

COVID-19

A shock to the system

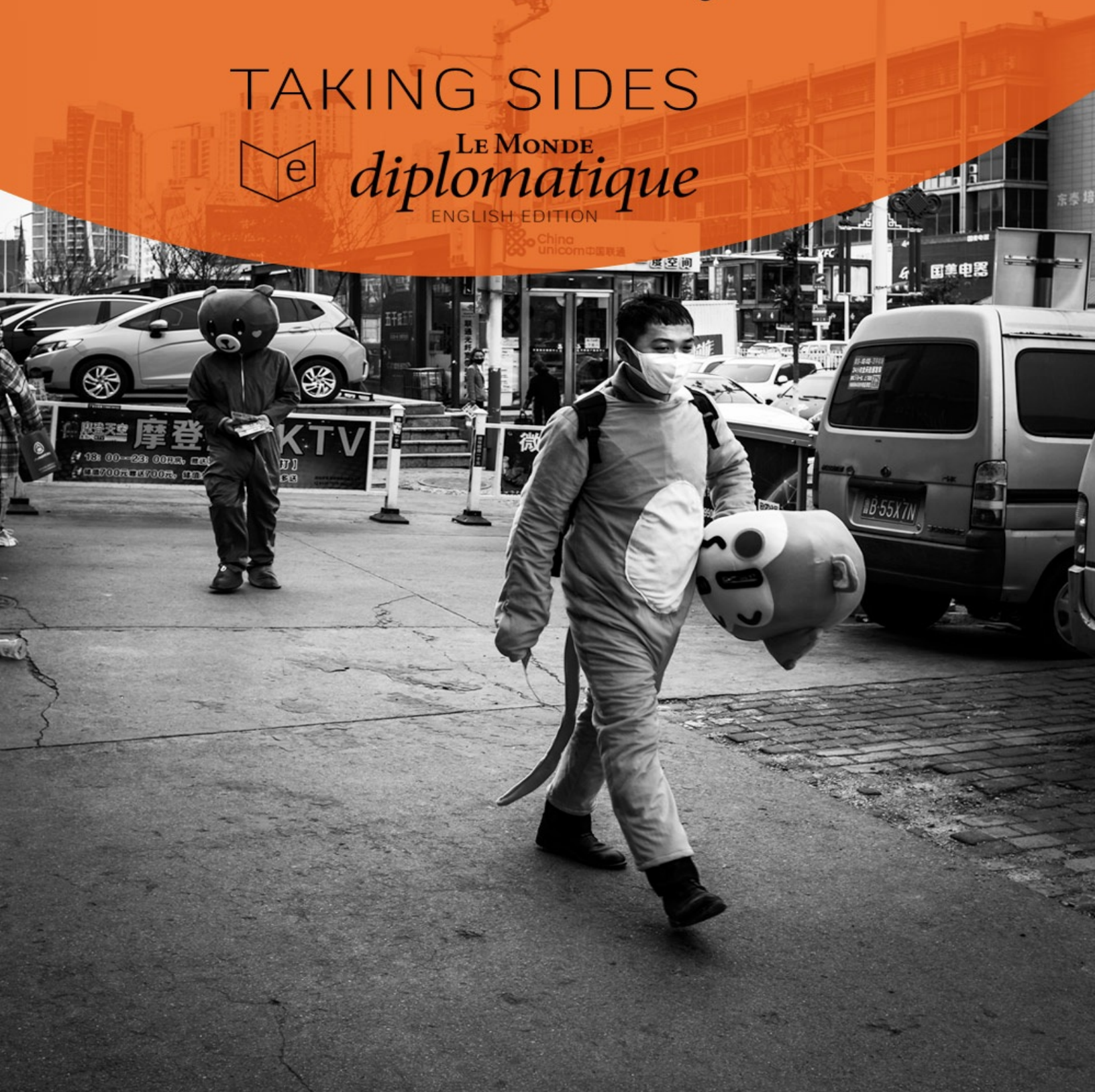
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COVID-19

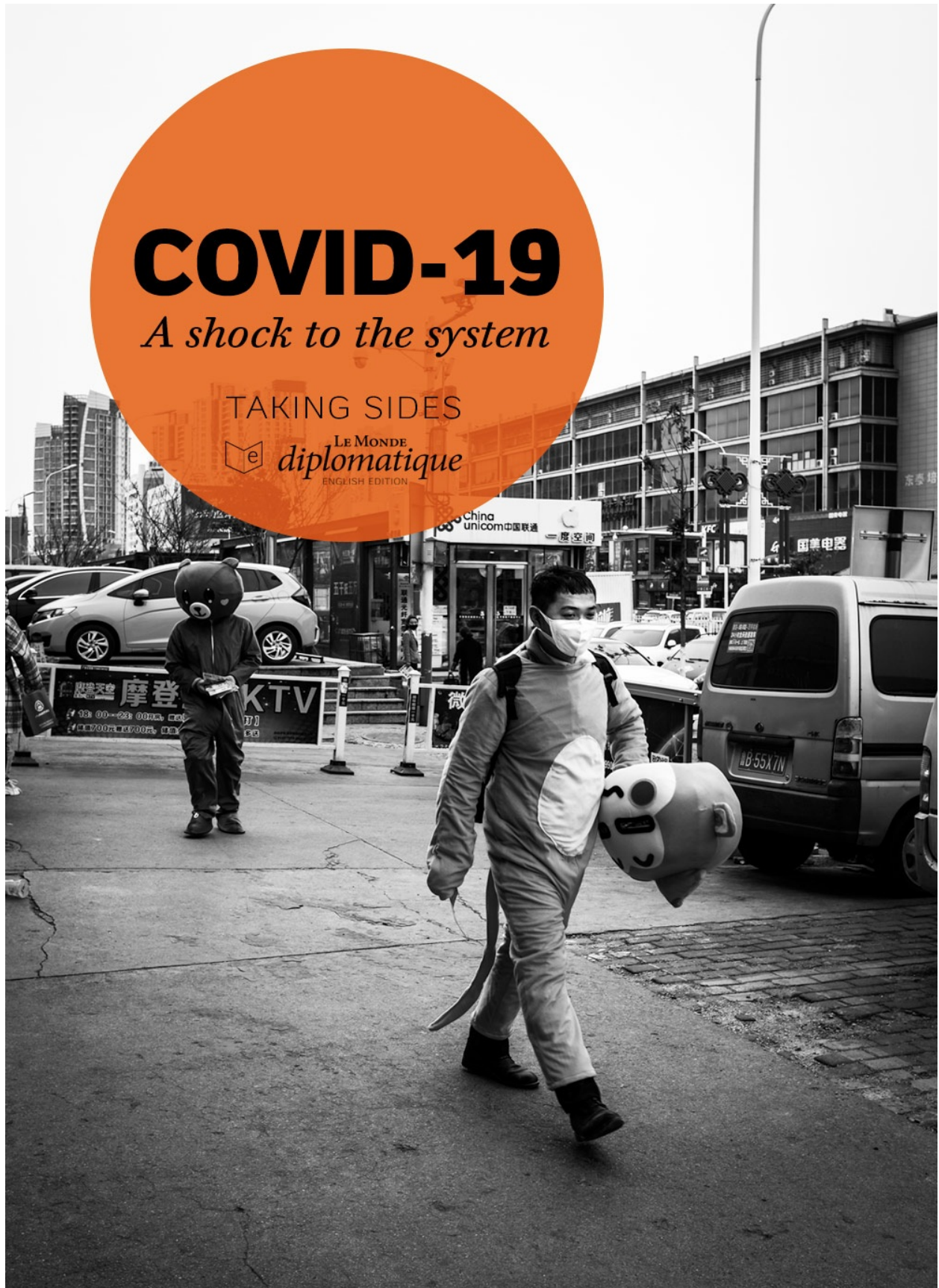
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Covid-19: a shock to the system

Naomi Klein first identified what she called ‘the shock doctrine’ – the exploitation of disasters to further neoliberal policy – in 2007. The same year the global banking system collapsed, and Klein’s thesis was demonstrated as politicians bailed out the banks at the expense of the taxpayer, then instituted years of punishing austerity. But neoliberal politicians do not always require a financial crisis or a 9/11 to impose their policies; moreover, some moments of acute crisis, like the end of the second world war, have led societies to reassess their values and prioritise the welfare of their citizens.

