PANDEMIC UNPLUGGED: COVID-19, PUBLIC HEALTH AND THE PERSISTENCE OF NEOLIBERALISM

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The COVID-19 pandemic and its attendant political economic crisis has led myriad commentators to reflect on the vulnerability of conditions supporting neoliberalism – highlighting the folly of subsuming human life to a narrow economic calculus. Such observations have, of course, varied in their intensity and optimism as to the prospects for change. More critical analyses have merely noted the *possibilities* opened-up by state reactions to the crisis that focus less on 'how to *revive* the economy' and more squarely on 'how to further restrict it' (Gindin 2020). However, others have argued that neoliberalism is 'collapsing in real time', outpaced by the solidaristic actions taken by unions, charities and other community groups to prioritise human health during the crisis (*eg.* Monbiot 2020). At the most enthusiastic end, some have suggested that the very social-cultural basis for neoliberalism will be subject to historic transformation (*eg.* Lent 2020).

The tenor of these grander prognostications certainly arouses a sense of *déjà vu*. Recall the similarly palpable sense of excitement about the 'return of the state' and 're-regulation' of economic processes at the height of the Global Financial Crisis (GFC). Yet, the GFC did not instigate such a shift, instead resulting global intensification of institutionalised financialisation and austerity (Konings 2015). In the same vein, by focussing on the governmental politics of public health in Western countries, this article argues that the COVID-19 pandemic has not – and, likely, will not – foster a substantive shift away from neoliberalism. The public health policies

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implemented since the outbreak have not sought to redress the detrimental impact of four decades of neoliberalism on public health. Rather, they remain trapped within the political economic horizon of neoliberalism and will, ultimately, serve to augment its contradictory character.

The underlying conditions of austerity and inequality

The rapid emergence of any widespread illness, globally or locally, can expose socio-structural weaknesses in a glaring manner. As COVID-19 has spread globally, it must surely count as a stinging indictment of the varied forms of social austerity and healthcare economising characteristic of the diffusion of neoliberalism over the last four decades (Navarro 2020). Austerity has many layers, of course, but affected countries' healthcare systems have exhibited one largely common outcome: diminished capacity. Through the bulk of this epidemiological outbreak, in which mortality and hospitalisation figures have been the focus (actual seroprevalence remains uninvestigated), healthcare capacity emerged as the centre of national concern. From the outset, COVID-19 represented an impending crisis of capacity, as officials ratcheted up public health measures to protect explicitly against 'surges' of in-patient care. Dramatic pictures from Northern Italy validated these concerns, as overloaded care systems resulted in unnecessary and preventable deaths.

By considering such structural fears over a longer time frame, however, COVID-19 appears less as an 'exogenous shock' and more as a series of nationally generated policy failures. Periodic waives of austerity, aimed at clawing back the popular gains of the postwar era (Harvey 2010), have either reduced service delivery or rearranged its components for greater profitability. Italy, along with Spain, has been undertaking cutbacks at the behest of the European Union for a decade, eliminating 37 billion Euros from its healthcare system. In a country with the second oldest population in the world, this is a disastrous scenario, even without an unforeseen viral outbreak (Hallinan, 2020). In the United States, care capacity has been subjected to ongoing rounds of cost control for many more decades, as a highly segmented system of provision remains predominantly attuned to profit (Loeppky 2019). To the North, where a Canadian single-payer healthcare system should mitigate against such problems, cutbacks have been a regular occurrence since the mid-1990s. Hospital beds have declined from 7 to 2.5 per 1000 citizens (OECD 2018; Whiteside 2015).

Similar figures can be uncovered for most countries, and only where the trend lines differ significantly can we see better scenarios. Germany, for instance, where mortality rates are nowhere near those in Italy, Spain or the U.K., has demonstrated a stubborn unwillingness towards healthcare downsizing (Loeppky 2015; Pickard and Whitehead 2020).

