

Analysis

Pandemics (Britain): The Right Is Destroying Our Freedom and the Left Is Letting It Happen

Are we just going to take it lying down? - The future of lockdown

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Early in the Covid-19 pandemic, Alberto Toscano [warned the left](#) that it would have to confront its “contradictory desire for the state”. What could we desire from the state? From Hobbes onward, its legitimacy has been staked on its claim to secure the bases for life. In that sense, epidemiological controls during a pandemic are a paradigmatic example of legitimate state action. Another, of course, is war.

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We have been treated to military metaphors throughout the pandemic, [from Boris Johnson’s](#) “great national effort to fight Covid” to [Macron’s declaration of “war”](#) against the plague. As Susan Sontag [has pointed out](#), the war metaphor fosters imprudent zeal and sacrifice in a society that otherwise “restricts the scope and credibility of appeals to ethical principle”, and in which “realism” demands that we calibrate our actions with an eye to “self-interest and profitability”.

Classic colonial biopolitics.

The image of war also, however, positions the disease as an alien ‘other’, as enemies are in modern war. Biopolitical controls have historically been as much about controlling the poor and the colonised as containing disease. Françoise Delaporte’s history of the 1832 cholera outbreak in Paris shows that the ruling class viewed the plague menace through the heat shimmer of their class fear. In late nineteenth-century Hamburg, historian Richard J Evans has shown, the capitalist class [regarded cholera as a disease of the poor](#), dirty and feckless, resulting in complacency and much unavoidable death.

Throughout the nineteenth century, [Evans tells us](#), cholera outbreaks in Europe tended to arrive just as the armed forces of the state were finishing their suppression of popular uprisings. The deaths were sudden and dramatic, with victims losing a quarter of their bodily fluids and essential salts, collapsing and dying within twelve hours, leaving shrunken, hollow-eyed, blue-grey bodies lining the streets. The authorities arrived with *cordons sanitaire* and quarantines; medics disrupted burial rituals; and often the victims would conclude that the rich, with the help of the medical profession -

popularly slandered as “Burkers” after the murderers Burke and Hare – were poisoning or killing off the poor. There ensued mass paranoia, conspiracy theory, radical anti-vaccination militancy, the sacking of castles and the massacre of nobles and doctors. No one understood cholera, but it became a factor in civil and class war.

In India, the British responded to the bubonic plague with the Epidemic Diseases Act which mandated martial law, military patrol, invasive house searches, confiscations, the dismantling of the residences of the poor and the hosing down of their streets with disinfectant. Again, this had little to do with the principles of epidemiology, or the biological reality of the plague, which the British authorities did not understand. However, those laws remain on the books, and the Indian government has used them as part of its pandemic response while escalating its war on civil liberties and the Muslim minority.

As Mark Neocleous and Brendan McQuade have warned, then, the activities of [what they call](#) the “medical police” were part of the “systematic colonisation of the world” by capital, and the logic of policing. The techniques deployed by capitalist states to administer life, maximise it, optimise it and organise it – [called “biopolitics” by Foucault](#), and [“Vitalpolitik” by the ordoliberals](#) – was “war by other means”.

The new right resists epidemiology.

Yet, before we get into our anti-statist stride, there is a problem: the extraordinary ambivalence of ruling authorities in reacting to Covid-19. There has been no want of statist enterprise. In almost every country affected by the pandemic, public spending has risen sharply as a share of GDP:



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[As Andreas Malm has pointed out](#), states around the world have during the pandemic demonstrated a purpose and energy singularly lacking in their response to the ecological disaster. They have taken ownership of assets, purchased shares in firms, given out loans and taken indirect ownership of the economy through sovereign wealth funds. They’ve bailed out firms and subsidised wages (as much to preserve existing inequalities as to protect incomes). Money has been thrown at the development of vaccines. In the UK, the Treasury and Bank of England handed out billions to airlines, retailers, sports and education firms. The United States has distributed half a trillion dollars of corporate relief. Yet these interventions haven’t come easily.

In fact, these hugely expensive measures were resisted by and ultimately forced from reluctant administrations. This was particularly true of states ruled by authoritarians like Trump, Bolsonaro and Modi, all of whom have tried to enhance the state’s repressive powers. If anything, the authoritarian right, particularly in the Americas, has [espoused a racialised anti-statism](#), laced with [the ideology of the frontier](#) and girded by the entrepreneurial individualism that neoliberals – who don’t really believe in “the individual” – have advocated for the masses.