The Covid-19 pandemic demonstrates the lasting consequences of cutbacks, privatisation and globalisation on healthcare. Political decisions have been central in shaping this tragedy — from the destruction of animal habitats, to the asymmetric funding of medical research, to the management of the crisis itself. They will also determine the world into which we all emerge after the worst is over.

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The microbes, the animals and us

SONIA SHAH • MARCH 2020

The novel coronavirus came out of a ‘wet market’ in Wuhan. We don’t know its animal origin, but we do know that if we protect wildlife habitats, animal microbes are less likely to cross over into humans.

UK risked all on virus experiment

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Covid-19 revealed that some governments already had a health strategy based on risking, even losing, some of their citizens' lives to preserve the national economy. The UK tried for a while to implement it.

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ACCELERATING HABITAT LOSS BEHIND COVID-19

The microbes, the animals and us

The novel coronavirus came out of a 'wet market' in Wuhan. We don't know its animal origin, but we do know that if we protect wildlife habitats, animal microbes are less likely to cross over into humans.

SONIA SHAH, MARCH 2020



Repeated close contact makes it easier for animal microbes to cross over to humans
China Photos · Getty

It could have been a pangolin. Or a bat. Or, as one later-debunked theory suggested, a snake. The race is on to identify the animal source of Covid-19, the coronavirus that now holds several hundred million people in quarantines and *cordons sanitaires* in China and elsewhere. The animal origin of the disease is a critical mystery to solve. But speculation about which wild creature originally harboured the virus obscures a more fundamental source of our growing vulnerability to pandemics: the accelerating pace of habitat loss.

Since 1940, hundreds of microbial pathogens have emerged or re-emerged into territory where they've never been seen before. They include HIV, Ebola in West Africa, Zika in the Americas, and many novel coronaviruses. The majority, 60%, originate in the bodies of animals. Some come from pets and livestock. Most, more than two thirds, originate in wildlife.

That's not the fault of wild animals. Although stories illustrated with pictures of wild animals as 'the source' of deadly outbreaks might suggest otherwise (1), wild animals are not especially infested with deadly pathogens poised to infect us. In fact, most of these microbes live harmlessly in animals' bodies. The problem is that cutting down forests and expanding towns, cities and industrial activities creates pathways for animal microbes to adapt to the human body.

Wild species face extinction

Habitat destruction threatens vast numbers of wild species with extinction (2), including the medicinal plants and animals we've historically depended upon for our pharmacopeia. It also forces wild species that hang on to cram into smaller fragments of remaining habitat, increasing the likelihood that they'll come into repeated,

intimate contact with the human settlements expanding into their habitat. It's this kind of repeated, intimate contact that allows the microbes that live in their bodies to cross over into ours, transforming benign animal microbes into deadly human pathogens.

Cutting down forests forces bats to roost in trees in backyards and farms, increasing the likelihood of a human taking a bite of fruit covered in bat saliva

Consider Ebola. According to a 2017 study, Ebola outbreaks, which have been linked to several species of bat, are more likely to occur in places in Central and West Africa that have experienced recent deforestation. Cutting down forests forces bats to roost in trees in backyards and farms, increasing the likelihood that a human might take a bite of fruit covered in bat saliva, or hunt and slaughter a bat, getting exposed to the microbes sheltering in its tissues. Such encounters allow a host of viruses carried harmlessly by bats, including Ebola, Nipah (notably in Malaysia and Bangladesh) and Marburg, to slip into human populations. When 'spillover' events happen frequently enough, animal microbes can adapt to our bodies and evolve into human pathogens.

Mosquito-borne disease outbreaks have similarly been linked to the felling of forests (3), although less because of the loss of habitat than its transformation. As tree leaf litter and roots disappear, water and sediment flow more readily along the barer forest floor, newly open to shafts of sunlight. Malaria-carrying mosquitoes breed in the sunlit

puddles. A study in 12 countries found that mosquito species that carry human pathogens are twice as common in deforested areas as in intact forests.

Habitat destruction also scrambles the population sizes of different species in ways that can increase the likelihood that a pathogen will spread. West Nile virus, carried by migratory birds, is one example. Squeezed by habitat loss and other affronts, bird populations in North America have declined by more than 25% over the last 50 years (4). But species don't decline at a uniform rate. Specialist species, like woodpeckers and rails, have been hit harder than generalists like robins and crows. That increases West Nile virus in bird flocks because, while woodpeckers are poor carriers of the virus, robins and crows are excellent carriers. It gets every more likely that a local mosquito will bite a West-Nile-virus infected bird and then a human (5).

Spread of Lyme disease

The expansion of suburbs into the US northeastern forest increases the risk of tick-borne disease by driving out creatures such as opossums, which help control tick populations, while improving conditions for species like white-footed mice and deer, which don't. Tick-borne Lyme disease first emerged in the US in 1975; in the past 20 years, seven new tick-borne pathogens have followed (6).

It's not only habitat destruction that increases the risk of disease emergence; it's also what we're replacing wild habitat with. To sate our carnivorous appetites, we've razed an area the size of Africa (7) to raise animals to eat. Some of these are delivered through the illicit wildlife trade or sold in 'wet markets', where wild species that would

rarely if ever encounter each other in nature are caged adjacent, allowing microbes to jump species. This process begot the coronavirus that caused the 2002-03 SARS epidemic and possibly the novel coronavirus stalking us today.

Many more animals are reared in factory farms, where hundreds of thousands await slaughter, packed close, providing microbes with lush opportunities to turn into pathogens. Avian influenza viruses, which originate in the bodies of wild waterfowl, rampage in factory farms packed with captive chickens, mutating and becoming more virulent, a process so reliable it can be replicated in the laboratory. One strain called H5N1, which can affect humans, kills more than half of those infected. Tens of millions of poultry had to be slaughtered to contain another strain, which reached North America in 2014 (8).

The avalanche of excreta produced by our livestock introduces yet more transference opportunities. Because animal waste is far more voluminous than croplands can possibly absorb as fertiliser, it is collected in many places in unlined cesspools called manure lagoons. Shiga-toxin producing *Escherichia coli*, which lives harmlessly inside the guts of over half of all cattle on American feedlots, lurks in that waste (9). In humans, it causes bloody diarrhoea and fever and can lead to acute kidney failure. Because cattle waste so often sloshes into food and water, 90,000 Americans are infected every year.

This process of transforming animal microbes into human pathogens is accelerated today, but it began with the Neolithic revolution, when humans first cleared wildlife habitat to make way for crops and domesticated wild animals. The ‘deadly gifts’ from our ‘animal friends’, as Jared Diamond put it, include measles and tuberculosis from cows, pertussis(whooping cough)from pigs, and influenza from ducks.

The process continued during the era of colonial expansion. Belgian colonists in Congo built the railways and cities that allowed a lentivirus in local macaques to adapt to the human body; British colonists in Bangladesh cut down the Sundarbans wetlands for rice farms, exposing humans to bacteria from the wetlands' brackish waters. The pandemics those intrusions created plague us to this day. The macaques' lentivirus evolved into HIV. The bacteria of the Sundarbans, now known as cholera, have caused seven pandemics so far, the latest in Haiti, just a few hundred miles off the coast of Florida.

What we can do

The good news is that, because we are not passive victims of animal microbes invading our bodies but fully empowered agents who turn harmless microbes into pandemic pathogens, there's much we can do to reduce the risk that these microbes emerge. We can protect wildlife habitats, so that animal microbes don't cross over, an approach championed by the One Health movement (10).

