVID-19 pandemic.

Since the beginning of the pandemic, each country put in place its own strategy (some did not even have a strategy that deserves the name) in isolation from others and this still remains the rule. It is obvious that this approach of each for oneself and let the devil take the hindmost has failed.

Although there is no single strategy that may be assessed at the international level, looking closely at the practice of several countries singly will provide us with clues as to how to tackle the pandemic or how not to. We observe that alongside countries that have attained considerable success in their struggle against the virus, there are those that have simply capitulated and thus failed in their fight against the

¹ For up-to-date information on COVID-19, see: <https://www.worldometers.info/coronavirus/>. (accessed July 12, 2021)

pandemic. There are also countries between these two extremes whose performance has oscillated between success and failure.

When we look into the policies pursued by successful countries and those that are unsuccessful, we see that even those who are on the same side of the divide have not adopted the same approach and that different strategies were implemented. Given this, our intention is not to go into those partial divergences, but rather to look into the common points within both groups that color the overall approach and affect the different aspects.

The question of the criteria for success or failure on the question of the struggle against the pandemic is debatable. The most successful scenario would be one where the epidemic would have been eradicated even before it became a pandemic, i.e. a worldwide catastrophe. Even the fact that it was not possible to bring the epidemic under control in the region it first made its appearance and thus a pandemic emerged is, by itself, a sign of failure.

When we look at the overall averages from the beginning of the pandemic up until May 2021, we observe that countries in the east of Asia performed better in fighting the virus relative to other geographies.² It goes without saying that the experience gained in East Asia during the SARS pandemic played an important part in this. However, we think that the experience of certain powerful countries of Southeast and East Asia, such as China, Vietnam, and Korea in the socialist planning of the production and distribution of goods and services domestically, albeit sacrificed on the altar of capitalist restoration nowadays in at least the first two, has endowed them with a centralized state mechanism which they were able to put to use in order to respond much more rapidly and skillfully to the pandemic.

In a world in which the vaccine is being rolled out with great results, we now have the possibility of entirely preventing the grave picture of illness and the deaths due to the COVID-19. However, there are extremely serious problems encountered worldwide with respect to the production and distribution of vaccines. The fact that the commercial rights for the production of vaccines belong to a handful of firms results in an insufficient quantity of vaccines brought to the market and the markedly high prices charged by the pharmaceutical companies for the vaccines together lead to a situation in which the poor countries of the world barely have any success in accessing the vaccines they require for their population. The rich countries, on the other hand, have already acquired a hoard of vaccines that go way beyond their reasonable needs. And yet it is common knowledge that until the whole world is vaccinated no one will be safe.

Since the pandemic started, the virus has undergone mutation and turned into new variants. At the point we have reached, the Delta variant has seriously damaged

² We will briefly discuss the reasons for the change after May 2021 at the end of the article. Also, for the distribution of deaths due to COVID-19 in the world, see: https://ourworldindata.org/grapher/total-covid-cases-deaths-per-million?tab=map&country=~OWID_WRL. (accessed June 19, 2021)

the protective capacity of the vaccines currently available. The virus is fighting for survival, which implies that humanity has to swiftly take action so as to stop the transmission of the virus. We find the question of the vaccine, one of the most effective instruments in the eradication of the threat of the virus, worth devoting a section to. That is why we discuss the problems faced in the rollout of the vaccine, the causes thereof, and the solutions that we propose under a special heading below.

1.1 What is common to the action of successful countries?

We will enumerate in the form of bullets the actions taken by countries that proved to be successful in their fight against the virus:

- Travel restrictions on the domestic and international levels at a very early stage of the pandemic and, later, whenever the virus reared its head,
- The undertaking, at a very early stage of the pandemic or even before the pandemic started, of the centrally planned production of personal protective equipment (PPE) and products vital for hygiene that prevent the dissemination of the virus, and the pursuit of the same strategy in later stages of the unfolding of the pandemic,
- The preparation of an impressive filtration system, oriented particularly, though not exclusively, towards workers,
- The setting up of premises for quarantine and isolation by the state itself and the allocation of funds that made possible the continuous functioning of such premises,
- A case determination policy that carried out extensive testing irrespective of whether individuals exhibited symptoms or not,
- The instant sharing of almost all data concerning the pandemic with the community at large in a transparent fashion,
- A powerful web of health care organizations that extends from the provinces to the capital and the early warning system that this makes possible.

1.2 A success story: China

Although, with its one and a half billion strong souls, China is the most populous country in the world and although the virus was first observed in this country, we see that the country displayed a very successful performance relative to its population and with respect to the total number of cases and deaths.³ It thus deserves better scrutiny than many others.

³ For China's COVID-19 statistics, see: <https://www.worldometers.info/coronavirus/country/china/>.

Thanks to its experience of the SARS epidemic during the period 2002-2004, China had set up an “infectious diseases early warning system network”.⁴ On the basis of this, when cases were discovered that displayed unusual or unidentifiable symptoms and findings, the findings could be reported to the health care unit next up the hierarchy since it might be a question of a new epidemic factor. Hence, the new COVID-19 cases were in all probability identified at an early stage thanks to this network. If this sort of early warning system did not exist, the identification of the virus would probably have taken much longer.⁵

Yet when China discovered the virus, it had already spread quite rapidly. At that point, the Chinese government took the bold step of declaring a round-the-clock curfew in Wuhan and, only one day later, in many other cities of the province of Hubei, of which Wuhan is the capital city. It also shut down circulation from and into the city. These measures lasted a full 76 days. Not only were people’s mobility restricted during the quarantine, but case identification and filiation were conducted in a much more efficient manner.