Far from taking the opportunity to expand state power, the neo-nationalist right often militated against its expansion, grossly exaggerating the threat to freedom by comparing it with twentieth-century totalitarianisms and painting themselves as freedom fighters. Curiously, despite their

clamour for border policing, they were not more eager to shut borders or limit air travel or the flow of goods than their opponents. The frequently armed protests in the US and Brazil, led by the political allies of policing against what they claimed was an incipient police state, tell us that something has shifted.

The nineteenth-century model of disease control as civil and colonial war preceded and was supplanted by epidemiology. Epidemiological practice enabled new and more subtle forms of biopolitical control. The epidemiological model of social life is one in which the world consists of networks of nodes which is both true, and a flattening of realities that are governed by the hierarchies of race and class. This meant that raced and classed exclusions could be reproduced through epidemiological practice, in a neutrally scientific guise.

In principle, however, as Benjamin Bratton forcefully argues in his book *The Revenge of the Real*, epidemiological axioms cut against the raced and classed logic of personal responsibility, and the neoliberal obscurantism according to which we must live or die by the outcomes of an inscrutable market order. If epidemiology takes as its organising principle the whole population, as a network of transmitters and receivers, this can be used to build infrastructures of care and social solidarity, enabling the legibility and treatment of pre-existing health conditions like racism and inequality. The left might mobilise for the de-militarisation and democratisation of biopolitical controls, for resiliency in public health, for infrastructures of public safety in the workplace, schools and transit, and for the reform of agriculture and global trade, the better to manage [the growing threat](#) from microbes living in wild animal reservoirs and episodically liberated by the [aggressively ecocidal practices of agribusiness](#).

This is the danger, hyperbolically [characterised by Conservative MP Joyce Morrissey](#) as “a public health socialist state”, against which both the authoritarian right and market libertarians have mobilised.

The new normal?

Pandemic states, while making contradictory concessions to epidemiological exigency, have tried to fight their way out of this corner as quickly as possible. [The UK government has indicated](#), for example, that with vaccination paving a “one-way road to freedom”, the price of business as usual would be an [acceptable number of deaths](#). While it won't name a number, the press comparisons made with annual flu deaths suggest anything between 20,000 and 50,000 excess deaths a year.

This is not a politically neutral decision. The filters that determine whether we will become ill and die from Covid-19 – the “contact” filter, and the “compatibility” filter – are [shaped by pre-existing vulnerabilities](#) deriving from poverty and inequality. [According to the Office for National Statistics](#) (ONS), death rates among those of Black African, Black Caribbean, Pakistani and Bangladeshi backgrounds are greater than the White British group by a multiple of between 1.8 and 3.7. The ONS also reports that deaths from Covid-19 are [twice as high in the poorest areas](#) as those in the richest areas. Other research suggests that those under 65 in the poorest areas of England were almost [four times as likely to die of Covid-19](#) as those in the wealthiest areas. If the maxim of biopower is to “make live and let die”, then it is the poor and racially oppressed who are being allowed to die.

However, as we enter the long-term of Covid-19 control, and emergency measures recede, the ‘new normal’ will now include the extension of state power along securitarian lines to manage future biopolitical risk, rather than address its causes. In the UK, this has led to [the creation of the Joint Biosecurity Centre](#), set up by the government's pick to head MI6, and modelled on the Joint Terrorism Analysis Centre. Before vaccination, the hope was to collect granular data on regional

threat levels, in which the regions would be assigned a threat tier and restricted accordingly, with a bare minimum of economic support. This new politics of biosecurity, endorsed by the United Nations, and building on [strategies elaborated by agribusiness, the WHO and the UN's Food and Agricultural Organisation](#), is favoured by many epidemiologists who often work in the overlap between defence, academia and field research. The virologist Nathan Wolfe, for example, [writes of tracking "viral chatter"](#), much as one would track "terrorist chatter". The resulting collaboration between intelligence, defence departments, data giants and civil servants will indeed work to render us all legible, as nodes in a network, and manage us accordingly.

Although the terrorists in this new branch of counterterrorism are microbial particles, the measures through which they are managed will be applied to human populations. From China's Health Code to the new [vaccine passports adopted by the British government](#), the emerging surveillance system tracks the risks and threats associated with individual human beings. It is human beings who are quarantined, isolated, distanced and locked down, organised by region, threat level and tier, policed, arrested [and fined](#), and – the subject of Black Lives Matter protests – designated as inhuman. This militarisation of plague management renders us less democratic and more docile. It usurps and weaponises the solidaristic energies that originally produced a mass epidemic of mutual aid. And it combines biosecurity and necropolitics, the use of power to determine who will be made to die, in the same bandwidth of acceptable options: acceptable deaths and acceptable controls.