Larry Brilliant once said that 'outbreaks are inevitable, but pandemics are optional.' But they only remain optional if we have the will to disrupt our politics as readily as we disrupt nature and wildlife

We can actively surveil places where animal microbes are most likely to transform, hunting for ones that show signs of adapting to the human body — and squelching them before they cause epidemics. For 10 years, scientists funded by the USAID's Predict programme did that, pinpointing more than 900 novel viruses that emerged from changed habitats around the world, including new strains of SARS-like coronaviruses (11).

Today, the shadow of the next pandemic looms, and not just because of Covid-19. In the US, Donald Trump's administration has liberated extractive industries and industrial development from environmental and other regulatory constraints, which will accelerate habitat destruction. In October 2019 the administration ended the Predict programme, reducing the ability to pinpoint the next spillover microbe and contain it when it starts to spread. Officials reportedly felt 'uncomfortable funding cutting-edge science'. In early February, the US proposed cutting funds to the World Health Organisation too, by 53%.

The epidemiologist Larry Brilliant once said that 'outbreaks are inevitable, but pandemics are optional.' But pandemics only remain optional if we have the will to disrupt our politics as readily as we disrupt nature and wildlife. In the end, there is no real mystery about the animal source of pandemics. It's not some spiky-scaled pangolin or furry flying bat. It's populations of warm-blooded primates: the true animal source is us.

Sonia Shah

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forthcoming June 2020). This article was first published in *The Nation*, New York.

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- (1) Kai Kupferschmidt, ‘This bat species may be the source of the Ebola epidemic that killed more than 11,000 people in West Africa’, *Science*, Washington DC/Cambridge, 24 January 2019.
- (2) Jonathan Watts, ‘Habitat loss threatens all our futures, world leaders warned’, *The Guardian*, London, 17 November 2018.
- (3) Katarina Zimmer, ‘Deforestation tied to changes in disease dynamics’, *The Scientist*, New York, 29 January 2019.
- (4) Carl Zimmer, ‘Birds are vanishing from North America’, *The New York Times*, 19 September 2019.
- (5) BirdLife International, ‘Diversity of birds buffer against West Nile virus’, *ScienceDaily*, 6 March 2009.
- (6) ‘Lyme and other tickborne diseases increasing’, Centers for Disease Control and Prevention, 22 April 2019 .
- (7) George Monbiot, ‘There’s a population crisis all right. But probably not the one you think’, *The Guardian*, 19 November 2015.
- (8) ‘What you get when you mix chickens, China and climate change’, *The New York Times*, 5 February 2016. Avian influenza affected French farms during winter 2015-16, and according to the agriculture ministry there is a risk this winter to poultry from Poland.
- (9) Cristina Venegas-Vargas et al, ‘Factors associated with Shiga toxin-producing Escherichia coli shedding by dairy and beef cattle’, *Applied and Environmental Microbiology*, vol 82, no 16, Washington DC, August 2016.
- (10) Predict Consortium, One Health in Action case study booklet, EcoHealth Alliance, New York, October 2016.
- (11) ‘What we’ve found’, One Health Institute.

HOW LIBERTARIAN JOHNSON MOVED TO LOCKDOWN

UK risked all on virus experiment

Covid-19 revealed that some governments already had a health strategy based on risking, even losing, some of their citizens' lives to preserve the national economy. The UK tried for a while to implement it.

THÉO BOURGERON, APRIL 2020



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UK prime minister Boris Johnson announced on 12 March a government strategy that was risky at best. As it was no longer possible to contain the spread of the virus, rather than impose radical lockdown measures as in Italy, Spain and some Asian countries, the UK would aim to ‘reduce the peak [of infection], not suppress it completely’ so as to ‘build up some kind of herd immunity’ in the population (1): there would be no home confinement, no school closures, and no ban on mass gatherings, notably football matches.

The government’s expert advisors, not knowing exactly what proportion of the population would need to be infected to achieve herd immunity and stop spread of the virus, suggested a worst-case scenario of 80%. Once herd immunity was achieved, the UK could again prosper on the international stage without fear of further outbreaks. But Johnson admitted in his announcement that ‘many more families [would] lose loved ones before their time.’ Up to 500,000 people might die (2).

Under pressure from the World Health Organisation (WHO), public opinion and many in the scientific community, Johnson eventually modified his policy. On 16 March he advised against attending mass gatherings and asked anyone with Covid-19 symptoms to self-isolate, though without significantly changing his position that the epidemic was inevitable. On 23 March, after widespread flouting of government requests for (physical) social distancing and with some London hospitals already at saturation point, he finally decided to impose a nationwide lockdown.

From a scientific viewpoint, the UK’s initial approach was not unreasonable. Rather than seeking to eradicate the epidemic, it aimed to control the spread of the virus through the population by concentrating infection among the least vulnerable and asking those most at risk, the elderly and those with underlying health conditions,

to self-isolate for a long period; the immunity acquired by those less at risk would then protect the vulnerable.

Concern about 'social fatigue'

Though only the British dared to set it out in such bald terms, others have contemplated this approach. When Dutch prime minister Mark Rutte said he expected a large part of the population of the Netherlands would eventually catch the virus, he meant the same thing. The US effectively took the same approach during the first phase of the epidemic: in mid-March, when the SARS-CoV-2 virus, which causes the Covid-19 disease, was already spreading across the US and the majority of cases could no longer be traced to an identifiable source, the federal government had adopted only minor or symbolic measures, such as banning flights from high-risk countries, leaving each state or municipality to manage its own risk. Nearly 27.5 million people in the US have no health insurance and the average cost of a hospital stay is over \$4,000 per day. France's strategy was not significantly different until tighter social distancing measures were announced on 12 March.

The British approach, however, stemmed from a libertarian stance, a neoliberal vision of the scheme of things. Patrick Vallance, former president of R&D at pharmaceutical giant GlaxoSmithKline (GSK) and now chief scientific advisor to the government, said that, in an open world with unequal healthcare systems, the coronavirus would inevitably continue to spread and might even become seasonal. Though the virus could be totally contained by drastic measures like those used in China, it was inconceivable for a country like the UK to tolerate a lockdown lasting more than a few weeks, let alone longer lockdowns repeated in consecutive years.

Vallance's statement was based on the concept of 'social fatigue' formulated by the Behavioural Insights Team or 'Nudge Unit', set up by David Cameron in 2014 to introduce behavioural science into government decision-making (3), and strengthened by the influence of Boris Johnson's special advisor, Dominic Cummings, a fervent admirer of behavioural economics. Strict lockdown measures would be not only detrimental to the economy, but socially intolerable in the long term. Vallance believed the victory of Asian countries (China, Singapore) over SARS-CoV-2 through a travel ban was illusory. As soon as those countries were again open, which the British experts regarded as essential for a society to flourish, new centres of infection would appear, requiring further costly lockdown measures; indeed, China is now 'importing' new cases of Covid-19 from Europe (4). The only solution was to allow the virus to spread, but to slow its pace.

Over the last few decades, neoliberal globalisation has developed rules and institutions, among them the WHO, for international coordination on epidemics. The WHO advocates a global approach, with 'open' management of the spread of the virus: it is in favour of locking down cities and regions in countries that are affected, but against closing national borders (counterproductive because it is not 100% effective and hinders contact tracing) and embargos on medical materials (which lead to surpluses in countries that are expecting an epidemic and shortages in countries already affected). The WHO is the core of a system for managing epidemics in a world made up of supposedly cooperative countries.