Gross indicators on healthcare, however, cannot capture the full nature of this crisis, insofar as it is not only a consequence of diminished care, but also its unequal application. Even before it spread to pandemic proportions, SARS-CoV-2 was known to affect seniors disproportionately, raising both morbidity and mortality rates among the aged. Unfortunately, neoliberal public policy has long quarantined this population as an 'unproductive' element of society. Long-term and seniors' care were among the first on the chopping block in healthcare cuts, with public facilities transformed into 'social acccommodation' and subject to extensive cost control and privatisation (Daly 2007). The biomedical outcome of such political decisions has been to accelerate mortality, with extensive outbreaks in privatised institutions (OHC 2020). In fact, over half of deaths worldwide have occurred through long-term care homes, the overwhelming majority of which operate commercially (Connelly 2020). Importantly, this includes not only occupants but also low-paid healthcare and personal care workers, weakly supplied with protective equipment and unable to contain (and often inadvertently spreading) the illness.

The health outcomes of austerity are further made evident as illness disproportionately affects racialised, poor, and working classes, not afforded the luxury to withdraw from public interaction or even effectively social distance. With a far greater necessity to continue low-paid work, as well as a higher rate of underlying medical conditions, these populations are boxed into elevated risk. The ominous statistics emerging from US urban centres, including New York, Chicago, Detroit, Milwaukee and New Orleans, demonstrates once again that viruses, including SARS CoV 2, clearly discriminate on a racial and class basis (Aleem 2020). Where inequality is rampant, the long-term effects of crippled social supports and downward income pressure subject vulnerable populations to unnecessary fear and death. Such vulnerabilities cannot be seriously addressed in the midst of emergency—sadly, by the time of crisis, it is too late. But if this is not the time to reveal austerity and enforced inequality as the underlying dynamic of this pandemic, then no time will be.

Fighting a (neoliberal) war: The post-political response

If COVID-19 illustrates the pitfalls of neoliberalised public health systems and social inequalities outlined above, Western states have not reacted accordingly. Instead, state responses have encapsulated a post-political logic of governance, in which the neoliberal status quo has framed 'appropriate', primarily techno-managerial policies to mitigate its effects. In brief, 'post-politics' constitutes a governmental modality narrowing the political domain by foreclosing fundamental social antagonisms: eviscerating ideological contestation and social struggles under the deterministic economic imperatives of capital, in favour of consensual governance, techno-managerial planning and expert administration (Žižek 1999). While debate remains on contentious public issues, the social foundations of neoliberalism – and capitalism – are institutionally and discursively pacified and, thereby, pushed beyond the scope of political consideration (Wilson and Swyngedouw 2014; Swyngedouw 2018).

This post-political logic has played out through governmental responses framing the global health crisis primarily as a 'security' matter (Nunes 2020). Paralleling the securitised response to previous pandemics, such as Ebola and Swine Flu,[1] official narratives have articulated COVID-19 as an existential threat to the political economic order (Nunes 2016; Everts 2013). Here, the pandemic, '[l]ike an asteroid', constitutes 'an exogenous shock' – 'an unforeseen problem' coming 'out of nowhere' (Luce 2020; Trump 2020a). It must, thus, be contained and managed via emergency measures to secure this order (Buzan *et al.* 1998; Braun 2007).[2] This framing has been particularly evident in pervasive invocations of bellicose war metaphors to comprehend the crisis, articulated as the species engaged in a battle to contain the existential threat of an external 'Other': COVID-19. The humanitarian nature of this battle is made evident by WHO Director-General, Tedros Adhanom Ghebreyesus (2020), who casts the

[1] For excellent considerations of how the logic of securitisation has increasingly dominated global public health discourse since the late-1980s, see Rushton (2011, 2019).