The danger for the left is that we haven't yet developed a coherent alternative. We have, for the most part, correctly if critically supported temporary lockdown measures and economic support to limit mass death. We have correctly highlighted that, while some coercion is unavoidable, such authoritarianism was only necessary because of a prior governmental failure to control the spread of the virus. But, as the new biosecurity state is rolled out, our contradictory desire for the state has not borne fruit in an agenda for the long-term.

In the UK, this paucity is reflected in the fact that the Labour party, including many luminaries of the Socialist Campaign Group such as John McDonnell and Nadia Whittome, uncritically supported the government's Plan B measures to control the spread of Omicron, including compulsory vaccination for NHS staff and vaccine passports. McDonnell and his allies undoubtedly regard these measures as necessary short-term controls, giving social responsibility the force of police. What if they aren't?

What if the government is busy rolling out the new normal while the left continues to firefight the emergency and await the return of the old normal? Then, what resources will we have cultivated against the new conservative statecraft, characterised by right-Keynesianism, juridical authoritarianism, border retrenchment, and a biosecurity state that makes live, and lets die?

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- Novaramedia. 20 December 2021: <https://novaramedia.com/2021/12/20/the-right-is-destroying-our-freedom-and-the-left-is-letting-it-happen/>

The future of lockdown

I've written this warning [*see above*] about the dangers of authoritarianism sneaking in through Covid-19 responses. I'll elaborate on this momentarily.

However, just to make one thing clear. I am not joining the "libertarian" critique of lockdown. I am not "anti-lockdown", because [there is no intelligent way to be "anti-lockdown"](#). I am for mask mandates, compulsory social distancing, bans on gatherings, and commercial shutdowns when necessary. We can't opt out of authority and coercion in tragic situations where all the options are bad. And there are worse things than such coercion, such as a government letting hundreds of thousands die under the rubric of "herd immunity". The "libertarian" critique of Covid restrictions, especially on the Left, has been singularly obtuse and, for all its edge-glomming strut, incurious.

In that spirit, let me also say this. The UK is probably going to have to lockdown again. And, notwithstanding [declining tolerance](#) for such measures, most people [will probably support it](#). Given the failure to implement less severe restrictions earlier, given the failure to vaccinate the low-to-middle income populations, given the failure to reform infrastructure and social support to cope better, there is no realistic immediate alternative. The *only* alternative at this stage would be an NHS overwhelmed, renewed triaging of patients, and mass death overseen by a completely devastated health service staff.

The Omicron variant is incredibly infectious. The R number for it could be [between 3 and 5](#). It [evades immunity](#) from past infection and vaccinations, meaning we [can't rely on pharmaceutical interventions](#) to control its spread. It may or may not cause a lower case-to-fatality ratio. It may or may not be 'milder' than past variants, though that isn't borne out in [evidence](#) thus far. The government's scientists suggest that hospitalisations could peak at anything between 3,000 and 10,000 a day, with [anything between 600 and 6,000 deaths per day](#).

National lockdowns are indiscriminate, coercive, one-size-fits-all policies. They are brutal in their social and [psychological effects](#), especially on the young, and especially the longer they last. Like Covid-19 itself, they [disproportionately burden poorer workers](#), although that is partially contingent on the types of support provided. They are certainly not the only way to organise [non-pharmaceutical interventions](#). There is [evidence](#) that, depending on country-specific factors, such as age demographics, healthcare expenditure, public trust, and earliness of implementation, less coercive approaches can work in some conditions. (Though, frankly, anyone still lionising [Anders Tegnell and the 'Swedish Model'](#) at this point is committing an unforced howler.) Beyond that, I tend to sympathise with the [critics](#) who want to build mutualist and solidaristic alternatives.

But we are not in those conditions, and the burden of the [evidence shows](#) national lockdowns to be [quite good](#) at [suppressing mortality](#): including mortality associated with other diseases like influenza. Contrary to what you may have heard, [the cure is not worse than the disease](#). The disease is far, far worse.

Having underlined the tragic necessity of tragic policies in tragic situations, how do we keep being led into tragic situations? How do we develop an alternative that means we don't have to *demand*

measures that make our own lives temporarily worse? And what do we do with the danger, raised by [Reuben Bard-Rosenberg](#) and [James Meadway](#), that lockdown will stop being an emergency response forced last-minute on reluctant right-wing administrations and become the alternative to changing working practices, building ventilated schools, transforming transit and public space, and properly funding an NHS with a well-paid workforce and plenty of spare capacity?