The virus could be contained by drastic measures like those used in China, but it was inconceivable for a country like the UK to

tolerate a lockdown of more than a few weeks

But some western countries have now broken away from the multilateral international system of the 1990s and 2000s. A key example is the US: it is hard to apply WHO rules to a country like Iran when it is under US sanctions and forced to trade with China to survive, and when even its right to humanitarian aid is being challenged (5). Yet allowing this regional power with a population of 81 million to become a hotbed of Covid-19 would condemn both Europe and Asia to repeated further outbreaks.

'The virus will inevitably spread'

The UK doctrine represents a new stage in the neoliberal approach to epidemics. Developed between 2010 and 2017 on the basis of several Department of Health and Social Care and National Health Service (NHS) reports, it is backed by researchers in medicine and epidemiology, social psychologists and behavioural scientists on the Scientific Pandemic Influenza Advisory Committee. From studies of the major influenza pandemics of the 20th century, it concludes that the UK's economic links with the rest of the world make it impossible to contain a pandemic: 'Modern mass global transit also affords opportunities for the virus to be rapidly spread across the world ... This means that it almost certainly will not be possible to contain or eradicate a new virus in its country of origin or on arrival in the UK. The expectation must be that the virus will inevitably spread and that any local measures taken to disrupt or reduce the spread are likely to have very limited or partial success ... and cannot be relied on as a way to "buy time" (6).' This means the government has no choice but to

allow the virus to spread through the population, while trying to flatten the infection peak and ensure effective communication to avoid panic.

This policy allows the UK to quickly resume its place on the international stage, but forces its partners to accept the spread of the virus. Unsurprisingly, the WHO and European Union are highly critical (7). But the UK strategy did not come out of the blue: it is a result of the development of radically individualist health doctrines within the ideological corpus of rightwing governments, especially in the UK and US. Many commentators note how, over the last decade, the ideological centre of gravity of the UK Conservative party has gradually shifted from the centre-right towards the position of the radical right thinktanks, often eurosceptic, climate-sceptic and libertarian, that have been based in Tufton Street, Westminster, since the Thatcher era.

Well before the coronavirus crisis, and despite the resurgence of measles epidemics in the UK, these institutions were recommending that the government abandon its policy of compulsory vaccination against childhood diseases. Some felt the herd immunity achieved with optional vaccination was already good enough (8); others proposed to replace it with free market mechanisms. The Adam Smith Institute suggested that parents be paid to have their children vaccinated in the name of ‘internalising externalities’ — that society should offer financial payment for the health benefits that it draws from the individual behaviour of vaccination (9).

UK government finally backed down

During the epidemic’s Chinese phase, many neoliberal journalists

looked forward to the crisis demonstrating the superiority of western neoliberalism to Chinese authoritarianism. In February, France Culture journalist Brice Couturier saw it as ‘Xi Jinping’s Chernobyl’, which would discredit the Chinese Communist Party as Chernobyl had discredited the Soviet Union (10). These commentators saw the crisis as an opportunity for a full-scale experiment in economics. The control group — China, Hong Kong and Singapore — would use the classic state-led solutions of compulsory confinement and internal and external travel bans until the virus was eradicated from their territories; the treatment group — western countries, especially the UK — would adopt solutions based on state-organised laissez-faire without closures or lockdowns, based on channelling infection towards the least vulnerable groups. At the end of the experiment, these two models would be assessed in terms of deaths, bankruptcies and percentage points lost from GDP: a natural experiment with an exorbitant price of hundreds of thousands of lives.

It will take more than a couple of weeks to exit from neoliberalism, and the emergency production of medical services and food necessary for survival must rely on the economic infrastructure established over the last 40 years

The UK government finally backed down. Responses to the crisis are subject to the limits of the production structure. Over the last four decades, European businesses have pursued zero-inventory

management and just-in-time production in order to gain a few points of return on capital and maximise shareholder value; now they face a collapse of supply chains. Governments, forced into fiscal competition, have cut back on spending. Public services and hospital beds have been 'optimised', as have strategic inventories; France faced the start of the pandemic on its territory with zero stock of FFP2 face masks.

Are countries that experienced the shift to neoliberalism in the 1980s economically capable of organising a lockdown on Chinese or Singaporean lines? There was some surprise when French president Emmanuel Macron talked simultaneously on March 12 about defending society's most vulnerable and supporting businesses. But the fact remains it will take more than a couple of weeks to exit from neoliberalism, and the emergency production of medical services and food necessary for survival must rely on the economic infrastructure established over the last 40 years.

The huge suffering caused by this pandemic is also stirring rebellious feelings. The hundreds of thousands of deaths the epidemiologists expect, and the loss of many loved ones, as in Johnson's warning, could lead to serious unrest. The epidemic caused major protests in China, with a surge in online political debate, barricaded roads in Hubei province and Hong Kong residents protesting against mainland Chinese nationals moving into their territory. Just as free trade created huge social tensions in the UK in the 19th century (11), the perception that Covid-19 is spreading uncontrolled makes people very anxious.

Surveys show public opinion is pressuring governments to adopt stricter social distancing measures, not the reverse. A recent survey in the UK showed 41% of people felt the government was not taking strong enough action, while only 12% felt it was (12). In France, social distancing measures such as school closures have huge public support,

and the least well received of the 12 March measures was the decision to keep public transport running. If the new health strategies outlined in this article were implemented, we could expect popular reaction on a scale reflecting the sufferings endured.

Governments should not be given more latitude than they already have been. In this crisis, they are caught up in the conflict between the production structures of their country and the sufferings caused by the pandemic. We are not seeing political choices, but an approach to dealing with extreme events in the late phase of neoliberalism that is just beginning. The UK strategy on Covid-19 was only a strategy: under pressure from public opinion, the Johnson government retreated. Strategies may not be infallible, but neither are they mere fantasies: they reveal how a regime's thinkers look for solutions to save the regime from its contradictions and crises, though without asking if a regime that calls for inhuman solutions is worth saving.

Théo Bourgeron

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- (1) 'Coronavirus: science chief defends UK plan amid criticism', *The Guardian*, London, 13 March 2020.
- (2) 'Johnson under fire as coronavirus enters dangerous phase', *Financial Times*, London, 12 March 2020.
- (3) Tony Yates, 'Why is the government relying on nudge theory to fight coronavirus?', *The Guardian*, 13 March 2020.
- (4) See Shivani Singh and Winni Zhou, 'China's imported coronavirus cases rise as local infections drop again', *Reuters*, 14 March 2020.
- (5) See Eli Clifton, 'Amid coronavirus outbreak, Trump-aligned pressure group pushes to stop medicine sales to Iran', *The Intercept*, 05 March 2020.

- (6) 'UK Influenza Pandemic Preparedness Strategy 2011', Department of Health, London, 2011.
- (7) George Parker and Laura Hughes, 'Johnson set to ramp up UK response to coronavirus', *Financial Times*, 15 March 2020.
- (8) Len Shackleton, 'Compulsion is not the answer to the recent fall in vaccination uptake', Institute of Economic Affairs, London, 9 October 2019.
- (9) Sam Bowman, 'A neat solution to the vaccine problem', Adam Smith Institute, London, 18 February 2015.
- (10) Brice Couturier, 'L'épidémie de coronavirus peut-elle être le Tchernobyl de Xi Jinping?' (Could the coronavirus epidemic be Xi Jinping's Chernobyl?), *Le Tour du Monde des Idées*, 10 February 2020.
- (11) Karl Polanyi, *The Great Transformation*, Farrar and Rinehart, New York, 1944.
- (12) Toby Helm, 'Only 36% of Britons trust Boris Johnson on coronavirus, polls find', *The Guardian*, 14 March 2020.

QUARANTINE ISN'T THE ONLY WEAPON

Putting profit before healthcare

Germany is testing half a million people a week while France only tests those with severe symptoms. Has big pharma's pursuit of profit left a nation woefully under-equipped?

