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Covid-19 pandemic

The real epidemics are social inequality and capitalist globalisation

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A spectre is haunting the world - not, unfortunately, that of communism, but that of a corona pandemic that is spreading apace.

In the year of our Lord 1348, there happened at Florence, the finest city in all Italy, a most terrible plague; which, whether owing to the influence of the planets, or that it was sent from God as a just punishment for our sins, had broken out some years before in the Levant, and after passing from place to place and making incredible havoc all the way, had now reached the west.

(Giovanni Boccaccio, Preface to the Decameron) [1]

Since the plague epidemic of 1348, to which Boccaccio refers, and which forms the framework for his Decameron, which started around 1350, knowledge of what caused it has made significant progress, but science has so far been unable to stop the periodic outbreak of epidemics and pandemics. The current SARS COVID19 pandemic was just as unavoidable as the plague or smallpox of earlier times, even though there have been warnings across the years of the imminence of such an outbreak (see below).

Why is the (medical) struggle against the coronavirus so hard to wage?

There is more than one reason.

First, it is a novel virus that, according to currently available knowledge, started as a zoonosis (a disease of animals) and then "spread" to humans. There is therefore no natural immunity - immunity has first to be acquired.

Second, the virus has a rather low manifestation index, as far as we know at the moment. This is the index that indicates how many of the people infected with the virus actually fall ill. Some scientists assume that the current number of people who test positive must be multiplied by ten to twenty in order to obtain the real number of virus carriers. Approximately 80 per cent of those infected show no or only slight symptoms - but they are still, of course, contagious. (By way of comparison, the smallpox virus, which was responsible for numerous devastating epidemics worldwide until its eventual eradication, had a manifestation index of approximately 100 per cent, so that it was clear who was infected and who not.)

Third, the symptoms of the disease, especially in people who are only mildly ill, are very unspecific and similar to those of other common colds such as the flu, a banal irritant cough (or the symptoms of malaria, which affects the countries of the global south). Here, too, the virus is decidedly different from plague or smallpox, where the symptoms were clear and also visible, and the diagnosis was correspondingly easy.

Fourth, there is no effective vaccine or real treatment - that is the case, incidentally, with most viral diseases. The treatment currently consists, in principle, of symptom cure: even when artificial ventilation is carried out, the aim is simply to prevent lung failure until the immune system has dealt with the virus itself.

Fifth, for the reasons mentioned above, those affected can only be definitively identified after the development of a

reliable test procedure, but testing capacities are still far from adequate. And last but not least, the make-up of a society has a decisive impact on the control options and the spread - but more on that below.

From an epidemiological point of view, there are only two options in such a situation, options that are currently being used in combination, so to speak: on the one hand, the identification and isolation of those potentially infected in order to interrupt the chain of infection, i.e., quarantine, and, on the other, the hope for the development of so-called herd immunity until such a time as an effective vaccine or medication reach the market. Broadly speaking, herd immunity means a distribution of immunity that protects a population from new infections. It is believed that around 60-70 per cent of the population must be immune to reach this point, i.e., 60-70 per cent must have come into contact with the virus.

The first option (quarantine) is currently being used to a greater or lesser extent, in the form of self-isolation, curfews, etc. etc. However, this cannot really bring an end to the pandemic. So far, stopping pandemics has only been possible in the case of diseases in which (as we have seen) carriers are clearly identifiable, and can in almost all cases be isolated.

The inherent contradiction in the second option is that rapid herd immunity (always provided that the infection confers a lengthy period of immunity, which is not yet proven, but which is likely to be so, given experience with similar viruses) can only be achieved if you let the pandemic run its course, i.e., you do not practice isolation. However, this will naturally lead to a high number of deaths, even if, when analysing the relevant data (and taking into account the possible number of unreported cases - see above), mortality is lower than in the case of other viral diseases such as Ebola and (in my personal opinion) not so very much higher than that of the yearly bout of influenza. This view is supported by the fact that the mortality rate in various countries fluctuates strongly and that this correlates with the number of tests carried out: the country currently carrying out most tests worldwide is Germany (although even Germany is carrying out far too few tests to provide more precise figures regarding infectivity, morbidity and mortality - for better data, we must await the completion of current sample tests, including in Munich), and at the same time the mortality rate is significantly lower than elsewhere.

However, since, unlike in the case of influenza, there is no immunity in the population to COVID19, the absolute numbers would actually be very high. Assuming that 60 per cent of Germans become infected and the current mortality rate of around 1.5 per cent (in Germany) is confirmed, we can expect 720,000 victims. With a mortality rate of 0.1 to 0.2 per cent, as assumed in the case of influenza, there would still be 48,000 to 96,000 deaths.

