

The Covid-19 Pandemic: "Their Contradictions and Ours"

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Abstract

Since the Covid-19 pandemic was declared at the end of 2019, all governments have handled it in a seemingly haphazard, even chaotic manner, whatever the choices made, which in turn often differed from one another. This is attributed as much to inexperience, amateurism, lack of vision, insult or even cynicism, factors that combine, in varying doses, most of the time. However, the very generality of this situation leads us to question the presence of more structural factors: solid contradictions whose roots lie at the very heart of capitalist relations of production.¹

On the Art of Making Waves

From the outset, in managing the epidemic, governments faced the imperatives of maintaining economic activity and protecting the population. On the one hand, they had to ensure as much as possible the former, which guarantees the production and distribution of essential goods and services necessary for social life and for life itself, without which capital cannot ensure its reproduction: its valorisation and accumulation. For, like a vampire, the dead body of capital can only keep itself alive by constantly absorbing living labour, and above all, the dose of surplus labour it contains.² But, on the other hand, governments could not leave their populations unprotected against the risks of contamination by SARS-CoV-2 (the coronavirus responsible for the pandemic), not so much out of compassion or greatness of spirit as out of fear of the social outbreak that could result from an increase in morbidity and mortality if protective measures were not taken and, above all, to protect the social labour force, without which precious living labour would be in danger of becoming scarce: to have living labour, it is necessary to have living workers.

The need to relax these measures after a certain time as soon as the health situation seems to improve can only lead to further deterioration, leading to a resumption of the previous restrictive measures, without solving the underlying problem.

¹ ↪ I am grateful to Yannis Thanassekos for his suggestions, which allowed me to improve the first version of this article.

² ↪ Cf «[Le vampirisme du capital](#)», 4-5-2021.

As long as herd immunity (or collective immunity) is not achieved, either under the effect of pollution advances, thanks to vaccination or both, this first contradiction has been managed with repeated calls to respect the famous "barrier gestures" (physical distancing, use of masks, regular hand washing, testing in case of symptoms, etc.), along with insistent incentives for vaccination since vaccination became available. But when health conditions deteriorated too much, it was necessary to resort to teleworking, to slowing down or even stopping certain economic activities, as well as to measures restricting public freedoms to a greater or lesser extent: limiting or even banning meetings, limiting access and even closing certain public places and spaces, curfews, confinement, etc. One parameter has constantly served as a regulating index for the above measures: the capacity of the hospital system to deal with the most severe cases of contagion in a context of reduced capacity due to decades of budgetary austerity in the general framework of neoliberal policies.

These extraordinary measures are unsustainable in the long term, both for the reasons mentioned above and because they are unbearable for the people who had and have to be confined to housing in which they already live in overcrowded or insufficiently comfortable conditions, as well as being deprived of any social life and often deprived of part of their income. Hence the need to relax these measures after a certain time as soon as the health situation improves or seems to improve; a relaxation that can only lead to further deterioration, leading to a resumption of the previous restrictive measures, etc., without solving the underlying problem.

And so we have gone and continue to go from "wave" to "wave": we are now in the fourth wave and waiting for the next one. The term is entirely fallacious, as it suggests a kind of periodic ebb and flow of the pandemic, like a tidal wave, whereas the pandemic is maintained according to the scale and pace of contacts within the contaminated population.³ It is not the coronavirus that produces waves, but the "stop and go" policy that supposedly combats its advance, the alternation of protective measures through restrictions on the movement of people and the subsequent lifting of those same measures. This alternation is rooted in the contradiction mentioned above.

Convince or Compel?

Only when the famous herd immunity is achieved, can governments hope to get out of this impasse that periodically forces them to abandon the next day the measures taken the day before. Whatever their cynicism, none of them dared to bet solely on the advance (in reality, the ravages) of the pandemic to achieve herd immunity: Boris Johnson, Donald Trump, Narendra Modi and even Jair Bolsonaro, as well as Stefan Löfven, had to backtrack after having gone, at first, more or less down that road. All that remains is the mass vaccination of the population, at least if they have the means to do so in terms of health apparatus and budget and the application and respect of the "barrier gestures".