QUENTIN RAVELLI, APRIL 2020



Urgent: producing test kits for Covid-19 at SD Biosensor in Cheongju, Korea, March 2020

Ed Jones · AFP · Getty

As stock markets plummeted in March, shares in pharmaceutical company Gilead Sciences rose by 20% on the news of clinical trials of their antiviral remdesivir for the treatment of Covid-19. Inovio Pharmaceuticals gained 200% after they announced an experimental vaccine, INO-4800. Alpha Pro Tech, which makes protective masks, gained 232%. And shares in Co-Diagnostics rose 1,370% on the announcement of a test kit for the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) which causes Covid-19.

How can some people be getting rich in the current chaos while there are not enough protective masks even for doctors and other essential care workers, and diagnostic tests are still unavailable to most people three months into the pandemic? Why are these tests at the centre of the debate in South Korea, Germany, Italy, the US and Australia, but avoided in France, whose top health official, Jérôme Salomon, only envisages their mass use ‘at the end of confinement’? Contrary to the French government’s statements, quarantine is not the only weapon in this war; how we organise our society and economy matters too. This is a crisis of health, research and production policy, and the pharmaceutical industry is central to it, though carefully kept out of the public debate.

In recent weeks, the pandemic has revealed the cracks in a social model founded on the belief that healthcare should yield profits, a belief used to justify ever more stringent budget cuts for staff and patients. In France, where ICU beds and A&E departments are at capacity and the Inter-Urgence collective has been campaigning for more resources for months, health professionals are now having to make desperate choices between care which is vital — with ever fewer treatments on that list — and a growing number of treatments that must be sacrificed. In places such as Alsace, resource shortages are already forcing life-and-death decisions. By 22 March 271 people had died in eastern France, while just across the Rhine in Baden-

Württemberg, where the population is twice as large and the virus longer established, only 23 had died. Why?

Pandemics may be unpredictable, but it is possible to act pre-emptively and steer research on the basis of an integrated vision of science, ecology and medicine

One answer is the pharmaceutical industry's highly political position in the French healthcare system. The industry produces the tools that enable virus testing, vaccination and treatment. France is desperately short of test kits, which use a polymerase chain reaction (PCR) to identify the virus by rapidly multiplying its DNA or RNA, and yet they are easy to produce. Many companies have entered this huge, erupting market: Abbott, Qiagen, Quest Diagnostics, Thermo Fisher, Roche, BioMérieux. The technology is inexpensive at around €12 (\$13.40) for a kit that sells for €112 (\$125) in France, where patients pay half that cost. But the technology can be subject to prohibitive pricing agreements in a market monopolised by a few large companies, such as Abbott and Roche, which sell local labs technological platforms at exorbitant cost (1).

South Korea's drive-through testing

Even acknowledging these economic limitations, why had France done only half as many tests per million inhabitants as Iran or Austria by 20 March? With fewer than 40,000, it lagged far behind South Korea

(316,644), Germany (167,000), Russia (143,619) and Australia (113,615) (2). South Korea has set up drive-through testing and booths with built-in rubber gloves where medics collect swabs from behind a sheet of glass. Its systematic testing followed by contact-tracing for every Covid-19-positive patient has made it possible to break the chain of transmission by isolating the right people. So confinement measures there are far less restrictive, death rates among patients lower, and the fatalities much lower than in France, despite South Korea's proximity to China, where the virus began.

Testing is one blind spot in France's approach to the epidemic. There is a related complication: the shortage of reagents, the essential chemical components of tests that establish the presence of the virus. There is little publicly available information about these, where they come from, what their function is, or how much they really cost. Why not end all secrecy, suspend patents for their composition, and tell the public where they come from and how they are made?

The second essential weapon is a drug that will cure Covid-19. According to a Chinese government statement, favipiravir, the active ingredient in the anti-flu medicine Avigan produced by the Japanese company Fujifilm, has given 'very good results' against the virus by accelerating recovery. Kevzara, a monoclonal antibody inhibitor that blocks Interleukin-6 (IL-6) receptors and is used to treat rheumatoid arthritis, has been evaluated by a partnership of Sanofi and Regeneron and may reduce lung inflammation in severe cases. This emergency repurposing of existing treatments reveals an absence of proper health planning and shows how feverish opportunism has replaced industrial policy.

The argument that pandemics are impossible to predict and research will always be on the back foot does not hold up: pandemics may be unpredictable, but it *is* possible to act pre-emptively and steer research

on the basis of an integrated vision of science, medicine and ecology. Such research cannot be a short-term quest for profits. It needs to be long-term and to meet the population's needs, and in structural terms that is not where the money is: 17% of the world's population uses 85% of all medicines, and there is more research into drugs for depression and obesity than treatments for infectious diseases, though those are the biggest killers globally.

When crises occur, this imbalance creates aberrant situations. The third essential weapon, vaccines, provides many examples. President Donald Trump, perhaps with an eye on future election, tried to buy the patent for a vaccine against coronavirus from German company CureVac exclusively for US use, provoking a flat refusal from Angela Merkel and an instant €80m (\$89m) grant for the company from the EU. This haste reveals a truth about the pharmaceutical industry: research priorities are governed by financial incentives and the quest for patents, so major companies cut investment in essential medical areas, including infectious diseases, both bacterial and viral. And even when there is research, it's too slow to be properly responsive: the Modern Therapeutics company, considered likely to be first to develop a vaccine, will not be able to bring it to market for several months, though this did not prevent an uptick in its share price when it announced its plans.

Being able to establish who actually has the virus would remove uncertainty and reduce demand on the emergency services and the need for lockdowns. Isolation and confinement would be proportionate to the true spread of the virus and not to hypothetical risk calculations, which can lead to people getting tired of government restrictions, and defying them.

How can some people be getting rich in the current chaos while there are not enough protective masks even for doctors and other essential care workers, and diagnostic tests are still unavailable to most people three months into the pandemic?

Mass testing would also be democratic healthcare. But that presupposes planning, or state control of the pharmaceutical industry, so it would be hard to implement in a capitalist system based on profit. There is already class discrimination: by mid-March, 18 French parliamentarians and two ministers had been tested, though all but one said they felt in good health; for the rest of the population testing has been limited to the most severe cases. Social inequalities in healthcare provision are real, and testing has become a class privilege.

Public research funding does not make up for the deficiencies of corporate funding. Projects that run for years are often abruptly terminated by budget cuts. On 4 March researcher Bruno Canard, an expert on RNA viruses (those, such as SARS-CoV-2, with ribonucleic acid genetic material), wrote, ‘In 2006, politicians’ interest in SARS-CoV disappeared; no one knew if it would return. Europe withdrew from big foresight projects, ostensibly to satisfy the taxpayer. Now, when a virus emerges, researchers are called on to mobilise quickly and find a solution overnight. Five years ago, we and colleagues from Belgium and the Netherlands sent letters to the European Commission, saying that we had to pre-empt’ (3). Canard insists that ‘fundamental science is our best insurance against epidemics’ (4),

though some branches of bacteriology and virology get meagre funds for applied pharmaceutical research or fundamental microbiology.

The French National Research Agency's €3m (\$3.35m) 'flash appeal' looks derisory, after years of declining investment and other similar epidemics. After the coronavirus that caused MERS (Middle East Respiratory Syndrome) in 2015, and SARS in 2003, which began in China infecting 8,096 people in 30 countries and killing 774, South Korea eventually re-orientated its public health policy and did the groundwork for its current interventions. But for governments to act, the trauma has to be deep and repeated, and even then amnesia often wins.

Quentin Ravelli

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- (1) Press release, Observatoire de la Transparence dans les Politiques du Médicament, 18 March 2020.
- (2) Esteban Ortiz-Espina and Joe Hasell, 'How many tests for Covid-19 are being performed around the world?', *Our World in Data*, 20 March 2020, ourworldindata.org/.
- (3) Bruno Canard, 'Coronavirus: la science ne marche pas dans l'urgence!' (Coronavirus: science can't do emergency response), Université Ouverte, 4 March 2020.
- (4) Bruno Canard, 'La science fondamentale est notre meilleure assurance contre les épidémies' (Fundamental science is our best insurance against epidemics), *CNRS Le Journal*, 13 March 2020.