Incidentally, epidemiologists also argue vehemently about whether masks should be generally required, given the contradiction I have just mentioned. From the point of view of herd immunity and taking into account the very different amount of risk of disease in different age groups, targeted protection of only the corresponding risk groups would be more appropriate under certain circumstances. But the current strategy follows a different course: it attempts to slow the spread of the virus, which cannot be prevented for the reasons given, in such a way that on the one hand you gain time to develop vaccines and medication (a lot of work is going on both in that regard and also in regard to rapid testing procedures, which after all guarantee high profits) and, on the other, reduce as much as possible the burden on the health system, which has already collapsed in some regions and has been the subject of deep cuts in recent years.

Capitalism and pandemic

Thus far one might conclude that the disease that has affected the entire globe within a matter of weeks is a result of fate. But that is only partly true. Apart from the regularly rampant conspiracy theories that arise in such cases, for

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example at the time of the HIV and Ebola epidemics (for Boccaccio, it was the wrath of God, today the viruses are said to have been bred in secret laboratories - either by the CIA or Israel, and most recently as a result of radiation emitted by the new mobile communications standards), it remains to be said that the emergence of the pandemic, the problems in combating it and, in particular, the exorbitant speed at which the virus is spreading cannot be understood without looking at the current state of the global economy - i.e., capitalism.

Regarding origins, in the TAZ (31 March 2020), the biologist Simone Sommer of the University of Ulm, who has been focusing on "Ecohealth" since 2014, rightly pointed out that epidemics are more likely to occur in severely disturbed ecosystems with low biodiversity - together with a mutation, i.e., a genetic change in a pathogen, by means of which it is able to jump from a wild animal, e.g., a bat, to which it is adapted, across the species barrier into humans. This observation is also the basis for the warning by people like Bill Gates, in 2015, that new pandemics were imminent. The progressive environmental destruction caused by the destruction of the globe as a result of capital valorisation with, as a consequence, the extinction of species is one of the causes of the emergence of epidemics like the current one.

However, factory farming also favours such developments, as we saw at the time of so-called swine flu, because the crossing of species boundaries happens not only between animals and humans but also between different animal species (quite apart from the fact that humans are, ultimately, just one vertebrate species among many). The individual components of the swine flu virus, for example, came from a North American swine influenza virus, the virus of a North American avian influenza, a human influenza virus and a swine influenza virus from Eurasia, which had not previously occurred in the USA. The evidence suggests that the virus originated in a part of Mexico that is home to huge pig and poultry farms.

As for combating problems, even the most ardent advocates of a globalized capitalist economy are beginning to see that the centralized production of medical supplies in low-wage countries such as India and China - be it consumables such as masks and protective clothing or drugs and vaccines - may be excellent from the point of view of maximizing profits but poses a high risk in times of pandemics: 80 per cent of the production of this material has so far been in China and every second vaccine dose worldwide was made in India.

The ridiculous attempt to remedy the situation by publishing instructions in all the tabloid media on how to make face masks illustrates the helplessness of the national authorities towards the normal mechanisms of international capital utilization and their consequences. Incidentally, side effects in the context of the current pandemic have also been recorded for medications that have nothing to do with the fight against the coronavirus, since the area affected most, Wuhan, is also home to some of the largest pharmaceutical factories, which produce a significant part of raw material for the entire world. (However, it is doubtful whether the currently announced intention once again to decentralize production, as soon as the gun smoke has dispersed, will ever be realized.)

The rate at which an epidemic or pandemic spreads depends on several factors, including: first, of course, the contagiousity of a pathogen, i.e., how easily it can be transmitted along the different, typical pathways of infection. Not all bacteria or viruses are equally contagious: not all are passed on directly from person to person. Some pathogens are only transmitted through intensive contact, while others are so highly contagious that staying in the same room is enough to produce an infection. The smallpox virus, for example, can trigger an infection by air up to a distance of 20 meters. Second, the extent to which a larger number of people will come into contact with the pathogen matters. And here we meet up with the problem of mobility. The global expansion of the capitalist mode of production is not only associated with a rapid growth of the population and its concentration in urban centres (which also plays a major role in the transmission of diseases), but also with an equally large increase in mobility. On the one hand, there is forced mobility (rural exodus, migration, displacement, migrant labour, etc.), and on the other there is voluntary migration, so to speak, in the form of mass tourism. Added to this is the mobility of goods traffic. (The ecological consequences of this process need not be dealt with at this point, but it should be pointed out that environmental degradation as a result of the expansion of the relevant transport infrastructure contributes significantly to the rapid extinction of

species and, as mentioned earlier, the occurrence of pandemics like the present one.) Even if pandemics existed in past centuries, they spread rather slowly compared with today, and epidemics were often limited to a given area and over a longer period of time, unless additional factors led to an abrupt increase in mobility - usually as a result of wars.

