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Omicron is stealing the show

Steve Bakke  January 19, 2022



What seems like decades ago, during the “first trimester” of this 21st century pandemic, headlines like this appeared: “Trump administration outlines audacious plan to deliver ‘hundreds of millions’ of COVID-19 vaccine doses by end of 2020.” So wrote Lew Facher in “STAT.”

Facher pointed out the audacious nature of Trump’s promise and noted the silence of his bureaucratic chief scientific experts – Fauci, Brix, and Collins. Trump’s outrageously bold, non-bureaucratic style accomplished “Operation Warp Speed.”

Sometime thereafter, that familiar pair who became his presidential election adversaries also distanced themselves from Trump’s vaccine development. They declared they wouldn’t trust a vaccine endorsed by Trump.

Dominating my thoughts at that time was a sense of inevitability surrounding COVID. We mere humans could make a positive difference, and we did. We could make lots of mistakes, and we have. And I couldn’t resist feeling certain that the virus was going to have its way with us no matter what we did. And it has.

We’ve had successes, and we’ve made some bad mistakes. Some of our faults were inevitable because we started from ground zero. With others, we’ve been too stubborn or shortsighted to adjust. For example, we’ve always had a “one-size-fits-all” strategic vision, and our COVID-zero strategy prevailed well after we learned that would be impossible to achieve.

Our “one-size-fits-all” mindset unnecessarily denied healthy young people the best educational experience possible. On the other hand, relatively speaking, we ignored the truly vulnerable. We should have spent virtually all our energy and resources on protecting those groups.

Our biggest “unforced error” happened when our COVID-zero strategy lured our leaders, and most citizens, to focus primarily on the “blessed event” of vaccine development. Our thoughts were narrowly focused on “keep us safe,” naïve to the fact that “safe means never.”

During that “first trimester” I wrote about changing from peacetime to wartime protocol for developing medical solutions. That translates to reimagining possibilities, realigning processes, and dispensing with bureaucratic patience. Operation Warp Speed met those parameters, but we stopped too soon.

As existing off-label therapeutics and medications were mentioned as possible treatments, the FDA emphatically reminded us that several off-label drugs hadn’t been approved for use against COVID. They demanded that we “stay away from them.”

There was much potential in several of these drugs, and they were proven safe. But the FDA didn’t, and still doesn’t, acknowledge the potential efficacy of these drugs. Limited profit potential can be an invisible hand discouraging the pharmaceutical industry from doing the necessary testing. So, here we are without the benefit of an “Operation Warp Speed” for therapeutic treatments. American lives have been lost.

Viruses seem to have a collective “awareness” that they want to survive, so they eliminate weaknesses and exploit strengths through mutation. That can also lead to lower death rates. That reality introduced the word “variant” into our growing virus vocabulary.

The original “Wuhan virus” eventually begat the “Delta” variant and soon, along came Omicron. We’re finding that dealing with this latest variant is far different than earlier versions. Everything is different including resistance to vaccine and increased spread rate. Sadly, we don’t have an adequate level of therapeutics to treat those infected.

Some experts and politicians still emphasize continued public health measures. The mild nature of Omicron has convinced others it’s time for private health decisions regarding vaccinations and therapeutics. And a growing number believe Omicron’s “sharp elbows,” along with its mild symptoms, will soon reduce the pandemic to endemic status.

Nevertheless, much of the U.S. is entering renewed restrictions. We hear talk of “flattening the curve” by closing large gatherings, distancing, and strict masking. Getting vaccinated is still emphasized in our defensive public health strategies. It seems we’ve come full circle since these rudimentary measures were introduced almost two years ago.

Omicron currently represents about 90 to 95% of U.S. infections. Our neglect in developing therapeutics is becoming more obvious. At least partially as a result, Omicron has stolen the show.

In areas with the earliest Omicron infections, e.g. New York City, new infections are now plummeting faster than they had increased. Given that statistic, I’m rooting for the theory that “sharp elbows of Omicron will lead us into the endemic phase.” Let’s hope!