WHEN A BLACK SWAN GLIDES ACROSS THE WORLD

The unequal cost of coronavirus

War, revolution, state failure and lethal pandemics have all been known to reduce inequalities within a society. Will the coronavirus crisis reset society's priorities towards health and equality, or will it be back to business as usual?

RENAUD LAMBERT & PIERRE RIMBERT, APRIL 2020



Magicians know how to misdirect an audience's attention so that they miss what's in front of them. During the current Covid-19 pandemic, a graph with two curves, much reproduced by the media worldwide, has used the same trick. The x-axis represents time, the y-axis the number of severe cases of the disease. The first curve rises sharply to show what happens if the disease spreads unchecked, crashing through a horizontal line that represents hospitals' maximum capacity. A second curve shows what happens if Covid-19's spread is slowed by confinement measures. It's much lower and flatter, and stays below that critical line.

The graph highlights the need for urgent action: slowing the spread of infection will stop health services being overwhelmed. But journalists who focus on the two curves gloss over something important: the horizontal line representing the number of critical care beds available appears to be a given, but this 'critical threshold' is in fact the product of political choices.

Age limit for intensive care?

The curve needs to be flattened because austerity policies have lowered that line for decades by stripping out health service capacity. In 1980 France had 11 hospital beds (all types combined) for every 1,000 inhabitants. Now there are just six, and Macron's health ministers suggested in September entrusting them to 'bed managers', who would be responsible for allocating this scarce resource. There were 7.9 beds per 1,000 Americans in 1970, but only 2.8 by 2016 (1). According to the World Health Organisation, Italy had 922 critical care beds per 100,000 inhabitants in 1980. By 2010 that had dropped

to 275. The priority is the same everywhere: cut costs. As a result, on 6 March the Italian Society of Anaesthesia, Analgesia, Reanimation and Intensive Care (SIAARTI) said Italian A&E doctors were doing disaster medicine and warned that the lack of resources ‘might necessitate setting an age limit for access to intensive care’ (2). In Eastern France they are also now talking of battlefield medicine.

So the coronavirus crisis is as much the result of deliberately running down health systems as it is of a dangerous disease. The mainstream media, which repeats the cost-cutting mantra, has avoided critical examination of these political decisions and instead philosophically debated who should be saved and who allowed to die. But this time, cheap magician’s tricks won’t be enough to make the political question disappear: Covid-19 is making it clear that economies are organised even more aberrantly than previously supposed.

This epidemic can be pushed back only with a collective, coordinated and comprehensive approach that engages the entire machinery of government

Tedros Adhanom Ghebreyesus

As airlines flew empty planes to retain their take-off slots in March, a French virology researcher described how neoliberal bureaucracy had discouraged fundamental research into coronaviruses (3). Another researcher in the US tweeted, as if a jolt was needed to show how badly awry things have gone, ‘Reductions in air pollution due to Covid-19 in China have probably saved 20x the number of lives than

have so far been lost to the virus. Does not mean pandemics are good, but rather that our economies absent pandemics are bad for health' (4).

The greatest absurdity isn't the risk of drug shortages because of offshored production or the financial markets penalising Italy after its government imposed its first public health measures. It's inside the hospitals. Since the mid-2000s, activity-based costing (ABC), has allocated hospital funding not by assessing need but according to the number of 'medical activities' carried out, each invoiced as in a business. Were it applied in the current crisis, this marketisation of healthcare imported from the US would quickly throttle hospitals receiving the most severe Covid-19 patients, who require artificial ventilation: ventilation is costly in time, but much less well funded under an ABC model than many of the medical tests postponed because of the epidemic.

The microbe causing the most stringent confinement measures ever imposed in peacetime seemed initially to have broken down the divide between the Wall Street banker and the Chinese worker. Everyone faced the same threat — until money reasserted itself. On one side were those who could work remotely from their detached houses, one toe in the swimming pool; on the other, those who are normally invisible, the care workers, cleaners, supermarket employees and distribution staff who came out of the shadows to face risks that the well-off can avoid; teleworkers cooped up in small apartments with fractious children, and homeless people who would love to have a home to be confined to.

The conservative historian Jean Delumeau noted in his typology of collective behaviour in times of plague that 'when the danger of contagion appears, people at first try to ignore it' (5). Heinrich Heine wrote in his diary that after a cholera epidemic was declared in Paris

in 1832, it was ‘a bright and sunny day, [and] the Parisians swarmed more gaily than ever on the Boulevards’ (6). Soon, the rich fled to the country and the government quarantined the city. Then, suddenly, wrote Delumeau, ‘familiar frameworks were abolished. Insecurity was created not only by the presence of the disease, but also the loss of structure in aspects of the everyday environment. Everything was different.’ The inhabitants of Wuhan, Rome, Madrid Paris, New York and London are experiencing this loss of structure on an unprecedented scale.



Fear: in March, Italy exceeded the death toll for all of China

Once seen as wrath of a vengeful God

The great plagues of the Middle Ages and Renaissance were often interpreted as a sign of the Last Judgement, the wrath of a vengeful God unleashed on a world nearing its end. People implored God for mercy or looked for someone to blame, such as Jews or women, as the humble ass is blamed in La Fontaine's fable 'The Animals Sick of the Plague'. In Europe in the 21st century, the coronavirus has struck secularised societies that, since the financial crisis of 2008, have all been affected to varying degrees by a feeling of loss of control over the environment, politics, finance, demographics and migration.

In this apocalyptic atmosphere, with images of Notre Dame in flames and debates on the coming collapse, attention has turned to the state, which has worsened the problem by wilfully breaking the health system but remains the only institution able to order and coordinate a response to the epidemic. How far will the state go? In February, Hubei province's weeks-long lockdown of 56 million people, enforced closure of factories, and monitoring of citizens by drones with cameras and loudspeakers provoked mockery and criticism of the iron fist of the Chinese Communist Party. On 5 March *L'Express* magazine suggested that 'no lesson can be drawn from the Chinese experience on the possible duration of the epidemic. It has slowed there thanks to drastic confinement measures which are probably unenforceable in our democracies.' But faced with viruses that don't care about the superiority of 'our' values, it has been necessary to prioritise centralised decision-making over economic liberalism.

The director-general of the World Health Organisation (WHO), Tedros Adhanom Ghebreyesus, has said that 'this epidemic can be

pushed back, but only with a collective, coordinated and comprehensive approach that engages the entire machinery of government' (7). Collective, coordinated state intervention is the antithesis of the market. Within a few days, the way we make sense of society was turned upside down: everything was different. Ideas of sovereignty, borders, limits and even public spending associated for half a century in public discourse with national populism or North Korea were suddenly advanced as solutions in a world previously run according to the cult of capital flows and budgetary rigour.

The avant-garde of the journalistic establishment suddenly discovered, amid the panic, what it had previously ignored. 'Might it not also be said that, ultimately, this crisis is inviting us to rethink whole aspects of globalisation: our dependence on China, free trade, aviation?' Nicolas Demorand asked on 9 March on France Inter, a radio station that has for years welcomed fierce critics of protectionism, such as Daniel Cohen.

The logic of the market must have profoundly altered attitudes if it took a deadly pandemic to make the state listen to what doctors have been saying for decades. 'We need a public hospital structure that undertakes to have beds permanently available,' doctors André Grimaldi, Anne Gervais Hasenknopf and Olivier Milleron wrote in *Le Monde* on 11 March. 'The new coronavirus has the merit of reminding us of the obvious: we don't pay firefighters simply to attend fires, we want them to be ready and waiting in fire stations, even when they are just polishing their fire engine and waiting for the siren.'