There are two ways to achieve this. They can try to convince the population through information and "communication" (propaganda) campaigns of the need for and benefits of vaccination, as the vast majority have done, with varying degrees of skill and effectiveness. Or, faced with the doubts, reluctance or even more or less determined opposition of part of the population, which slows down the progress of vaccination or even risks preventing the threshold of collective immunity from being reached, they can resort to more or less restrictive measures, ranging from simple pressure combining restrictions of freedom and the stigmatisation to the legal obligation to vaccinate specific categories or even the entire population.⁴

³ ↪ This is not the only misleading term used in ordinary pandemic discourse. For example, it is common to speak of "virus circulation" as if the virus were an autonomous agent that spreads by itself. However, it is not the virus that circulates, but the people carrying the virus who infect others through their circulation and the contacts it generates. Hence the effectiveness of confinement and the need to keep a safe distance to curb the pandemic.

⁴ ↪ So far, only three states have made vaccination of the adult population mandatory: Tajikistan, Turkmenistan and... the Vatican.

The French government took the latter option in mid-July, making vaccination compulsory for medical personnel in the broadest sense of the word and introducing a "health pass" for the entire population to access many public places. Since then, there has been a succession of rallies and demonstrations to protest against the "health dictatorship" and these measures. These demonstrations have brought together both opponents of vaccination and citizens concerned with the defence of individual liberty and public freedoms, which they consider to be under threat.

Should we continue to try to convince rather than coerce in this way or should we not instead ask why it is necessary to persuade or coerce in this case? Because both operations ultimately pursue the same thing.

But should we continue to try to convince rather than coerce in this way? Perhaps this is not the right question to ask. Should we not instead ask why it is necessary to persuade or coerce in this case? Because both operations ultimately pursue the same thing, albeit by different means: overcoming an initial reluctance or resistance to vaccination. But where does this resistance come from, and what is its origin? And why, even among those who are vaccinated or in favour of vaccination, are there those who protest against the more or less peremptory obligation to vaccinate and declare that they support demonstrations against government measures to pressure vaccination?⁵

In France, this can probably be explained in part by the profound disrepute of the government because of the conflicts of previous years (from the mobilisations against the various "labour laws" to the one against pension reform, via the "yellow jackets" movement) and by the disastrous management of the pandemic since its inception,⁶ not to mention more distant liabilities due to the implementation of neoliberal policies. Mistrust of the pandemic has led some opponents to believe that the measures taken to contain the pandemic (in particular the successive confinements) were merely a pretext and a means to break the dynamic of that persistent conflict, with a whole apparatus of bio-political

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control of the population and to institute a kind of permanent state of emergency (in this case, a state of health emergency). In short, the continuity and amplification of the strategy deployed in recent years under the pretext of the fight against "Islamist terrorism". However, opposition, sometimes violent, to similar

measures against Covid had developed in many other countries, in very different political contexts and often long before they appeared in France.⁷ Therefore, we should not overestimate the importance of political factors specific to the French context.

Among the staunchest opponents of vaccination against Covid, we find a bit of everything: the "antivaccine" on principle, as there have been since Jenner;⁸ the "antivaccine punctilious" who are suspicious of vaccines which, in their opinion, were developed too quickly and in secret by pharmaceutical laboratories essentially concerned with their

⁵ ↪ In an opinion poll conducted by Harris Interactive for TF1/LCI at the end of July, 40% of respondents said they supported these moves in France.

⁶ ↪ This management was nothing but a long series of inconsistencies that made the government say and do the opposite of what it had said and done the day before, for example, declaring that, successively, the face masks, tests and vaccinations were useless... before making them compulsory, all this in an attempt to hide the negligence and lack of control over the situation. In this way, they contributed significantly to the discredit and disapproval they now face.

