

Health and capital

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Dear friends,

Healthcare in South Australia is deeply broken. This has lasted through successive governments, and is only getting worse. Commentary from those involved in service delivery, from administrative officers through medical staff, are in a mixed state of frustration and despair, or a dwindling placebo state of euphoric optimism. But there are deep mechanisms driving the divestment from healthcare across the board, and these are supported in a bipartisan fashion by the ALP and LNP both at a state and federal level. A brief detour through the immediate past premiership is required to understand the context of the situation in South Australia, which mirrors, as often the case, a microcosm of the attitude towards health and human services at a national and, frankly, international level.

From as early as 2019 there have been obvious and systemic issues in South Australia's public health system specifically relating to ambulance ramping. Ramping, i.e. when an ambulance sits on the ED ramp instead of offloading a patient to a bed or care, is not a new or uncommon issue in health systems, and persistent ramping is likely indicative of a deeper issue, and –you guessed it –most likely a funding issue. Here is the crux of the situation, either a conservative government lacks interest or appropriate pressure to invest in a health system, or they are fundamentally opposed to providing care for public patients. In South Australia the latter is almost certainly the case. Indeed, the South Australian LNP came under fire for their handling of ramping [1], such that the ALP practically won the last election on campaign promises to fix the health system and ramping crisis.

Unsurprisingly, the right-wing ALP in South Australia has made practically (read: literally) no progress in solving this, not following up on campaign promises, and continually shifting money around between health services to, purportedly, “address these issues” [2]. Moreover, in a propagandist's wet dream, the ALP's state health minister plastered over election promises to “fix ramping” with layers of gaslighting so deep that a single flame would've engulfed the entire state in a fireball [3]. The lived reality of emergency wait times of over 10 hours is such a horror that even after personally experiencing it, it still beggars belief that this is our reality. The state is one minor health crisis away from total collapse – and not just collapse of the health system, but the economic ‘power’ (i.e., labour power) utterly failing. In our Marxian tradition, this could be considered a threat to capitalism's longevity. However, perhaps unsurprisingly, it isn't. Typically in a para-socialised healthcare state, more attention would be needed to ensure a healthy workforce. However, we can see a deep and looming contradiction emerge here worthy of our analysis today. That is, the marriage fascism and capitalism and an abandonment of existing capitalists for viral success –but first let's take a few steps back in time.

Let's imagine, for example, that a pandemic were to erupt in Adelaide –Tandanya, in early 2020 that in full effect crippled the working capacity of those infected. Each person who contracts the pandemic infects one to five others, and the incubation is around a week. The long-term effects of this pandemic include cognitive inhibition and respiratory issues which last over six months, and while not routinely fatal to younger and healthier people, the condition causes rapid rises in morbidity amongst those with a “co-morbidity”. The only way to attain relief from the symptoms of this pandemic is a course of anti-virals –but these are scarcely available. While vaccines are under rapid development, most of the population refuse to participate in trials, and progress of vaccination is slow –requiring multiple “shots”. Our emergency services, particularly first responders, are overwhelmed and due to a lack of nurses and doctors who are able to treat the pandemic due to cross-contamination concerns

very quickly become a major problem. Pre-2019 this might have seemed like a lunatics' brainchild –obviously today we know it is reality. Now, with the increasing emergence of antibiotic resistant disease, the proliferation of anti-vax media, and due to factory farming and other inhumane animal agriculture conditions this is much more of a reality.

In this world we are rapidly collectively forgetting that there were substantial disruptions to major chunks of workforce, not to mention hundreds of thousands of deaths. With the current social conditions, constant political undermining of health promotion strategies, and underfunding of our public health system, this became a crisis of –capital– incredibly rapidly and while, then, was mitigated through incredible collective public health responses. Imagine a new pandemic now? How much mitigation would be enacted today? What about with a second Trump presidency?

This is a reality. It has been our shared reality for almost four years. Governments, political figures, pop culture icons, and so on have systemically undermined public health responses to serious diseases to the point that downplaying the serious nature of underfunding of medical systems the world over is the least of our collective concerns. So, why in allegedly capitalist nations is this not perceived as more of a problem for “line must go up” capitalism? Ultimately, the false machinery of capital is now so robust it does not truly require a human workforce –such is the layering of abstraction. To understand this further there are multiple parts to the answer, but it’ s worth tackling two important features –first, that investment in healthcare is not sexy, second, that the capitalist class, particularly in Australia, is so disinterested in the future, or even futurism, that they earnestly believe that while there may be short term suffering, there will be long-term gain enough for them to comfortably die in the manner to which they have become accustomed. Quite literally they happily sit in: “some of you may die, but it’ s a sacrifice I am willing to make” [4]. So, let’ s dive a little deeper.

Around the world birthrate has become an increasing obsession of governments, capitalists, and data scientists alike. Inextricably connected to the metastasisation of capitalism as the global mode of production (brought by force of brutal colonial extractivism), infinite growth demands breeding above replacement for exploitation to be a continued success [5]. At this point in human history, degrowth movements are simultaneously viewed as “radical and reckless” and “impossible” –quite literally advocates for stabilising, or reducing the population are shunned either because capitalist propaganda grips the majority, or because turning back from endless growth would demand radical changes in lifestyle that people are not willing to endure [6]. Quite literally for capitalism to survive –just like a cancer – it must continue to have a supply of people –healthy cells –to attack and control. The host must survive for capitalism to survive – it is, after all, an ideology, and there’ s no ideology on a dead planet.