Not knowing what you don't know

Capitalism managed to perpetuate and renew itself between the crisis

of 1929 and the end of the second world war by incorporating in its institutions, often unwillingly, the popular demand that provision should be made for the unexpected: fires, diseases, disasters, financial crises. Planning for the unexpected meant setting aside the logic of the market, which fixes prices according to the laws of supply and demand, discounts the improbable and models the future using equations in which societies count for nothing.

The blindness of the standard economic model, taken to its extreme on trading floors, struck the former trader and statistician Nassim Nicholas Taleb, who in *The Black Swan*, published just before the 2008 crisis, wrote of short-term economic forecasters, ‘The problem with experts is that they do not know what they don’t know’ (8). Taleb suggested that it was absurd to neglect the unexpected in a world characterised by the proliferation of unexpected events — ‘black swans’. In March 2020 anyone listening at their window to the silence of a city in lockdown might reflect on the state’s determination to divest itself not only of critical care beds but also the means of planning, by devolving them to insurance and reinsurance multinationals (9).

*Throughout history, the most powerful
levelling invariably resulted from the most
powerful shocks. Four kinds of violent ruptures
have flattened inequality: mass mobilisation
warfare, transformative revolution, state
failure, and lethal pandemics*

Walter Scheidel

Will the rupture caused by the pandemic reverse this? To factor the unexpected back into the management of public affairs, see further than cost-benefit analyses, and implement environmental planning would mean nationalising most services vital to the life of modern societies, from cleaning to digital networks to health: such a change rarely happens in normal times. A historical perspective suggests that change of this magnitude generally lies beyond the scope of normal political decision-making. The Austrian historian Walter Scheidel of Stanford University has written, ‘Throughout recorded history, the most powerful levelling invariably resulted from the most powerful shocks. Four different kinds of violent ruptures have flattened inequality: mass mobilisation warfare, transformative revolution, state failure, and lethal pandemics’ (10).

Have we reached that point? Far from certain, given that the economic system has historically shown an extraordinary capacity to absorb increasingly frequent shocks created by its own irrationality, so much so that the most brutal of these shocks tend to benefit the guardians of the status quo, who use crises to tighten their grip on the market. This disaster capitalism, anatomised by Naomi Klein before the 2008 recession, is untroubled by the exhaustion of natural resources and erosion of social welfare institutions that could mitigate crises. Klein optimistically suggests that ‘we do not always respond to shocks with regression; sometimes, in the face of crisis, we grow up — fast.’

President Emmanuel Macron sought to give this kind of impression in his address to the French people on 12 March. He spoke of his desire to ‘re-examine the development model our world has followed for decades and which is revealing its defects in broad daylight, [and to] re-examine the weaknesses of our democracies. What this pandemic is now showing is that free healthcare irrespective of your income, history or profession, and our welfare state are not costs or charges

but precious goods, vital advantages when fate strikes. What this pandemic reveals is that some goods and services should be placed beyond the laws of the market. Delegating our food, our protection, our capacity to take care of our living conditions to others is folly. We need to take back control.’ Three days later, he deferred pension and unemployment benefit reforms, and approved the introduction of measures previously regarded as impossible — limiting staff dismissals and abandoning all budgetary constraints.

Circumstances will accentuate this change: with the collapse of share prices, the president’s obsession with directing savings and executives’ pensions towards the stock market might almost appear a visionary stroke of genius. But suspending labour laws, restricting public freedoms, financing big business and exempting it from the social security contributions on which the health system depends is not a radical break with previous policies. This massive transfer of public money to the private sector is like the state bailouts of banks in 2008, where the bill came in the form of austerity imposed on workers and public services. Recapitalised banks meant fewer critical care beds.

That is why Macron’s epiphany recalls that of Nicolas Sarkozy in 2008, after Lehmann Brothers collapsed. He announced to stunned supporters, ‘A certain idea of globalisation is coming to an end with the end of a financial capitalism that had imposed its logic on the whole economy and contributed to perverting it ... The idea that markets are always right is folly’. (11) Once the storm passed, the folly began again.

Renaud Lambert & Pierre Rimbart

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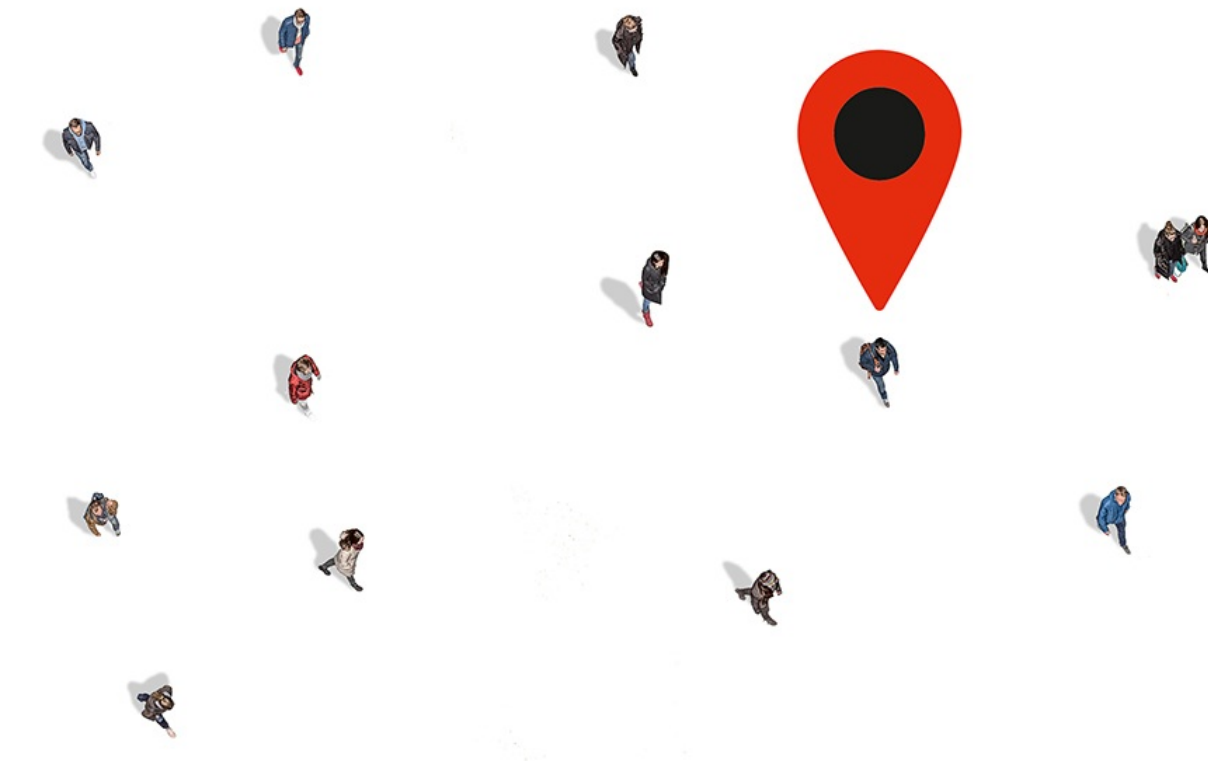
- (1) OECD.
- (2) ‘Raccomandazioni di etica clinica per l’ammissione a trattamenti intensivi e per la loro sospensione’ (Clinical ethics recommendations for admission to intensive care treatment, and suspension of that treatment), SIAARTI, Rome, 6 March 2020.
- (3) Bruno Canard, ‘J’ai pensé que nous avions momentanément perdu la partie’ (I thought we had temporarily lost the game), 5 March 2020.
- (4) Marshall Burke, assistant professor in earth system science at Stanford University (@MarshallBBurke), Twitter, 9 March 2020.
- (5) Jean Delumeau, *La Peur en Occident, XIVe-XVIIIe siècle* (Fear in the West from the 14th to the 18th century), Fayard, Paris, 1978.
- (6) Heinrich Heine, ‘The Cholera in Paris’, letter 6, *The Works of Henrich Heine*, 1893.
- (7) WHO director-general’s opening remarks at the media briefing on Covid-19, 5 March 2020.
- (8) Nassim Nicholas Taleb, *The Black Swan: the Impact of the Highly Improbable*, Random House, New York, 2007.
- (9) Razmig Keucheyan, *Nature is a battlefield*, Polity Press, Cambridge, 2016.
- (10) Walter Scheidel, *The Great Leveler: Violence and the History of Inequality from the Stone Age to the Twenty-First Century*, Princeton University Press, 2017.
- (11) Speech given in Toulon, 25 September 2008.