⁷ ↪ A partial presentation [on this website](#).

⁸ ↪ Edward Jenner (1749-1823) was the British physician who developed the first smallpox vaccine in the 1790s and 1800s, thus demonstrating the prophylactic virtue of vaccination, which has since been successful against many infectious diseases: smallpox (which was eradicated), tuberculosis, poliomyelitis, diphtheria, tetanus, measles, etc.

profits;⁹ the "corona-sceptics" who repeat from the beginning of the pandemic that Covid-19 is no more dangerous than ordinary flu, that it only seriously threatens people with associated morbidity, or that it can be prevented or cured with

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some more or less miraculous practices or remedies, elements which, finally, form part of the discourse maintained by the governments themselves, at one time or another in their chaotic management of the pandemic; people whose scepticism extends more broadly to science and the scientific method as a whole, a scepticism that is maintained and consolidated thanks to the way in which,

in order to hide or justify their impotence and their recantations, governments come to use scientists and experts, among whom they find echoes, complicit or complacent, who use the authority of science to silence any questioning of the decisions taken by these governments;¹⁰ convinced conspiracists, for example, that messenger RNA vaccines contain microchips that will allow Bill Gates and his ilk to control our brains via 5G (or other similar delusions); and, to top it all, a few populist politicians who seize the opportunity to try to harvest votes.¹¹ Often linked to each other through social networks that consolidate their positions, all experience compulsory vaccination as a fundamental violation of

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their physical and psychological privacy, hence the virulence of the reaction, which goes as far as the destruction of vaccination centres. In addition, some people who have been vaccinated or in favour of

vaccination believe that vaccination should essentially be a matter of personal choice and that compulsory vaccination is an intolerable violation of individual freedom.

Thus, both sides start from the assumption that health is first and foremost an individual matter, a matter of individual decisions and choices in terms of behaviour, lifestyle, use (or not) of health systems (and thus vaccination), etc., insofar as all this involves each individual's relationship with their own body. This assumption ignores, misunderstands or totally denies the essentially collective dimension of health, which makes it a public good that depends primarily on the physiological state of the entire population, which in turn depends on the ecosystems in which they live, the public

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hygiene of the spaces they occupy, their living conditions (work, housing, leisure activities, etc.), their access to the social health system, the advances in medical knowledge and practices resulting from research policies, etc. So much so that, ultimately, each person's state of health depends first and foremost on the state of health of everyone else rather than on their own choices.

The pandemic situation in which we have been living for the past eighteen months demonstrates this every day.

⁹ ↪ This suspicion is probably also fuelled by the series of scandals involving health authorities (governmental or otherwise) that have come to light in recent decades: the PIP breast implants affair, then the textured breast implants affair, the Chinese heparin contamination, the over-prescription of opiates (especially in the United States), etc. In addition, in France, there was the growth hormone case, the contaminated blood case, the case of pregnant women treated with Depakine, the Mediator case, the levothyroxine case, etc.

¹⁰ ↪ Let us remember that, contrary to the claims of scientism, which is nothing more than an ideology, science does not possess absolute Truth at all, which does not exist, at most partial and often only provisional truths, which are nothing more than "rectified errors" (according to Gaston Bachelard's felicitous formula) and of... potential future errors (also partial) which must be rectified if necessary. Possible future errors (also partial) will have to be rectified if necessary. What is incontestable is not this or that current truth, which is the result of a scientific method, but the method itself, capable of constantly questioning its previous results.

¹¹ ↪ A recent [article of Jérôme Fourquet and Sylvain Manténach](#) illustrates this profound heterogeneity, while providing elements of analysis that complement those presented here. Cf.¹ online on 9-8-2021 and consulted on 14-8-2021.

This conception of individuality is, in fact, deeply linked to the actual situation of individuals in capitalist relations of production: the expropriation of the producers, frees (more or less) individuals from pre-capitalist relations of communal or personal dependence and turns them into "free workers": into individuals stripped of everything except their labour power.