Let me start with the obvious: the Tories' conduct of the pandemic does not simply reflect the interests of capital. The Conservatives are a party of capital. But capital, being always a 'band of warring brothers', doesn't come to the party with a prefabricated set of coherent interests, class-wide purview, and ideology. These things are partly formed in and through conservative politics (though not only conservative politics). They are constructed through political leadership, through media campaigns which mould elites, through lobbies and think-tanks which shape the range of policies, and through ideological projects which cement together large capitalist interests with those of medium-sized business owners, lone proprietors, affluent retirees, small town workers, etc.

That effort to construct and represent capitalist interests partly accounts for the outsized influence of individual billionaires, small-readership magazines like *The Spectator*, middlebrow apparatchiks like the dearly departed Cummings, digital platforms like the Brexit Party, and so on. The conflict between various establishment and engagé factions determines the drift of Conservative politics. But so, too, does the institutional framework of the British state, from the Treasury to Sage, itself formed by the pattern of intra-ruling class struggles and the effects of popular struggle.

The Johnson administration was elected with a big parliamentary majority to use Brexit as the platform through which to channel these conflicting energies, reorganise the power bloc dominating the British state, shake up the civil service, ramp up authoritarianism, roll back certain restrictions on capital accumulation and consolidate the popular basis for conservatism with investment funded by borrowing. It has struggled to adapt to the pandemic climate while maintaining its existing priorities and momentum. Hence the slew of resignations, lately including Sir David Frost, the short-termism, the head-in-the-sand denial and screeching u-turns from 'freedom' to last-minute lockdowns. Hence the [elite debacles](#). Hence also, perhaps, the recent flood of leaks and scandals in which sources and/or editors have suddenly revealed information of misbehaviour which they must have known about for some time.

Out of this interplay of forces, nonetheless, a project for the long-term has emerged. That is the project which I describe in today's *Novara* [essay](#): for a biosecurity state in which, as with the initial 'exit' plan, surveillance through apps and vaccine passports, targeted restrictions on movement and commerce, and circuit-breaker lockdowns, will be used to manage the effects of the pandemic without building up social solidarity or institutional capacity in the health service. This is a project for a more authoritarian British capitalism with an enhanced role for the state and a more individualised and docile workforce. This is not only congruent with the reproduction of a particularly brutal form of capitalism, but also with the broader authoritarian turn in border controls, anti-migrant violence, domestic racism and attacks on civil liberties. The Conservatives have demonstrated awareness of long-term planning for Covid politics, and made the response fit their own prior agenda, in a way that the opposition has not.

The opposition has been weak, reactive and short-termist. James Meadway is quite [hard](#) on left-wing, whom he says have failed to get ahead of the pandemic. I think we have to start, however, with the leadership of the Labour Party and its dominant forces. Starmer's single coherent project, and that of his closest advisors and the factions behind him, has been to prove his bona fides to conservative voters, the right-wing press and the Corbyn-phobic political establishment. On Covid-19, what little

he has said to distinguish himself from the government has been in assiduously depoliticised terms, focusing on competence and ethics. He has made Labour's position extremely parlous. It is doing well in recent polls, but the poor result in North Shropshire shows how weak that is. The result, far from being merely ascribable to a local pwogressive alliance, has to be seen in the context of a series of extremely bad results for Labour under Starmer's leadership, almost in every case worse than those established under Corbyn, and all reflecting an accelerating decomposition of Labour's funds and activist base. This is the primary reason why the Conservatives have not faced serious opposition.

What is true, however, is that the Left reborn after 2015 remained far too dependent, for organisation and initiative, on the Corbyn leadership and its institutional bases in the party and trade unions. It also remained committed to a policy orientation that was no less blown out of the water by Covid-19 than Brexit. When the plague struck, the demoralised Left hadn't much leadership capacity. Some of it had misplaced its hopes in Starmer, resulting in serial misjudgments and disappointments. Extra-Labour campaigning on Covid was largely restricted to a Zero Covid initiative supported by some decent left MPs, trade union bureaucrats, academics, student organisers and disease scientists. That option, Zero Covid, no longer exists. What remains is a vacuum of organisation on the Left. That is the problem we have to urgently address.

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• Patreon. 20 déc. 2021 at 21:20:

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