Here, we can see a major issue for investment in healthcare – beside the near complete disinterest of capitalists in your welfare – we either: (1) need massive investment in preventative healthcare systems for the younger and typically healthier portion of society, (2) need huge influxes of migrants to continue growing the economy and dually to support an aging “native” population [7], or (3) radical investment in aged and end of life care to support aging populations where younger people simply do not exist to support the elderly and dying. The latter of these is an extremely difficult situation, but is, at least in affluent nations who have benefited from decades of expropriation, the most likely to be the reality. This will require cannibalisation of young to support the old –fitting with contemporary narratives about boomers as the last generation of successful exploiters, and incredibly congruent with the militant individualist politics of the neoliberal capitalist world.

Why invest in any form of healthcare when you are paid exorbitant salaries as politicians, representatives, business owners, CEOs, and so on? These “leaders” have extracted the labour value of countless others and set themselves up for a safe, healthy and comfortable

lifestyle. Moreover, such a robustly anti-human system capitalism has created, that fluctuations in workforce due to health issues are hardly an issue. Even when they are, capitalists are so bloated with stolen value that a sustained drain on their empires could take decades to be felt. What does it matter if the rest of the state, country or world is on fire for these people? Even when their own children will suffer the affects of climate change, they will, by and large, be long gone. This contradiction shows an interesting paradox in capital by the capitalists themselves.

Capitalism requires human hosts. Like a virus, it transmutes our ontology, but it does this differentially. Those who “lead” capitalism (1%), the concrete form of this is arguably long absent in modern times, have inherently accepted expropriation and exploitation as “natural” and required for their way of life. They simply don’ t care about your health or welfare. In addition, a large part of the capitalist project requires propaganda -marketing to convince you to betray your own interests. In this sense, your manager is not a capitalist, they are a class traitor and propagandist for the capitalist. The 99%, then, require either (the threat of) violent means of enforcement or, better for the capitalist, complicity in their own oppression. The latter is about breeding class-treachery (believing you could be a 1%-er), and is what enables your manager to be a sociopath, bootlicker, and guard-dog of capitalist “production” , having the behaviour accepted by those “above” .

In contemporary capitalism, the capitalist class are less interested in ensuring the longevity of capitalism as ideology, as the survival of capital “so far” has created, for them, great wealth, comfort and opportunity. They aren’ t interested enough in maintaining capitalism that they relinquish (even some of) their privilege. In 2024, after years of populism the world over, we have seen clear demonstrations of this lack of interest in reproduction of capital, and lack of interest in ensuring human survival. Quite literally the capitalist class is non-human. Either masking this through vagaries of promises that technology will solve the problem of carbon emissions and aging workforces, or a more grounded “I’ ll be fine, personally” rhetoric. Neither particularly matters, they just don’ t care about you.

So, investment in health care? Why? Your taxes pay your politicians’ retirement schemes - in Australia the only retirement plan that continues to pay a salary after retirement. Invest in aged care? Maybe, if it is personally beneficial to the capitalist and class-treacherous political class. But even this is a stretch. Moreover, with the success of right-wing propaganda post-COVID-19, investment in healthcare is such a low priority that until it happens to -you- most people are not cognisant of the massive powder keg waiting to be lit. But, if you’ re a capitalist, you’ ll be fine anyway. After all, the traditional intellectual class (i.e., doctors) is amidst the most class-treacherous of all, willing to serve the capitalist to the death in the hope that their own life may be spared. Yikes.

We face a bleak future -and the implications of just how ravaged our planet, people, and culture are by capitalism rests only just below the surface. If you, like me, feel that we are facing a global surge of fascism as a response to this, let alone surging brutal right-wing populism, ecological collapse, belligerent class-traitors, deep unequal systemic oppression, and a litany of other social issues, then we need to collectively look at every single instance of capital’ s contradictions and challenge them. The solution isn’ t fascism, it is a configuration of socialism -and this requires intelligent activist -praxis-. By highlighting the intersection of capital and, for example, health service provision, we can start to see how fundamentally anti-human (anti-ecology, anti- anything) the values required to sustain capitalism are. From here, maybe, we can start to see new ways emerging - such as mutual aid, community development, self-determination and so on.

A better future feels years away, and the fascist turn is already upon us. Every time someone with privilege decrees it is “too hard” to change and goes back to their station rather than persevering for a socially transformative way forward we slide further into complacency and subservience to capitalism. A capitalism that has long betrayed humanity, ecology,

economy, and happiness. Now, so desperate is capital to persevere that it will gladly marry fascism and jump to a whole new class of capitalists to ensure its cancerous future amongst an even stupider and more oppressed proletariat. But don't worry, the existing capitalists will still be wealthy enough not to care.

That's not a future I want, and I'd wager it's not the one you want either. So, let's keep bridging theory and practice – and creating a better way forward, together.

In sadness and solidarity,

Aidan.

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1. <https://www.abc.net.au/listen/programs/adelaide-breakfast/steven-marshall/13338676>
 2. <https://www.indaily.com.au/news/2023/12/06/sa-hits-new-ambulance-ramping-record>
 3. <https://www.indaily.com.au/opinion/2023/03/24/labor-does-a-burnout-on-its-ramping-promise>
 4. <https://www.youtube.com/watch?v=hiKuxfcSrEU>
 5. <https://pubmed.ncbi.nlm.nih.gov/7834459/>; https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/undesd_pd_2022_wpp_key-messages.pdf
 6. not to mention a requisite that people come together globally to ensure that resources, capabilities, and collectivism actually leads to success: <https://doi.org/10.1108/JES-05-2022-0299>
 7. <https://www.oecd.org/en/topics/policy-issues/migration.html>