Then how is it possible that this truth is not clearer and more widespread than it is? For, in a health system in the hands of private interests or a victim of successive waves of privatisation - from neighbourhood doctors to multinational pharmaceutical companies, from testing laboratories to clinics and hospitals, from private insurance companies replacing or supplementing social

insurance, not to mention the investment funds crouching in the maze - the health system has become a major source of income that encourages each of us to consume according to our means and our choices in terms of the art and manner of preserving and improving our "health capital". A "capital" for which, therefore, each person would be solely or primarily responsible.

This curious notion of "health capital" has become predominant in health discourse,¹² and has presided over the implementation of neoliberal health policies for decades. Based on the idea that it is primarily up to each individual to take care of his or her own "health capital", - by taking responsibility for himself or herself (by "choosing" to control or not to control his or her living hygiene, for example) and by insuring himself or herself (by taking out private health

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insurance of his or her own "choice"): what risks he is or is not willing to take - in reality, he "chooses" it according to his income - to complement or replace public health insurance) - these health policies have considerably reduced the public service, thus leaving the field open to private insurance companies or mutual insurance companies, but, of course, duly guaranteeing them "free and

undistorted competition", while privileging private clinics over the public hospital, etc. Thus, we can appreciate the magnitude of the turn governments were forced to take by the pandemic, forcing them to decree confinements, to make certain behaviours in the public space compulsory or to normalise them, to pressure people to get vaccinated, measures that constitute a de facto recognition of the public good nature of health. Without, of course, criticising itself and, above all, without going back on its previous policy of financial suffocation of the public hospital - which the pandemic will also have brought to light - which corroborates the warnings issued some time ago by the mobilisations and demands of hospital staff.

This notion of "health capital" in fact undermines one of the key oxymorons of neo-liberal neo-language, that of "human capital", which is in turn linked to a fetishist conception of individuality.¹³ According to the latter, understood as an autonomous or even self-referential entity, the individual, who can only count on himself and, at best, on his closest relatives or friends, must behave as a sort of entrepreneur of himself, who has to try to valorise his own person in his relations with others and with the world in general, as well as his talents (real or not) as if they were capital. It is therefore up to him and him alone to make the decisions and to choose those he considers most suitable for this purpose, arbitrating between risks and opportunities.

¹² ↪ Promoters of the concept of "health capital" often misuse the definition of health given by the World Health Organisation (WHO) for their own purposes: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". In fact, there is nothing in this definition to suggest that this state is exclusively or primarily the result of individual behaviour and choices. On the contrary, if we recognise that health has a social dimension, we must pay attention to the collective conditions of possibility of this state.

¹³ ↪ Cf. The articles «Capital humain» et «Individualité» en La novlangue néolibérale. La rhétorique du fétichisme capitaliste, 2e édition, Page 2/Syllepse, 2017.

This conception of individuality is, in fact, deeply linked to the actual situation of individuals in capitalist relations of production. The basic process of these relations, the expropriation of the producers, frees (more or less) individuals from pre-capitalist relations of communal or personal dependence and turns them into "free workers": into individuals stripped of everything except their labour-power, hence their subjective capacities, which they must valorise as much as possible on the labour market, in competition with each other; and if they find a way to sell their labour-power, it is also through the market that they must procure their means of consumption (the goods and services that ensure their subsistence), while looking after their personal interests alone, of course. Now, what is a market if not a system of

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relations that socialises individuals (puts them in relation, makes them co-producers of the legal conventions that govern their relations, makes them in this sense and to this extent mutually and objectively supportive) with the same movement in which it

privatises them (confronts them as separate, opposing, mutually competing entities, forces them to subjectively disassociate themselves from each other, to treat each other as mere means to their own ends)?