ARE WE HEADED FOR A STRATEGY OF SHOCK?

Do it now. Right away

What happens next? Will the world be saved, but only for the rich few, as in 2008; and will digitisation and surveillance become the new order?

SERGE HALIMI, APRIL 2020



Bernhard Lang · Getty

When this tragedy is over, will everything just go back to the way it

was? For 30 years each new crisis has raised unreasonable hopes that the world would return to reason, come to its senses, end the madness. We have dreamed of containing, then reversing, a sociopolitical dynamic whose deadlocks and dangers were finally understood (1). We hoped that the Black Monday stock market crash of 1987 would end runaway privatisation, and that the financial crises of 1997 and 2007-08 would halt happy globalisation. They didn't.

The 9/11 attacks led to criticism of US hubris and distraught questions like 'Why do they hate us?' Those didn't last either. Even when they are heading in the right direction, ideas alone are never enough to get things done. That needs people. But it's best not to rely on the politicians who were responsible for the disaster in the first place, even if those pyromaniacs are skilled at making sacrifices for the greater good and pretending they have changed, especially when their lives are at risk, as are ours today.

Most of us have never experienced a war, a military coup or a curfew first-hand. At the end of March, nearly three billion people across the world were under lockdown, many in extremely trying conditions; most were *not* writers watching the camellias bloom in the garden of their country house. Whatever happens in the next few weeks, Covid-19 will be our first experience of a global threat — not something you forget quickly. Even our current political leaders will have to take some account of that (see *The unequal cost of coronavirus*, in this issue).

The crisis will make knowing whether it is still possible to exist without the Internet either more pressing, or totally irrelevant

And so they are doing. The European Union has suspended its budget rules; France's president Emmanuel Macron has postponed a pensions reform that would have penalised hospital staff; the US Congress has voted to send most Americans a cheque for \$1,200. But, after 2008, neoliberals accepted a spectacular increase in debt, fiscal stimulus measures, the nationalisation of banks and a partial reintroduction of capital controls, all to save their economic system. Austerity then allowed them to take back everything they had given away during the general panic, and even achieve some 'advances': employees would now work harder and longer, under more precarious conditions; 'investors' and rentiers would pay less tax. The Greeks paid the heaviest price, as their public hospitals, short of funds and drugs, saw the return of diseases everyone thought eradicated.

A good day to bury stuff

What seems to be the road to a total rethink may in fact lead to a 'strategy of shock'. In the hour after the 9/11 attacks on the World Trade Center in 2001, a special advisor to a British government minister circulated a memo saying, 'It's now a very good day to get out anything we want to bury.' She might not have been thinking of the ongoing restrictions that would be imposed on public freedoms in the name of fighting terrorism, let alone the war in Iraq and the disasters that Anglo-American enterprise would bring. Twenty years on, you don't have to be a poet or a prophet to imagine the shock strategy that is on its way.

Besides the 'stay at home' and social distancing directives, all our social interactions may be turned upside-down by the rapidly

advancing digitisation of society. The crisis will make knowing whether it is still possible to exist without the Internet either more pressing, or totally irrelevant (2). In France, everyone must already carry their ID at all times; very soon, a mobile phone will be not just useful but a requirement for monitoring purposes. Since banknotes and coins are potential transmitters of infection, credit and debit cards are now guardians of public health; they will also make it possible to list, log and archive every purchase. The decline of the inalienable right to anonymity (if no laws are broken), as seen in China's 'social credit', or surveillance capitalism, is becoming part of our consciousness and our lives. Our only reaction is naïve astonishment.

Even before Covid-19, it was already impossible to catch a train in France without providing your personal details. To access a bank account online, you had to let the bank have your mobile phone number. If you went for a walk, you were sure to be caught on CCTV. The health crisis has moved things on. In Paris, drones monitor areas closed to the public. In South Korea, sensors alert the authorities if someone has a temperature that makes them a danger to the community. In Poland, people in self-isolation must have an app on their phone to confirm they are at home, or put up with unannounced police visits (3). The public widely supports surveillance measures in a time of crisis, but the measures always survive the crisis.

This crisis may turn out to be a dress rehearsal for sweeping aside the last resistance to digital capitalism, and the coming of a society without human contact

The coming economic revolution will contribute to a world where freedom is further restricted. Millions of food shops, cafés, cinemas and bookshops have closed to prevent infection. They cannot do home delivery, and are not lucky enough to sell digital products. How many will reopen when the crisis is over, and what state will they be in? The outlook is better for distribution giants like Amazon, which is hiring hundreds of thousands of delivery drivers and warehouse staff, and Walmart, hiring another 150,000 ‘associates’. Who better understands our tastes and choices? This crisis may turn out to be a dress rehearsal for sweeping aside the last resistance to digital capitalism, and the coming of a society without human contact (4).

Unless protests, actions, political parties, peoples and states change the script. Many say ‘Politics doesn’t concern me’, until the day they realise it is *political* choices that force doctors to decide which patients live or die. That day has come. It is worse in central Europe, the Balkans and Africa, whose medical professionals have for years moved to safer countries where they are better paid; the situation there too is a result of *political* choices. We probably understand this better today: staying at home also makes us stop and think. And want to take action. Right away.

Everyone understands the costs

Contrary to Macron’s suggestion, it is no longer a matter of ‘re-examin[ing] the development model our world has followed’. We already know it needs changing. Right away. And since ‘delegating our protection to others is folly’, let us end strategic dependencies that exist only to preserve ‘free and undistorted competition’. Macron has said that France must make a break, but he will never make the crucial one. We should not just provisionally suspend, but condemn

outright the European treaties and free trade agreements that have sacrificed national sovereignty and made competition the supreme objective. Right away.

Everyone now understands the cost of delegating the provision of millions of face masks and pharmaceuticals, which hospital patients and staff, and distribution and supermarket workers, depend on for their lives, to supply chains that stretch around the world and operate on zero inventory. Everyone understands the cost to the planet of deforestation, offshoring, waste accumulation and mass travel. Paris welcomes 38 million tourists a year, more than 17 times its population, and boasts of it.

Protectionism, environmentalism, social justice and public health have come together. They are key elements of an anticapitalist political coalition that is powerful enough to impose a programme of breaks. Right away.

Serge Halimi

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- (1) See Serge Halimi, 'Liberal dogma shipwrecked' and Frédéric Lordon, 'Welcome to the USA', *Le Monde diplomatique*, English edition, October 1998 and October 2008.
- (2) See Julien Brygo, 'Peut-on encore vivre sans Internet?' (Can one still exist without the Internet?), *Le Monde diplomatique*, August 2019.
- (3) See Samuel Kahn, 'Les Polonais en quarantaine doivent se prendre en selfie pour prouver qu'ils sont chez eux' (Poles in self-isolation must take selfies to prove they are at home), *Le Figaro*, Paris, 24 March 2020.
- (4) Craig Timberg, Drew Harwell, Laura Reiley and Abha Bhattarai, 'The new coronavirus economy: a "gigantic experiment" reshaping how we work and live', *The Washington Post*, 22 March 2020. See also Eric Klinenberg, 'Why doesn't Facebook build a library?' (Facebook vs public spaces), *Le Monde diplomatique*, April 2019.

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