The number of new cases gradually declined to finally disappear totally. Later, many articles were published that vindicated this method and showed that the quarantine helped avert hundreds of thousands of new cases and therefore a corresponding number of deaths.⁶ In this same period, 53 of the volunteers who, visiting people’s homes one by one to take their temperature and inquire about grievances, lost their lives.⁷

The government of China had raised the daily production of PPE from its level of 10 thousand on 28 January all the way to 200 thousand by 24 February. The production of test kits, which stood at the daily pace of 773 thousand on 1 February, had been raised to 1.7 million by 25 February and to 4.26 million by 31 March.⁸ The government also constructed two hospitals within a fortnight, with a bed capacity of 1,600 for one and 1,000 for the other.⁹

On 12 May, 35 days after the lifting of the curfew, the Chinese government decided to test the entire population of 11 million of Wuhan (over 5 years old) simply because 5 new cases had been discovered in the city. The entire process of testing had been completed by 1 June.

4 “China and CoronaShock No:1”, *Tricontinental: Institute for Social Research*, April 2020, p. 23-25, <https://thetricontinental.org/studies-2-coronavirus/>.

5 For example, there is no such system actively operating in Turkey.

6 For some examples, see: Huaiyu Tian et al., “An Investigation of Transmission Control Measures During the First 50 Days of the COVID-19 Epidemic in China”, *Science*, 368.6491, 2020, p. 638-642; Kathy Leung et al., “First-Wave COVID-19 Transmissibility and Severity in China Outside Hubei After Control Measures, and Second-Wave Scenario Planning: A Modelling Impact Assessment”, *The Lancet*, 2020; Zheming Yuan et al., “Modelling the Effects of Wuhan’s Lockdown During COVID-19, China”, *Bulletin of the World Health Organization*, 98.7, 2020, p. 484, 2020.

7 *Tricontinental: Institute for Social Research*, *ibid.*, p. 34-35.

8 *Tricontinental: Institute for Social Research*, *ibid.*, p. 37, 39.

9 <https://www.jdsupra.com/legalnews/how-to-build-a-coronavirus-hospital-in-19876/>.

As a result of this, 300 asymptomatic infections were identified.¹⁰ China has kept up this aggressive case identification (testing) procedure up until today. Whenever a case having a domestic origin was discovered, the entire population of the city in question was tested and isolation measures were implemented accordingly.¹¹

China gathered the fruits of these strict policies of case identification, filiation, and quarantine. Whereas a total of 80 thousand cases had been discovered by the beginning of March 2020, only 3 thousand new cases had been added to this within the next three months (by the beginning of June); the number of dead, which stood at approximately 2,900 in early March, only saw an additional 1,700 within the next three months. Since April 2020, only two cases of deaths were observed. It is impossible to exaggerate the level of success attained.

The case of Italy would be instructive in comparison. Whereas only 1,700 hundred cases had been observed in Italy by the end of March 2020, this figure had risen to 233 thousand by early June. The number of deaths, on the other hand, which stood at 41 at the beginning of March, had made a big leap to rise to 33,500 at the beginning of June. An additional 93,500 deaths have been reported since then.¹²

1.3 Story of a failure: the USA

In the United States, the first case of COVID-19 was observed on 20 January and the first death occurred on 6 February, before the World Health Organization (WHO) declared a pandemic.¹³ Because the virus spread very rapidly around the country, the number of cases had surpassed one hundred thousand by the end of March. From that point all the way to the intense vaccine rollout in 2021, the US rarely ceded first place in the number of both cases and deaths. It still ranks first in the total number of cases and deaths. It is this horrible performance that has made the country the center of attention on this issue.

This is not the only reason why the US deserves to be the center of attention regarding the COVID-19 pandemic. There is also the fact of the striking contrasts and paradoxes regarding the various types of statistics regarding the country, ultimately creating an absurd overall picture. To take only a few, this is a country producing the highest total GDP of the world¹⁴ and also that with the highest per capita health

10 For a report on the number and results of tests applied to the entire city of Wuhan, see: <https://tinyurl.com/y5k3ado5>.

11 When a person who did not show symptoms but was determined to be a virus carrier was detected during the screenings in the 4.7 million city of Kashgar, China tested the whole city and detected 183 patients. See: <https://news.cgtn.com/news/2020-10-27/Kashgar-Prefecture-completes-COVID-19-tests-for-all-residents-UVTnDGk1DG/index.html>.

12 For Italy's COVID-19 statistics, see: <https://www.worldometers.info/coronavirus/country/italy>.

13 For USA's COVID-19 statistics, see: <https://ourworldindata.org/coronavirus/country/united-states>.

14 See: <https://www.worldometers.info/gdp/gdp-by-country/>.

care expenditure.¹⁵ Despite this, although the country wields only 4 per cent of the world's population, it boasts 20 per cent of the COVID-19 cases in the world and 16 per cent of the overall number of deaths. The first conclusion to be drawn, then, is that simply being rich and spending a lot of money are not sufficient for success.

Let us look a bit more closely at the data. It is true that the US is the country in the world that spends most on health. But on what is this money spent? Surely not on preventive health services.¹⁶ Almost the entire spending is done on therapeutic health services. In other words, the US health care system does not work to prevent the emergence of disease, but once you are ill, it lets you benefit from therapeutic services of a very wide range, that is if you have the money to pay for the requisite insurance. So much money is being spent, but the health care provision is not free of charge. Or the system has recourse to a wide range of diagnostic techniques, including state-of-the-art technology, but may not heal the disease. It just makes diagnostic techniques available. The system constantly allows for contracting diseases and then people without the means are eliminated, with those fortunate enough to afford the services really contributing to the wealth of the magnates of the health care industry. The entire thing is a vicious circle.

Preventive health services is relegated to the back burner to such an extent that when the pandemic started, the overall population of the filiation and surveillance teams was less than two thousand and this is simply because not enough resources were allocated to public health.¹⁷ This went so far as to dismiss the consultative team tasked at the White House with questions pertaining to pandemics.¹⁸ Because the just-in-time method (i.e. a very strict inventory policy) was considered to be the most productive, there was not a sufficient amount of PPE and hygienic material at the hospitals. Shortages in this area could not be overcome for months on end.¹⁹ There had also been budget cuts at the CDC (Centers for Disease Control and Prevention). That is why the shortage of test kits also continued for months.²⁰

15 See: <https://data.oecd.org/healthres/health-spending.htm>.

16 Rabah Kamal et al., "How Has US Spending on Healthcare Changed Over Time?", *Peterson KFF-Health System Tracker*, 23 December 2020, https://www.healthsystemtracker.org/chart-collection/u-s-spending-healthcare-changed-time/#item-usspendingovertime_7.