Thus, the capitalist mode of socialisation is simultaneously a mode of desocialisation which, by transforming the members of the same social community into private individuals (private owners, even if only of themselves, subjects of private interests and rights, endowed with more or less modest housing and more or less solid housing), tends to make what they have in common imperceptible or even incomprehensible to them, except for the little in common in commercial relations. In a world governed by the principle of "each for himself and the market for all", the voices that try to tell us that we are all united beyond what constitutes us as individuals, that in a pandemic situation, for example, each person must vaccinate both for himself and others, just as others vaccinate both for others and for themselves, ring, unfortunately, in the air.

Fortunately, some counter-trends in places, environments, activities, practices, etc., generate socialisation based not on separation and competition but cooperation and solidarity. Otherwise, it would be difficult to explain how a part (which may be a majority) of the population can escape the ideological and practical consequences of the desocialisation resulting from market socialisation. We can and must think here, first of all, of work. Although it is above all a forced and instrumentalised socialisation for domination and exploitation, the socialisation of wage-labour processes gives rise to cooperations and solidarities (both objective and subjective), that can directly serve the practices and organisations that enable wage earners to resist their domination and exploitation, to fight to attenuate and transform them, and even to consider eliminating them. Kinship, neighbourhood, affinity relations and practices, and the networks and organisations (mainly associations) to which they can give rise, not to mention organisations with political objectives (in the broadest sense of the term), are additional crucibles for such socialisation based on cooperation and solidarity. We can therefore hypothesise (although this needs to be verified) that opposition to vaccination against Covid may also be a favourable breeding ground for all those who, for various reasons, have little experience of this kind of solidarity. All the more so since the various crucibles used previously were affected by the desocialising consequences of the neo-liberal policies of the last decades.

On Health Apartheid in the Global Village

The metaphor of the global village, coined by Marshall Mc Luhan in the 1960s,¹⁴ has continued to be used to designate the effects of the contraction of the space-time in which we live due to capitalist "globalisation". The Covid-19 pandemic is a spectacular way of illustrating this contraction: the coronavirus that caused it appeared in central China (Wuhan) in the last weeks of 2019 and spread (albeit unevenly) across all continents in a few weeks, at the size and speed of the contemporary circulation of goods, capital and people. This gives us the truly global dimension that the public good of human health has acquired today.¹⁵

Therefore, the fight against the current pandemic presupposes that herd immunity is achieved on the same scale, i.e. that most of humanity can benefit from vaccination unless we cynically rely on the effects of the pandemic itself. To tolerate that only part of the world's population can benefit from the vaccine, or even that progress in global vaccination will be prolonged over time, would be to run a double risk. The lesser risk would be to lose part of the benefit of immunisation:

"vaccination remains, for the moment, the privilege of the rich countries. A quarter of the 2.295 billion doses administered worldwide were applied in the G7 countries, which account for only 10 per cent of the world's population. Only 0.3% was administered in low-income countries, according to the WHO (...) "At the current rate of immunisation, it would take fifty-seven years for low-income countries to reach the same level of protection as the G7 countries,"

as the virus perpetuates itself in unvaccinated populations and does not respect borders, especially as these must remain permeable for business to continue, the pandemic would periodically resume its course among vaccinated populations; in short, it would be a repetition of the scenario of successive "waves", but on a global level. Worse still, perpetuating virus circulation in this way would multiply the virus variants and, with them, the likelihood of even more contagious or more virulent variants forming than those that have already appeared,

some of which could even completely counteract the protective effect of vaccines. In short, it would be a game of Russian roulette.

Yet, the governments of the world's central states have embarked on this deadly game. Having largely financed the development of vaccines,¹⁶ they were also the first to administer them to their populations, to the extent that they wanted to be vaccinated—the first and for the moment the only ones. Indeed, despite their regularly renewed commitments to the contrary, their contribution to making vaccines available to the populations of the world's periphery through the Covax system, created by the WHO in partnership with the NGO Gavi, has so far been notoriously insufficient to the extent that vaccination remains practically non-existent: "vaccination remains, for the moment, the privilege of the rich countries. A quarter of the 2.295 billion doses administered worldwide were applied in the G7 countries, which account for only 10 per cent of the world's population. Only 0.3% was administered in low-income

¹⁴ ↪ Marshall Mc Luhan, *The medium is the message*, Londres, Bantam Books, 1967 (traducción francesa París, Jean-Jacques Pauvert, 1968).