[2] Similarly, Donald Trump (2020d) initially suggested that '[w]e're having to fix a problem that, four weeks ago, nobody ever thought would be a problem' and, later, that '[i]t's something that nobody expected' (Trump 2020b).

illness as 'an unprecedented threat' and 'opportunity to come together as one against a common enemy […] against humanity'.[3]

Reflecting the centrality of apocalyptic imaginaries to the new cultural politics of capitalism (Boltanski and Chiapello 2017; Badiou 2007), such representations posit COVID-19 as an existential threat able to be managed within the current system. Specifically, a securitised lens disavows political economy, and enables policy-makers to focus on the *immediate* imperative to contain the outbreak and minimise risk of further infection. Political energies are then channelled into managing the symptoms of the crisis rather than addressing its structural underpinnings. The reified interpretation of the coronavirus SARS-CoV-2 as an external, ecological 'intruder' (*eg.* Carlsson-Szlezak *et al.* 2020; Leduc and Liu 2020) or 'black swan event' (*eg.* Halliburton 2020; Heskett 2020), disrupting an otherwise healthy, rational economic system, has been fetishised to stand in as 'the problem' to confront. Concomitantly, its presentation as a universal threat – as has been declared *ad nauseum*, 'we are all in this together' – papers over the pre-pandemic health inequalities and social struggles exacerbated by neoliberalism (Ruccio 2020).

Together, these formulations have produced a thoroughly depoliticised political imaginary, grounded in 'an ecology of fear, danger and uncertainty while reassuring the 'people' […] that the technoscientific and socio-economic elites have the necessary tool-kit to readjust the machine such that things can basically stay as they are' (Swyngedouw 2010: 11). Political debate has centred on retrofitting the economy so that radical political economic transformation becomes unnecessary. The outbreak has brought into relief the processes of social reproduction necessary for the survival of capitalism (Bhattacharya 2017, 2020) – most obviously, by suspending social interactions integral to employment and consumption via enforced social distancing (Gindin 2020). Yet, the scope of this renewed focus remains temporary and limited. In the most extreme cases, exemplified in the US and UK, this logic has seen the state willing to risk extensive loss of life to enable resumption of regular economic processes in the midst of the pandemic (Knott 2020; Leake *et al.* 2020) – a case of

[3] Analogously, Trump (2020c) described himself as a 'war-time president' confronting an 'invisible enemy'. Media outlets have employed equally combative metaphors, with a headline in *Forbes* (Rapier 2020) affirming: 'COVID-19: "Our Generation's Great War"', while the *Globe and Mail* (Potter 2020) proclaimed that: 'We are at war with COVID-19. We need to fight it like a war.'

capitalism literally Trumping life! More generally, public health responses, even where effective, such as in Belgium and Germany, have largely centred on shoring-up national economic processes until the virus can be contained (Arruzza and Mometti 2020).

Simultaneously, in lieu of meaningful reforms, a techno-managerial public health politics administered by experts has focussed on modifying individual behaviour. Most notoriously, during the early stages of the outbreak in the UK and France, this manifested in libertarian-paternalist measures 'nudging' citizens toward more responsible health behaviour. Articulated in the work of Thaler and Sunstein (2008), 'nudging' policies utilise behavioural economics to steer individuals toward more 'rational' behaviour via psychological stimuli rather than regulation. In the UK, the government-established advisory body, the Behavioural Insights Team, convinced the state that prematurely quarantining individuals would engender 'behavioural fatigue' and loss of discipline when the epidemic reached its peak (Hutton 2020). In turn, the government favoured measures such as posters in toilets and television advertisements encouraging citizens to adopt 'barrier gestures' such as wearing protective masks, and practice good personal hygiene and social distancing.

While problematic in its own right, nudging also exemplifies the post-political implications of broader governmental responses focussing on individual behaviour modification (Primrose 2017; Sodha 2020). Mirroring official reactions to pandemics such as HIV/AIDS and Ebola (Hunsmann 2016; Nunes 2016), scapegoating 'irrational' or 'unhealthy' individual behaviour discounts the political economic reality that public health systems are in a weak position to respond. Governments may thereby avoid implementing more exhaustive social reforms – beyond self-quarantining – requested by the WHO (2020) to confront the crisis, such as establishing large-scale, systematic screening for the infection, training additional health personnel and constructing new health infrastructures. Concomitantly, individual behavioural strategies engender a form of ontological violence: working to foreclose universal demands for structural change based on re-politicising the social foundations of neoliberalism and their impacts on public health. Instead, they channel political activity toward more particular demands to ensure individuals function more effectively within the extant system (Žižek 1999). Greater individual rationality and resilience, rather than contesting neoliberalism, informs the politics of public health.