17 Dan Goldberg and Alice Miranda Ollstein, "Tracking the Virus May Require 300,000 Workers. We're Nowhere Close", <https://www.politico.com/news/2020/04/21/tracking-coronavirus-workforce-does-not-exist-197622>.

18 "Partly False Claim: Trump Fired Entire Pandemic Response Team in 2018", <https://www.reuters.com/article/uk-factcheck-trump-fired-pandemic-team/partly-false-claim-trump-fired-pandemic-response-team-in-2018-idUSKBN21C32M>.

19 "Why a PPE Shortage Still Plagues America and What We Need to Do About It", <https://www.cnbc.com/2020/08/22/coronavirus-why-a-ppe-shortage-still-plagues-the-us.html>.

20 Sacha Pfeiffer, Meg Anderson and Barbara Van Woerkom, "Despite Early Warnings, U.S. Took Months to Expand Swab Production for COVID-19 Test", <https://www.npr.org/2020/05/12/853930147/despite-early-warnings-u-s-took-months-to-expand-swab-production-for-covid-19-te>.

At the root of all these problems lies not only the fact that the health care system in the US is private, i.e. for-profit, through and through but also that it is wholly decentralized. Each state had to cope with these problems on its own. The federal government did not cater to any of their needs. Those states that were not fortunate enough to produce or otherwise provision the necessary material had to supplicate, so to speak, neighboring states to fill up their shortage of PPE, test kits, etc.

There is no doubt that the attitude of Donald Trump, belittling the urgency of necessary measures, acting in a belated fashion at each and every turning point, even neglecting indisputably necessary measures and going so far as to provoke the people to act in the same manner of negligence, contributed amply to the emergence of the final picture. But we do not think that in a country where there is quasi total absence of central planning, where the public authority lacks all instruments that make it possible for it to supervise, regulate, and intervene in health care services, where health care has been entirely left to the vagaries of the market, it would make a great difference had there been another president rather than Trump.

1.4. Story of another failure: Turkey

With the AKP coming to power in the early 2000s, the marketization of health-care in Turkey gained serious momentum. Consequently, preventive health care services, which do not generate profit for the market, were pushed into the background, the share of the private sector in service provision increased significantly, and the financing of health care services was structured based on “the number of patient applications” and “the number of examinations applied to patients”. This, and also the economic crisis, led to an inadequate response to the COVID-19 pandemic in Turkey.

Compared to the other countries (for example, Italy), Turkey survived the first wave between March 11, the day in which the first case was seen, and the beginning of June, more easily. In this, completely random factors, which were the results of the functioning of the Turkey’s healthcare system before the pandemic, and some socio-economic and demographic conditions of Turkey played a role. Among these are Turkey’s young population²¹, the intensive use of Computed Tomography devices²², which have an important place in the diagnosis of the disease, the high number of intensive care beds²³, and the high exploitation of the health labor force.

However, as a result of practices such as Turkey’s relaxation of quarantine and isolation measures in the later stages of the pandemic, testing only those who show

21 Eurostat, “Population Structure and Ageing”, https://ec.europa.eu/eurostat/statistics-explained/index.php/Population_structure_and_ageing.

22 Turkey ranks first in the number of views per CT device and second in the number of CT scans per thousand people among OECD countries. See: <https://stats.oecd.org/index.aspx?queryid=30160>.

23 Niall McCarthy, “The Countries with the Most Critical Care Beds Per Capita”, <https://www.statista.com/chart/21105/number-of-critical-care-beds-per-100000-inhabitants/>.

symptoms (not implementing an effective filtration), maintaining the working environment in workplaces (especially in factories) without paying regard to social distance and without providing PPE, Turkey ranked first in Europe and second in the world for the number of cases.

2) The Vaccine issue

Vaccines are one of the most important inventions in human history, perhaps the most important. Dozens of deadly epidemics that had beset humanity for ages have ceased to be a problem thanks to vaccines. Smallpox, the only disease eradicated from the face of the earth to date, was wiped out thanks to a vaccine.²⁴ Vaccines are almost miraculous preventive health practices that have proven their effectiveness time and again. This is one reason why the world has been keeping an eye on vaccines since the beginning of the COVID-19 pandemic (we'll mention the other reason in the concluding section).

Vaccine studies started shortly after the COVID-19 epidemic turned into a pandemic. Considering that the COVID-19 vaccine was first introduced in the UK in December 2020, the vaccines were made available to the public in less than a year. This is a tremendous achievement for humanity. Before the COVID-19 pandemic, any scientist probably would not have even considered the possibility of this.

Today, vaccine production, like medicine production, is almost entirely subject to the dynamics of the market. Especially in the last 40 years, with neoliberal health care policies dominating the world day by day, states have taken this field from the public sector and abandoned it to the mercy of the pharmaceutical companies, each an empire unto itself. Vaccines were not all that profitable for the companies before the COVID-19 pandemic, compared to drugs.²⁵ Because of this, companies used to plan the development and production of new vaccines in line with the needs of rich countries, where these could be sold at a high profit rate. For example, while AIDS was very common and a very serious public health problem on the African continent, it was not such a problem in rich countries. Or, infectious diseases such as malaria were not common in rich countries but were still very common in poor ones. There was no vaccine development work for these diseases because it was not profitable. However, when cervical cancer proved to be a big problem in rich countries, vaccine studies were started against the HPV virus, the causative agent of this disease, and a vaccine was developed. Of course, the cost per dose was set well above the level that non-rich countries would commonly charge their citizens.²⁶

The complete control of the development, production, and sale of drugs and

24 Frank Fenner et al., *Smallpox and its eradication*, Vol. 6, Geneva: World Health Organization, 1988.

25 World Health Organization, *Global Vaccine Market Report*, December 2020.

26 Douglas Sipp, Ian H. Frazer, and John E.J. Rasko, "No Vacillation on HPV Vaccination.", *Cell*, 172.6: 1163-1167, 2018.

vaccines by giant pharmaceutical companies is based on the TRIPS (Agreement on Trade-Related Aspects of Intellectual Property Rights) agreement²⁷ signed in 1995 under the umbrella of the World Trade Organization (WTO). According to TRIPS, the company that has first developed a medicine/vaccine acquires the patent (intellectual property) rights of that product, so, only that company has the right to produce, distribute and sell the medicine/vaccine for 20 years.