¹⁵ ↪ This dimension is reinforced in this case by the zoonotic nature of Covid-19, which calls into question the interactions between the human species and the rest of the living world. However, it should be noted that this thesis is challenged by those who believe that the SARS-CoV-2 coronavirus may not have a natural origin, but may be the result of an accidental escape from a laboratory in Wuhan where "augmented viruses" were developed, essentially for military purposes. The Grenoble-based collective Pièces et Main d'Œuvre has published several articles defending this alternative theory, which are available online, but nevertheless do not go beyond formulating a credible hypothesis.

¹⁶ ↪ The research that led to the development of the messenger RNA technique was conducted in the 2000s by Hungarian-born biochemist Katalin Kariko at the University of Pennsylvania, and thus with public funding. Tens of billions of dollars in grants and pre-orders from central governments (led by the United States and members of the European Union) made it possible to exploit this technique to rapidly develop Pfizer and Moderna vaccines. The same goes for AstraZeneca and Johnson & Johnson vaccines, not to mention Chinese and Russian vaccines. [Even a newspaper as neoliberal as Les Echos \[France\] had to recognise how much the development of these vaccines owes to public funds](#); cf, 28-11-2020, consultado el 6-8-2021.

countries, according to the WHO (...) "At the current rate of immunisation, it would take fifty-seven years for low-income countries to reach the same level of protection as the G7 countries," stressed the NGO Oxfam.¹⁷

Clearly, there are strong reasons for this global health apartheid. The first is financial. Vaccines are expensive, and the public finances of these countries, already undermined by neoliberal budgetary policies over the past four decades, have been further eroded by the financial support measures required by the pandemic. There remains the possibility of forcing the pharmaceutical groups that produce vaccines to provide them at a much lower cost.¹⁸ There would be no shortage of arguments in favour of this solution. In addition to the state of need in which the world's population finds itself, central states could argue that they largely

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financed the development of these vaccines to suspend or override the patents that currently allow pharmaceutical groups to make huge profits. But the few voices (including the hypocritical voice of Biden) that have been raised on this issue have provoked a unanimous indignant retort from Johnson, Macron, Merkel, von der Leyen and others: contracts must and will be honoured! It is a way of reaffirming their attachment to the sacrosanct principle that, if costs are socialised, profits can only be privatised. This adds a new contradiction to the previous ones: if health is a public good, this good is today in the hands of private interests, which, at least in part, can jeopardise it.

Moreover, contrary to the idyllic promises of its neoliberal preachers, capitalist "globalisation" has not led to a fluid and peaceful world, neither yesterday nor the day before yesterday. On the contrary, the global market, which tends to homogenise (unify and standardise) the world, tends at the same time to fragment it into distinct political units (first and foremost, there remain the nation-states), whose rivalries constantly alternate between conflicts, compromises and alliances, generating imbalances, dependency and ultimately domination, in short, hierarchy.¹⁹

The logic of "privatisation" inherent in mercantile socialisation is also exercised at this level. In other words, the global

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village remains divided into distinct and rival neighbourhoods, each of which jealously protects its interests and knows how to defend them in many ways, even at the expense of those of its neighbours, when necessary. At the beginning of the pandemic, did we not see the governments of European states, all members of that eminent "civilised" and "civilising" institution that is

supposed to be the European Union, squabbling like commoners over batches of moccasins when they were in short supply? Can we expect things to be any different today when it comes to batches of vaccines when they have to choose between their populations and those of the rest of the world, especially when it comes to the Third World?