Lessons learned? The (weak) prospects for change

For political economists, the current global health and economic crisis surely questions the neoliberal tenets of the current capitalist order. It has brought into relief the sharp political variation that exist between different countries' economic policies related to growth and public health spending. In this sense, at least two questions emerge: 1) Will the neoliberal fixation with growth at all costs be altered by a new post-crisis reality of economic deceleration?; 2) Will the structure of both healthcare and public health be bolstered in the aftermath of this crisis? On current evidence, the prognosis on both of these matters is, to say the least, grim.

Prior to the crisis, concerns about 'secular stagnation' and the slowdown of neoliberal economic growth already existed (Gordon 2016; Kotz and Basu 2018; Vollrath 2020). Yet, in the midst of crisis, Western governments have proven uncharacteristically willing to adopt myriad 'exceptional' measures to alleviate social unrest and buttress economic activity through temporarily increasing national debt and injecting capital into the productive economy and credit systems, in conjunction with a selection of discretionary welfare expenditures. Such activities have already totalled around US$9 trillion globally, with over US$7 trillion in the US and EU alone (Battersby *et al.* 2020). Essentially, the measures implement a logic of Keynesianism-with-a-time-limit: being overwhelmingly provisional and able to be reversed without fundamentally disrupting the political horizon of neoliberalism.

Importantly, public funds have primarily been allocated to enabling firms to weather the emergency, albeit without attendant policies to salvage jobs and avoid layoffs – based on the problematic assumption that companies receiving the funds will defer layoffs and restore lost jobs once the crisis recedes (Arruzza and Mometti 2020). Certainly, talk of 'basic income programs' or 'greening the economy' as more palatable in the wake of the pandemic seem unlikely to materialise, despite the immediate notability of governmental largesse. For instance, while the EU agreed to suspend the Eurozone Stability Pact to allow expansionary fiscal policy, this remains strictly conditional, rather than setting a precedent for transitioning the Eurozone away from institutionalised austerity (Council of the EU 2020). Ultimately, as the ideological justification for capitalism, economic growth will remain the first priority in the post-crisis milieu of Western capitalism.

Worse still, the likelihood of stepped up austerity should not be underestimated, as this has consistently proven vital to neoliberal economic policy across the advanced capitalist world. Despite the magnitude of current governmental outlays, few resources have been devoted to boosting long-term healthcare capacity undermined by austerity policies, reversing the commodification of healthcare, or implementing broader measures beneficial for public health such as increasing provision of quality public housing or permanent free childcare. In all likelihood, as growth begins to accelerate post-crisis, the re-evaluation of public debt will be in full swing. In the US, this has already surfaced, as a Republican-controlled Senate has put the brakes on an aid package already passed by the Democrat-controlled House (Everett 2020). Accumulated debt and ongoing deficits will serve as the rallying point around which cutbacks in governmental spending will be rallied, especially in healthcare spending, where the historical rate of growth has for most of the last half century exceeded growth in national income (Baumol 2012). Add to this the above-mentioned public health model that pursues individual and population resilience over structural well-being and preparedness, and the lure of austerity only intensifies.

Critically, the future is not so distant, as a second wave of infections hangs in the air, and as the probability of future viral events has become part of the popular and political imaginary. However, even equipped with knowledge of such possibilities, it is altogether unlikely that societies will become structurally better prepared with healthcare investment; that workers – 'frontline' or otherwise – will perceive their workplace as safer or healthier; or that the gross inequality with which illness or disease navigates human populations will be mitigated in any serious manner. Instead, individuals, families, and workers will be entreated to modify their behaviour, absorb insecurity, and stand ready while governments steady the ship of capitalism for the next round of growth. Indeed, COVID-19 has portended great societal change – it is just not the change we need.

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