However, the main function of a patent is not to ensure the invention (innovation as companies put it) of qualified and reliable medicines/vaccines, as companies assert, but to ensure them to increase their profits voluminously through the elimination of competition by preventing beforehand any competitors that may produce the mentioned medicine/vaccine invented, that's to say by creating monopolies. In other words, the company holding the patent has the power to adjust the supply (by keeping it below the demand) and thus to determine the final price that will occur in the market (to maximize its profit). The outcome is not difficult to predict. The vast majority of patent rights are acquired by the companies of rich countries that allocate huge amounts on medicine/vaccine research and development.²⁸

Especially in sub-Saharan African countries, AIDS-related deaths reached a very high level in the late 90's and early 2000's. At that time, a newly discovered medicine that could prevent death from AIDS cost about 13.5 dollars a piece, and the annual cost of treating an AIDS patient was in the tens of thousands of dollars. It was not possible for these countries to meet that amount. However, in the same period, this medicine's equivalent was being produced in Thailand. The cost per piece was about 0.25 dollars, and the annual cost of treatment per patient cost less than 400 dollars.^{29,30} However, the company holding the patent for the medicine prevented poor countries from importing the medicine from Thailand at this price. When the negotiations failed, these countries decided to fend for themselves. By infringing the TRIPS, they imported or produced the medicine. Pharmaceutical companies have filed lawsuits in international courts as a counter move. This event had repercussions around the world. Pharmaceutical companies, being unable to withstand intense worldwide public dissent, had to withdraw the case.^{31,32}

27 For the details of the agreement, see: https://www.wto.org/english/tratop_e/trips_e/trips_e.htm.

28 Cornell University, INSEAD and WIPO, *The Global Innovation Index 2020: Who Will Finance Innovation?*, Ithaca, Fontainebleau and Geneva, 2020, p. 12.

29 "South Africa Fights Aids Drug Apartheid", <https://www.theguardian.com/business/2001/jan/14/aids.theobserver1>.

30 Kenneth C. Shadlen, "Patents and pills, Power and Procedure: The North-South Politics of Public Health in the WTO", *Studies in Comparative International Development*, 39.3: 76-108, January 2003, p. 20.

31 Ruth Mayne, "South Africa vs. The Drug Giants: A Challenge to Affordable Medicines.", *OXFAM*, February 2001.

32 Nathan Ford, Alexandra Calmy and Tido von Schoen-Angerer, "Treating HIV in the Developing World: Getting Ahead of the Drug Development Curve.", *Drug Discovery Today*, Volume 12, Issues 1-2, 2007, pp. 1-3.

Subsequently, the countries that support the giant pharmaceutical companies called the countries that infringed TRIPS to negotiate under the umbrella of the WTO, with the promise of softening the agreement. As a result of the negotiations, the Doha Declaration was signed in 2001, resolving that “patent rights may be softened when public health is in question”.³³ However, the articles of the declaration were cast in ambiguous language, making it difficult to apply the provisions in daily practice. The clearest evidence that the Doha Declaration does not work, and hence is stillborn, is the rejection of the proposal made by India and South Africa to the WTO in October 2020, which includes a suspension of patent rights on COVID-19 vaccines to enable the production of vaccines in every country and thus to increase access to vaccines in an environment in which tens of thousands of people were dying because of COVID-19,³⁴ by countries that placed huge amounts of vaccine orders from the vaccine companies and/or that produce vaccines itself (the USA, countries of the European Union, UK, Japan, Brasil, Australia, Norway, Switzerland).³⁵ So, it has been demonstrated that the real motivation behind the proposition of the Doha Declaration by the states that support pharmaceutical companies is not to protect public health, but to guarantee the profits of these companies through a tactical retreat.

2.1. Vaccine nationalism

The world has struggled and continues to struggle with many problems, starting from the development process of the COVID-19 vaccines to serious problems in their production and provision. An important reason for the emergence of these problems is the vaccine egoism of the rich countries, or more accurately, vaccine nationalism.³⁶ Vaccine nationalism is the hoarding of vaccines by wealthy states through the purchase an excessive amount from vaccine companies relative to their needs in an environment in which there is not a sufficient number of vaccines for the world population, and all this simply because these countries can afford it. This behavior poses a serious obstacle to access to vaccines, especially for the world’s poorest peoples.

Vaccine nationalism cannot be explained or understood only by analyzing the economic, political, and healthcare developments experienced during the pandemic

33 For the articles of the Doha declaration, see: https://www.wto.org/english/thewto_e/minist_e/min01_e/mindecl_trips_e.htm.

34 See: <https://docs.wto.org/dol2fe/Pages/SS/directdoc.aspx?filename=q:/IP/C/W669.pdf&Open=True>. For a text summarising the background of the proposal and the process see: https://msfaccess.org/sites/default/files/2021-05/COVID_TechBrief_MSF_AC_IP_TRIPSWaiverQ%26A_ENG_27May2021-2.pdf.

35 “Countries Obstructing COVID-19 Patent Waiver Must Allow Negotiations to Start”, <https://www.msf.org/countries-obstructing-covid-19-patent-waiver-must-allow-negotiations>.

36 “Stop National Egoism! Start Vaccination with Frontline Health Workers and Nursing Home Workers of All Countries!”, <http://redmed.org/article/international-socialist-center-christian-rakovsky-stop-national-egoism-start-vaccination>.

process. This political line is not a development that emerged under the conditions of the pandemic, but a result triggered by and compatible with capitalism under the strain of the Third Great Depression. What is happening today is the attempt of each nation-state not to allow the bourgeoisie of the other nation-state(s) into the world vaccine market, so that its own bourgeoisie (in this case vaccine companies) can profit more.