To paraphrase a famous sentence by Max Horkheimer: If you don't want to talk about capitalism, then you should also stop talking about pandemics.

Pandemic, racism and the global south

The hype surrounding the corona pandemic cannot be explained by the absolute numbers of sick and dead. Let's venture a fictitious calculation: provided that the virus spreads unchecked globally without any measures to curb it until it reaches so-called herd immunity (see above), then a current global population of 7.75 billion people would have to have at least 4.65 billion infected. If one assumes a mortality rate of 2 per cent (which corresponds to that of influenza), 93 million would die worldwide until the pandemic "dried up", so to speak. If we take a mortality rate of 2%, 93 million persons would die worldwide, until the pandemic would "dry out". With a mortality like in influenza (0,2%) we still would have 9.3 million fatalities That would, mind you, represent the worst case, and would only occur if, on the one hand, no measures were taken and, on the other, no vaccines or medicines were developed in the foreseeable future - which is rather unlikely, since trillions of dollars are currently being spent worldwide on combating the pandemic and its economic consequences. On the other hand (as of 7.4.2020), we have had about 1.4 million infected and 82,000 deaths within 4 months of the outbreak of the pandemic. Even if these figures, especially with regard to sub-Saharan Africa, must be doubted (there is hardly any testing capacity, for example, in Nigeria, where there are currently nine laboratories for 200 million inhabitants), one should compare the efforts and funds currently in use to those expended in the fight against other global mass diseases.

The infectious disease with the highest mortality worldwide is still tuberculosis. According to the WHO's (World Health Organization's) TBC 2020 report, 1.2 million people who were HIV-negative died in 2018 from TBC as well as an additional 251,000 people who were HIV-positive.

Between 2010 and 2018, 4.26 million people died of malaria worldwide, an average of 500,000 a year - 24 per cent of them in Nigeria alone (67 per cent of them children under the age of 5).

According to the WHO, around 228 million people were infected in 2018, which means that the mortality rate was (and still is) just over 0.2 per cent.

The two diseases mentioned have three things in common: first, they are actually easy to treat, second, the fatalities primarily affect the poor, and third, they are mainly located in the global south. Malaria has been eradicated in Europe since about 1950, while TBC also predominantly affects the south (mainly Africa), with the exception of Russia, where it is increasing.

The example of malaria:

[<https://internationalviewpoint.org/IMG/jpg/klaus.jpg>]

The reason why the corona pandemic causes such excitement is simply that it affects the industrialized countries of the north. As long as diseases remain confined to the poor countries of the South, efforts to bring them under control

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are nowhere near as extensive. Global solidarity and the "we are all one world" will only be conjured up if a pandemic threatens to cripple those who benefit from the poverty of others. Every year, the WHO has to beg for the money needed to fight malaria, TBC and other diseases that can be treated and prevented in the regions of the south - if you compare this with the amounts now being used against the consequences of the pandemic, it is actually peanuts. And at the same time, people like Trump threaten to end payments to the WHO. This is the racist component of the current disease control strategy.

And there is something else too: the path of containment mentioned at the outset affects different regions very differently and with very different consequences for the individuals concerned. In the countries of the south, attempts are currently being made to copy the recipes used in the north, i.e., border closures, curfews and business closures. The difference is that there is no money for accompanying measures (or if there is, it is not being spent). In countries where the overwhelming majority of the population have no unemployment insurance, and work mainly in the informal sector and have practically no financial reserves, such a strategy leads to (even greater) misery. In Lagos/Nigeria alone, 5 million people out of 20 million work as day labourers, and all the street vendors, taxi drivers, etc. who work in the informal sector also live with their families, from hand to mouth. The current curfew robs them of any income. This will inevitably not only lead to hunger but also to increased crime and presumably to social unrest (which can already be observed in places). The unmistakable presence of the military on the streets of Lagos and in countries such as South Africa, Uganda or Kenya, where there have been several fatalities as a result of the curfew, shows that governments are well aware of the danger.

In view of this, it is fair to ask whether, in the end, more people will die from the risks and side effects of the control measures in such countries than from the pandemic itself. To be sure, in such an event, there will be none of the daily updates complete with nice tables of the sort provided by the Robert Koch Institute or Johns Hopkins University.

I will leave it at that, except to close with the final sentence of Giovanni Boccaccio's Preface:

It pains me to linger in such great misery for so long.

Translated by Gregor Benton for **International Viewpoint**.

PS:

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[1] *The Decameron, Or Ten Days' Entertainment of Boccaccio* printed by J.F. Dove, 1820, London.