¹⁷ ↪ [Le Monde](#), accessed on 6-8-2021

¹⁸ ↪ According to [a study by Imperial College London, published last December](#), the cost of producing one dose of Pfizer's vaccine would be \$0.60 (€0.51); additional costs for packaging and quality control would raise the price to \$0.88 (€0.75). It should be recalled that Pfizer sold each dose of vaccine to the European Union at a price of 15.5 euros before recently deciding to increase that price to 19.5 euros. The difference is used to pay for the so-called investment in research and development and, above all, for shareholders.

¹⁹ ↪ Cf. The article «Mondialisation» en La novlangue néolibérale, op.cit.

Finally, today more than ever, the global periphery (i.e. the suburbs or even the edges of the global village) is the place of relative overpopulation which serves as a reserve army for capital.²⁰ Indeed, the latest phase of capitalist "globalisation" has consisted, through the liberalisation of the international circulation of capital, which implies in particular the delocalisation of segments of the processes of production from the central formations to the peripheral formations, in considerably enlarging the dimensions of this reserve army, by expropriating hundreds of millions of peasants in the Asian, African and Latin American countryside, in order to subject the proletariat of the central formations to their competition and force them to accept the stagnation or even the fall of their wages and the degradation of their conditions of employment and work. The operation has been so successful that the capitalist central leaderships can today ignore the fate of most of these neo-proletarians, as well as their already-existing class comrades, because they are now superabundant. Consequently, they can give free rein to their class contempt towards them; cynicism is undoubtedly linked to the racist overtones inherited from the colonial period.

If Macron can think and say that "a train station [in Paris] is a place where you find people who have succeeded in life and people who are nothing", what idea can he have of the Chinese domestic migrants employed in the sweatshops opened in the special zones of Guangdong or Fujian, or of the wealth-creating Mexican women in the maquiladoras of northern Mexico? The fact that, in saying this, the French president is creating the conditions for a future boomerang effect of the pandemic at the global level, which will once again bring down Macron's "way out of the crisis" scenario, illustrates the extent to which he remains a prisoner, like his foreign counterparts, of the contradictions inherent in the relations of production that they all claim to administer with zeal.

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On the Absence of a Just Solution to the Preceding Contradictions and Some Modest Proposals to Begin to Alleviate the Pandemic

The mischievous glee that can be felt in highlighting the contradictions in which the rulers find themselves in their management of the pandemic, which sometimes resembles a Gribouille policy [disorganised, naive and foolish], quickly fades with the bitter realisation of the powerlessness of the opposing side - our side, in principle - to take advantage of this situation. More generally, while the "Hundred Flowers" of the anti-capitalist critique flourished at the beginning of the pandemic,²¹ there is reason to be surprised by the atony and even silence of this critique in recent months: are we no

We must prepare ourselves for an increasingly chaotic course of the capitalist world under the effect of its internal contradictions... Among the chronic crises triggered by this chaos is the planetary ecological catastrophe into which the capitalist modes of appropriation of nature have plunged us.

longer capable of carrying out a "concrete analysis of the concrete situation" created by this pandemic, to detect not only the contradictions at stake but also the potentialities and opportunities they open up for emancipatory action? In short, do we not have

anything original and of our own to say about it?

While we cannot set out to resolve the above contradictions immediately, which would imply working for the revolutionary transformation of the capitalist relations of production that are the matrix of these contradictions, we can at

²⁰ ↪ Concepts briefly presented, cf. «[La surpopulation relative chez Marx](#)», en la revista [¿Interrogations?](#), n°8, junio de 2009.

²¹ ↪ See, among others, Covid-19. Un virus très politique, Syllepse, 2020

least put forward proposals for demands and actions that will allow us to take at least a few steps towards this solution. I will only mention the following, inspired by the above developments, in the hope that their inadequacy, of which I am well aware, will give rise to more and better proposals.