One example of the Third Great Depression's effect on the process is the Biden administration's statement that the patents of the vaccines can be removed.³⁷ While the US has no serious attempt at the WTO to change TRIPS in this direction, and even rejects the proposals, it is necessary to analyze this move well.

The two biggest rivals of the USA, Russia and China, had an advantageous position in the world vaccine market compared to the US vaccine companies. Delays in the supply of Pfizer's vaccine due to production and distribution problems caused the former Yugoslav and Eastern Bloc states, which had previously signed a purchase agreement with the firm, countries in other geographies, and even EU member countries to opt for the Russian and Chinese vaccines. Russia and China did not miss the opportunity and supplied these countries with adequate doses of vaccines at affordable prices. It was such an important issue that it led to a clash between the pro-US and the anti-US sides against each other in the domestic politics of the countries.³⁸

It is unbearable for the US to lose some of these countries to Russia and China simply because it cannot supply vaccines. The US may sacrifice its short-term profits but is unwilling to give up its political influence. Likewise, the fact that the first country to which the USA will distribute its surplus vaccine stock³⁹, as recently announced by the USA, is Taiwan, a country which is claimed to be part and parcel of China and from which the US has not spared its financial support for years, proves this argument.⁴⁰

In May 2020, an early stage of the beginning of vaccine studies, the WHO launched the COVID-19 Technology Access Pool (C-TAP) program⁴¹, calling on pharmaceutical companies to "collect every new information they discover in the COVID-19 studies in a common knowledge pool and make it available to the whole

37 For statement see: <https://ustr.gov/about-us/policy-offices/press-office/press-releases/2021/may/statement-ambassador-katherine-tai-covid-19-trips-waiver>.

38 For some sample cases, see: Heather A. Conley and Dejana Saric, "Serbia's Vaccine Influence in the Balkans", *The Center for Strategic and International Studies (CSIS)*, 24 March 2021; Suisheng Zhao, "Why China's Vaccine Diplomacy is Winning", *East Asia Forum*, 29 April 2021.

39 "Statement by President Joe Biden on Global Vaccine Distribution", 3 June 2021, <https://www.whitehouse.gov/briefing-room/statements-releases/2021/06/03/statement-by-president-joe-biden-on-global-vaccine-distribution/>.

40 See: <https://www.reuters.com/business/healthcare-pharmaceuticals/exclusive-us-triples-vaccines-taiwan-with-25-million-dose-shipment-2021-06-19/>.

41 See: <https://www.who.int/news/item/29-05-2020-international-community-rallies-to-support-open-research-and-science-to-fight-covid-19>.

world”. Thus, with the help of the knowledge increasingly accumulated, it would be possible to create a vaccine in a much shorter time than individual companies doing research on their own and hitting on one. Moreover, such a knowledge pool would allow each country to produce vaccines with their own means, and these countries would not be at the mercy of pharmaceutical companies that have limited production capacities. However, as expected, not a single pharmaceutical company provided knowledge to this pool. This was one of the preliminary indicators that vaccine nationalism would be experienced during the COVID-19 pandemic. In addition, it should be seen as an indication that the WHO does not have the power to impose sanctions on countries and, of course, companies.

This irrational environment for the sake of profit in the development of vaccines was also reflected in the provision of vaccines. States that have transferred huge sums to vaccine companies or have the ability to make orders by making huge payments have bought vast quantities of vaccines that are to be produced by making advance orders. Rich countries such as the USA, Canada, and the United Kingdom had already ordered 3-5 times as many vaccines as their populations by the end of 2020.⁴² Today, the situation has become even more absurd. The USA with a population of 328 million and the United Kingdom with a population of 66 million have ordered about 10 times their population (3,26 billion doses and 629 million doses, respectively), while Canada with 37 million people has ordered about 16 times as many (610 million doses) of its population.⁴³ So there isn't enough vaccine left for the rest of the world. It is thought that about two-thirds of the world's population will not be vaccinated until 2022 because of vaccine nationalism.⁴⁴ About 85% of the COVID-19 vaccines inoculated to date have been given to people in high and upper-middle-income countries. Only 0.3% has fallen to the share of poor countries.⁴⁵ By the end of May 2021, most countries on the African continent have a two-dose vaccination rate of less than 1% (many close to zero), and this ratio is only 0.4% for the entire continent.

2.2 The question of “Intellectual Property Rights”

Things did not go well either for those countries that had ordered vaccines many times more than their populations. Their plans did not work. The restriction imposed on world vaccine production on the ground of patent rights hit even the rich countries. Due to the inability of vaccine companies to increase their production capacity at the expected level and the problems experienced in the supply chain, these countries could not reach the vaccine at the time they planned. In Germany,

42 See: <https://www.nytimes.com/2020/12/15/us/coronavirus-vaccine-doses-reserved.html>.

43 See: <https://www.unicef.org/supply/covid-19-vaccine-market-dashboard>.

44 See: <https://www.oxfam.ca/news/small-group-of-rich-nations-have-bought-up-more-than-half-the-future-supply-of-leading-covid-19-vaccine-contenders/>.

45 See: <https://www.sciencemag.org/news/2021/05/rich-countries-cornered-covid-19-vaccine-doses-four-strategies-right-scandalous>.

one of the most important member states of the EU, in May 2021, the ratio of those who received two doses of vaccine to the population was 7%, while in France it was only 9.7%. In Canada, which had pre-ordered vaccines sixteen times more than its population, this rate was 2.96%. This is a good example of how the bourgeoisie oppresses the people of its own country also.

Yet during the vaccine development process, the nation-states behind pharmaceutical companies had transferred billions of dollars of public resources to these companies. The US poured over \$10 billion from the government budget to dozens of pharmaceutical companies to rapidly develop vaccines.⁴⁶ BioNTech received \$445 million support from the German government in September 2020.⁴⁷ The Canadian government also donated billions of dollars for 96 vaccine projects.⁴⁸ Thanks to these resources, companies found the opportunity to develop vaccines. And after the development of vaccines, the pharmaceutical companies did not transfer any money to the public from the enormous profits they made. At the beginning of the process, they publicized the risk, and once they developed the vaccines, they pocketed the profits.⁴⁹

2.3 COVAX

The COVAX (COVID-19 Vaccines Global Access Initiative), claimed to have been established to ensure the equal distribution of vaccines in the world, and including the WHO among institutions that are tasked with implementing it, became operational in April 2020.⁵⁰ The working of COVAX was planned as follows: Both rich and poor countries would become members of this initiative, and with the money accumulated in the fund, vaccines would be purchased in bulk from vaccine companies at lower prices and distributed mainly to poor countries.

COVAX was seen as a positive initiative by a wide audience, both in Turkey and in the world, including those who call themselves leftists. Unfortunately, very few people question this initiative and or go so far as to oppose it.⁵¹ Even before

46 <https://www.statnews.com/2021/03/02/trump-administration-quietly-spent-billions-in-hospital-funds-on-operation-warp-speed/>.

47 <https://www.bloomberg.com/news/articles/2020-09-15/biontech-gets-445-million-in-german-funding-for-covid-vaccine>.

48 <https://www.canada.ca/en/public-services-procurement/services/procuring-vaccines-covid19.html>.

49 “From Pfizer to Moderna: Who’s Making Billions from Covid-19 Vaccines?”, *The Guardian*, 6 March 2021, <https://www.theguardian.com/business/2021/mar/06/from-pfizer-to-moderna-whos-making-billions-from-covid-vaccines>.

50 For detailed information, see: <https://www.gavi.org/covax-facility>.

51 For some studies properly criticizing COVAX see: “How Bill Gates Impeded Global Access to Covid Vaccines”, <https://newrepublic.com/article/162000/bill-gates-impeded-global-access-covid-vaccines>; “COVAX is An Important Initiative – But Let’s Not Pretend That It’s Benevolent”, <https://science.thewire.in/health/covax-is-an-important-initiative-but-lets-not-pretend-that-its-benevolent/>.

vaccines were in general use, it was clear that there would be a severe shortage of vaccines throughout the world. This prediction was confirmed after the widespread use of vaccines. After all, why should anyone oppose an initiative set out to supply vaccines to countries that cannot reach vaccines for some reason or another and will not be able to get them soon?

Let us say at the beginning what we will say at the end: COVAX is an international institution that is the defender and protector of patent rights on vaccines. In other words, contrary to what we are told, it is an obstacle to free and sufficient access of the oppressed peoples of the world to vaccines. That is its purpose of existence. Unlike, say, a US-based think-tank⁵² or the CEOs of vaccine companies, it achieves this goal by resorting to more nuanced means rather than declaring it openly. For example, the use of the WHO and UNICEF as intermediaries in its operations serves a function that overshadows its true purpose.

How COVAX is financed is important. After all, who pays the piper calls the tune. Thus, the payers will also determine its policy. Naturally, dues received from member states and donations made by some organizations (including giant pharmaceutical companies) contribute to the formation of the COVAX fund. However, COVAX's chief financial provider, the main contributor is the Bill & Melinda Gates Foundation.⁵³

This is the foundation of Bill Gates that has defended patents in vaccines when voices were raised all around the world against patents on COVID-19 vaccines and the foundation that claimed that it was normal for rich countries to be vaccinated before the poor ones;⁵⁴ the foundation of Bill Gates, who intervened when there was news that Oxford University would like to open its patent to the public if it developed the vaccine, and mediated by a “request” the sale of its patent rights to AstraZeneca;⁵⁵ or the foundation of Bill Gates, who, by marking *yes* to the financial conflict of interest section⁵⁶ of the disclosure form of his article on COVID-19

52 James Bacchus, “An Unnecessary Proposal: A WTO Waiver of Intellectual Property Rights for COVID-19 Vaccines”, *Cato Institute*, <https://www.cato.org/free-trade-bulletin/unnecessary-proposal-wto-waiver-intellectual-property-rights-covid-19-vaccines>.

53 For the financial partners of *Gavi, Vaccine Alliance*, the founder and executor of, and the main power behind COVAX, see: <https://www.gavi.org/our-alliance/about>. We think that the fact that only Bill Gates's photo and words are included just below the figure showing the financial partners is evidence of Bill Gates' special position in this partnership.

54 Jon Queally, “Bill Gates Says No to Sharing Vaccine Formulas with Global Poor to End Pandemic”, https://www.salon.com/2021/04/26/bill-gates-says-no-to-sharing-vaccine-formulas-with-global-poor-to-end-pandemic_partner/.

55 Jay Hancock, “They Pledged to Donate Rights to Their COVID Vaccine, Then Sold Them to Pharma”, <https://khn.org/news/rather-than-give-away-its-covid-vaccine-oxford-makes-a-deal-with-drugmaker/>.

56 Disclosure forms, *ibid.*, under heading “Section 3. Relevant Financial Activities Outside the Submitted Work”, https://www.nejm.org/doi/suppl/10.1056/NEJMp2003762/suppl_file/nejmp2003762_disclosures.pdf.

published in April 2020,⁵⁷ admitted that he and his foundation have economic ties to vaccine companies.

It will be wrong to look at just the leading figure of COVAX (Bill Gates) and not the collaborators. The other major provider of funds is the World Bank. The same World Bank that has bribed governments of middle-and lower-income countries around the world with billions of dollars for the marketization of their health care services. Another one is the European Commission. The same European Commission that was at the forefront of the WTO against the abolition of patents on vaccines. Good god! Almost a parade of angels (!)

COVAX has set some goals for itself.⁵⁸ For example, it has declared that it will distribute 100 million vaccine doses by the end of March 2021, but this figure stood at 38.5 million at the beginning of April 2021. Or it delivered the first vaccine (600,000 doses to Ghana) on February 24.⁵⁹ However, by that date, 53% of Israel, 35% of the United Arab Emirates, and even 7.5% of Turkey had already been vaccinated at least one dose.