- ➔ In and from our respective organisations, be they associative, trade union or political, which are places for the socialisation of individuals - according to a very different principle from that of the market - a principle that favours cooperation and solidarity between individuals and which makes them the means and the end of collective action and social emancipation, **we are fighting for the recognition of the public good nature of health, based on the existence of a health system that must be placed beyond the reach of private interests.**
- ➔ **Promote the generalisation of vaccination to the whole population, presenting it as an ethical obligation because of the public good nature of health** and as the counterpart of the collective nature of individual care.
- ➔ Pressure governments to abandon their current misguided strategy, which combines a call for individual action against a backdrop of the hypocritical obligation imposed through restrictions on freedoms and threats of sanctions in terms of loss of salary or even employment, in favour of a systematic vaccination campaign that mobilises all medical and social personnel on the ground, along with the necessary explanations, and that targets in particular populations that have so far been left out of vaccination. **The fight against the current pandemic must be conceived and carried out as a public health operation and not as a police operation.**
- ➔ In the management of the pandemic, **make it imperative for governments to protect the health of the working classes**, starting with those who are most exposed to contamination by the virus because of their working and living conditions.
- ➔ Based on the flagrant shortcomings of the health system highlighted by the pandemic, support the demands and struggles of medical and hospital staff, who are still on the front line after eighteen months and who have received the most severe cases of infection, in terms of budgetary allocations (recruitment of more staff, reopening of closed establishments and services, increase in salaries, etc.). More broadly, **to propose, as the horizon of these demands and struggles, the comprehensive socialisation of the health system, from local medicine to the pharmaceutical transnationals.**²²
- ➔ Without waiting for the expropriation of the laboratories and pharmaceutical groups that hold the patents for the Covid vaccines, **we must demand and impose the cancellation of these patents and the delivery of the vaccines at their cost price.** On this basis, demand and impose that the governments of the leading central states finance the rapid and large-scale vaccination of the entire population in the peripheral states.

We must prepare ourselves for an increasingly chaotic course of the capitalist world under the effect of its internal contradictions, which are increasingly demanding for its rulers to regulate and control. Among the chronic crises triggered by this chaos, not the least of these, is the planetary ecological catastrophe into which the capitalist modes of appropriation of nature have plunged us. Climatic disturbances, with their retinue of extreme episodes (drought and gigantic fires, on the one hand, overabundant rains, storms and tornadoes on the other), increasingly frequent, in a

²² ↪ [Detailed programme](#), cf. 18-3-2020.

context of continuous degradation of terrestrial and marine ecosystems, are the macroscopic counterpart of the microscopic mutations that generate recurrent zoonoses.

And it is useless to recall to what extent these processes will aggravate the tensions and latent conflicts between the

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major powers (the United States, the European Union, Japan, China, Russia, etc.) because they influence the bases of their power, from the state of health of their populations and the yields of their agriculture to the immediate conditions of valorisation and accumulation of capital, since they increase all the costs of

production.

This increasingly chaotic course will induce or even force the bourgeoisies and their rulers to tighten the conditions of exploitation and domination of the working classes, as the latter's space will tend to shrink. But it may also force them to take over, in part, specific immediate interests of the workers, if only because they have to be kept alive to exploit and dominate them, obviously subordinating them to the interests of the ruling class they represent.²³

Faced with such perspectives, it is urgent to define a clear set of demands and objectives that specifically defend the interests of the popular classes, i.e. the vast majority of the world's population, which may vary according to the situations in which these interests must be defended, and to mobilise as broadly as possible around these points.²⁴ But the exacerbation of the internal contradictions of capitalism still demands a much broader but also more exalting task: to actualise the revolutionary project of capitalism, i.e. the communist project, as well as reflecting on the possible forms of its realisation in the present conditions.



²³ ↪ [According to the second of the three likely scenarios](#) 18-4-2020.

²⁴ ↪ [A presentation of some of these claims and objectives, cf. the third scenario outlined in the previous article.](#), 20-5-2020.

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