The question is not whether COVAX can meet its targets. It does not matter even if it hits every single goal! Let us assume it has achieved its biggest goal of vaccinating 20% of every country by the end of 2021. Isn't it obvious that it will take years for these countries to achieve herd immunity? Let's put everything aside. COVAX's message to the peoples of the world is reactionary, its horizon is narrow. It tries to confine the people of poor countries to the logic of charity.

It usurps the rights of countries to produce vaccines, not only against the COVID-19, but also that are already in use (such as childhood vaccines, rabies, tetanus), and to develop and produce vaccines, planned by themselves, against the diseases that create serious health problems in their own countries. In the field of preventive health services, COVAX stands as an obstacle in front of the peoples of the world.

The way for the poor people of the world to access the vaccine as soon as possible is not to wait for the vaccines that COVAX will send them in an unknown future, but to tear up the patent agreements and start the process by which they will achieve right away the necessary knowledge and technology for vaccines, medicine, and other necessary materials by creating a solidarity organization with other poor countries and others that will support them. In this sense, Cuba is the country that poor people should take as an example.⁶⁰ Cuba, which is not included in the

57 Bill Gates, "Responding to Covid-19—A Once-In-A-Century Pandemic?", *New England Journal of Medicine*, 382.18: 1677-1679, 2020.

58 "What COVAX offers", <https://www.gavi.org/covax-facility>.

59 Deborah Gleeson, "The Best Hope for Fairly Distributing COVID-19 Vaccines Globally Is At Risk of Failing. Here's How to Save It", <https://theconversation.com/the-best-hope-for-fairly-distributing-covid-19-vaccines-globally-is-at-risk-of-failing-heres-how-to-save-it-158779>.

60 The recent increase in the number of cases and deaths caused by the COVID-19 in Cuba is noteworthy. The possible reasons for this are: vaccine production being not at the desired pace though it produces vaccines, the inability to apply the vaccines it produces to its people at a sufficient level

WTO and does not recognize patent rights, despite being under embargo for decades, spends a lot of time on drugs, vaccines, and health technology in general and delivers the products it creates or produces generically for its own people and the poor people of the world. It has developed two vaccines with high protection against COVID-19.⁶¹ Cuba is living proof of how a large potential can be unleashed when the resources are used for the benefit of society, even when these resources are scarce. The emergence of the Doha Declaration in the past, and now of COVAX, should be taken as an indicator of the fear of the exploiters of the world from the realization of such potential worldwide.

3. The key to end the pandemic: Socialism

The WHO has applied for the sixth time in its history to the “Public Health Emergency of International Concern” it has declared for the COVID-19. And when was the first? In 2009 it declared that kind of emergency for the swine flu. You might have thought it might have been announced decades ago. But the WHO had to declare this emergency six times in 11 years. Could this be a coincidence?

We are experiencing these worldwide epidemics as a result of the destruction that capitalism has done to nature at an unprecedented level in human history, due to the insatiable greed for profit that stems from the nature of capitalism. One of the best indicators of capitalism’s responsibility in these natural events could be that not every person living in the world is equally affected by epidemics and cannot access vaccines equally. The data both in the world and in our country show that workers are more affected by epidemics than bosses, blacks than whites, women than men, and the oppressed than the oppressors.

The slow progress of vaccination worldwide is causing the COVID-19 to continue to infect hundreds of thousands of people every day, resulting in vaccine-resistant variants. Each emerging new variant has a higher ability to evade vaccines than the previous one. In 2021, humanity needs a much less lethal variant that will emerge after the positive mutation(s) the virus will undergo. Humanity has a weapon to defeat the virus, but cannot use it. The apex of contradiction!

Thousands of people around the world still die daily from the COVID-19, a preventable disease for which vaccines have been developed. We would like to draw attention to a different point here. Although it may seem a little surprising at first, people who do not have sufficient access to the vaccine and whose access does not seem to be in the near term, do not raise the demand for the acceleration of vaccination worldwide. For example, the world’s moneylenders, the IMF and the World Bank, mention in their statements that vaccination should be accelerated

and speed, dependence on tourism, and the relaxation of case detection and quarantine-isolation policies due to the market-friendly initiatives it has implemented recently.

⁶¹ <https://www.reuters.com/business/healthcare-pharmaceuticals/cuba-says-second-covid-vaccine-soberana-2-boasts-912-efficacy-2021-07-09/>.

worldwide.⁶² Business organizations of countries where vaccination is slow say that their countries should be vaccinated, otherwise they will not be able to get a fair share from the world market.⁶³ Even the WHO says in its media briefing: “If we don’t distribute the vaccine worldwide, the economies will suffer and stall.”⁶⁴ The economies of countries that have done well in the pandemic are cited as examples, with the message that if you vaccinate, your economy will recover.⁶⁵ This is an approach that does not want people to die just because we are losing/will lose money. Inhuman!

We wrote above that vaccines have been proven useful many times in history, and this is one reason why the world has cast its eyes on vaccines since the beginning of the COVID-19 pandemic. Let’s see the other one. The other reason is that in a world where there is no vaccine, which is one weapon to end the pandemic, the capitalist character of production poses a very serious obstacle to the effective implementation of quarantine and isolation measures, which are the other weapons that can end the pandemic. The bosses do not want to face the loss of surplus-value due to quarantine and isolation measures, even if this loss is temporary. However, in regions where vaccination has not yet started or is progressing very slowly, what is to be done is clear: To fully implement quarantine and isolation measures and widespread testing to the society. Many countries, including Turkey, deliberately ignore this. Workers and oppressed people are allowed to die so that the bosses can conduct their business.

In the paragraph where we mentioned successful country examples above, we felt the need to note “until the beginning of May 2021”. It is because these countries, quite successful in terms of cases and deaths until this date, started to report high numbers of cases and deaths as of early May 2021 (China excluded). Though one reason for this is the low vaccination paces and rates of these countries, given that they achieved these successes when vaccines were not implemented, it should be considered that this is not the main reason. In our opinion, the main reason is capitalist restoration in these countries. Compared to these, in countries with relatively more or less damaged central planning, we had witnessed an increase in the number of cases and deaths due to the abandonment, at a much earlier stage, of widespread testing policy, strict case detection, and isolation-quarantine practices. In our opinion, these countries which we referred to as successful have reached the end of their capacity to limit the dynamics of their market economies. We are

62 <https://www.imf.org/en/News/Articles/2021/06/03/pr21157-wb-and-imf-heads-call-to-action-covid-vaccine-access-developing-countries>.

63 TÜSİAD (the Turkish Industry and Business Association), the most important business organization of Turkey, held a conference on 9 March 2021, “The Economic Cost of the Unequal Distribution of Vaccines”. See: <https://tusiad.org/tr/tum/item/10733-koc-universitesi-tusi-ad-ekonomik-arastirma-forumu-asinin-esitsiz-dagiliminin-ekonomik-maliyeti-konferansi>. (in Turkish)

64 <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19-25-january-2021>.

65 <https://www.nytimes.com/2021/03/13/world/asia/taiwan-covid.html>.

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witnessing their submission to the material laws of capitalism. Considering that many of these countries are dependent on foreign currency from tourism, this gap in measures to prevent the spread of the virus within the country has been filled by the virus originating from abroad.

A virus, which is detected in a very distant region, and the details of its mode of disease, lethality, and infection have been revealed, and whose test to detect the sick is ready, is taking over the world completely. This can't be explained with reason or science. Instead, the relevant factors include: Not closing country borders, after this news has been heard and all this experience has accumulated, for fear of a decrease in company profits; not transforming domestic production to produce all kinds of missing materials; not transforming the health infrastructure to suit the situation; and giving preference to the class of capitalists and the rich instead of the people, the oppressed, the working class.

If it is a class problem, then the solution must also be at the class level. Isn't it obvious that the conclusive, exact solution is to build a non-profit, socialist order that allows (worldwide) central planning, where each country rushes to the help of others in every sense, where the economy is limited to basic needs (food, medical, etc.) and all other production is redesigned according to the needs of the pandemic? This can only happen if the workers engage in the building of revolutionary working-class parties that are strong at the national level and attempt to establish The International at the global level.

Microbes will continue to exist in socialism, and they will cause disease. But they will never catch humanity unvaccinated and create a pandemic...

From the strikes of contract-workers in the oil and gas industry of Iran to the global struggles of the working class¹

Nima Sabouri

Introduction

Over recent weeks a large part of the temporary and contract-workers (from now on *TCWs*) in the Iranian oil and gas industry have been on strike. The nationwide strikes began on 19th June and soon after more than 40 thousand *TCWs* joined the strike² in more than 80 oil and gas industrial plants (see the demands of *TCWs* in Appendix I). Those who follow the news about global labor struggles are already aware that daily protests and strikes by workers in Iran have been part of “normal” events since at least ten years ago. The aggravation of neoliberalism³ was combined

1 Originally published in German by *Untergrund-blättele*, (7 July 2021): “Von den Streiks der Werkvertragsarbeiter:innen in der Öl- und Gasindustrie im Iran”, <https://www.xn--untergrund-bl-tle-2qb.ch/politik/asien/iran-oelindustrie-gasindustrie-streiks-6539.html>.

2 Last year, too, the *TCWs* in the oil and gas industry struck together for their request. Although they, for many reasons, did not meet most of their demands, but at least the experience they have gained helped them to organize the current strikes to a greater extent and more coherently.

3 The first phase of implementing the neoliberal policies in Iran began in 1989 (under the Rafsanjani government). From that time until today, all subsequent governments have actively contributed to the establishment and expansion of these policies.

with the structural inefficiency and corruption of the state, the massive costs of increasing militarization and international economic sanctions to lead together to a deep multiple-crisis in Iran. The result of the widening and deepening of this crisis in recent years has been acute poverty and the enormous class division, which is reflected in a 40-percent inflation and the sharp decline in incomes of more than half of the country's population⁴, pushing them below the official poverty line. In connection with this crisis and as a response to it, there have already been some mass uprisings, of which the uprisings of Jan. 2018 and Nov. 2019 are the largest and most famous ones. Consequently, workers (those who have not been paid for months; who have been made redundant through the privatization of public sectors and the intensification of the economic structural justifications; or who cannot afford their daily living costs because of extremely low wages, etc.) have had no other choice⁵ than to participate in the protests and strikes or to help organize them. The question, therefore, arises whether (and how) the current strikes of *TCWs* in the oil and gas industry differ from the usual course of workers' protests/strikes in Iran. This text tries to answer this question. Through answering this question, some characteristics of the general condition of workers around the world in contemporary capitalist circumstances will be presented/discussed. In this way, the text tries to raise the following question: what implications do the current strikes in Iran have for the redefinition and revival of class politics as well as for the realization of the potential historical subjectivity of the working class in today's world?

1. Some characteristics of the current strikes of *TCWs* in the oil and gas industry

The differences between the current strikes and the usual course of protests and labor strikes (in Iran) can be basically divided into two levels, the economic and the political level. However, the two levels are in fact closely intertwined. The inner connection between politics and economy in the capitalist system is best reflected in the societies of the Global South. As in Iran, the state represents the interests of the capital owners and the ruling economic oligarchy in a very direct way; because the state itself is not separable from this oligarchy and, as the exclusive actor on the political stage, rules predominantly via its massive repressive apparatus. With this note, some of the characteristics of the current strikes are listed below:

1.1 The working conditions of the *TCWs* in the oil and gas industry in Iran are very disastrous. Spatially, most of the workers who work in the south and southwest of the country (locations of oil and gas fields) have to work in unbearable heat (in many months over 40°) and under very poor safety, health and social conditions.

⁴ Iran's population is over 80 million.

⁵ In the meantime, the workers are certainly also reacting to the crisis in individual ways: from looking for informal part-time jobs such as street vendors and taxi drivers and goods transporters (or goods smugglers) to moving to the margins of the cities (to reduce housing costs), to desperate suicides, as poor peasants in India do.