

Spidey senses, public health, and capital

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Dear friends,

Today I ingested some media – what a gross way to say it – about the role and nature of the differential, challenged, and surmountable problems of COVID-19 management, from the early days. Here’s a topic I never thought I’d spend serious time with in an analytical sense, but why not, here we are, and this is basically a variety show. My political spidey sense started tingling, however, the minute that the public health response was rendered as inseparable from perceptions of (government) mandates and the rampant politicisation of a still deadly virus and disease. No, I won’t share what exactly I was engaged with, but you can safely assume that it was a U.S. targeted piece of media.

To be honest, and this will give you a clue to the inner workings of my brain –who knew we’d be getting intimate, I also “ingested”, if I must, several videos about trains, in particular how South Australia in what could only be considered as a massively anti-working class move removed metro and regional rail lines in favour of highways – but that’s a topic for another day. Okay, digression, let’s get back to politicisation, because that’s the overarching theme of our project here –class, race, gender, and their interstices with the exploitative economic model which grips and terrorises the world.

To set the context, which unless you were born in 2024 you’re likely partially familiar with, we know that “public health” both as an area of practice and an academic discipline, was thrown sharply into “public” view in very late 2019 and exponentially so through 2020. Importantly, public health never goes away, like medicine, public health deals with the health of people (and sometimes non-human animals) often in a more “administrative” (though this is painting public health in a very limited light) sense than medicine itself (i.e., as compared to primary and allied healthcare). In this way, public health can encompass anything from a ‘health response’, preventative measure, educative strategy, policy creator and enforcer, analyser of broader health landscapes, modeller of impact of health on other parts of our lives, and so on. One of the primary activities of, for example, public health officers is the design, research, development and evaluation of health promotion strategies – literally campaigns to educate the “public” about “health” .

Okay, ground rules established. People who work in public health, then, range from sociologists and epidemiologists through to educators and services and wellness coordinators. There are also, in most European colonised countries at least, government bodies, members of government, cabinet and ministry, and legislators who are also “public health people” though, with any role involving politics, are less likely to respond to bona fide -health- and more likely to trend towards capital-imbued populism; not to mention lack any background in the discipline or its history. So –as I’m going about my day listening to podcasts –when someone says:

“I don’t think anyone will ever trust a public health response again”

I, naturally, feel a little prickly –and, like our spider-bitten friend, begin to burst out in a rash, fever and vomiting, wait …no, hang on.

Hopefully, dear reader, we can agree that the response to COVID-19 was weak at best. This is not because public health advice was incorrect, modelling was inaccurate, healthcare workers didn’t try, or any other trumpian nonsense. Rather, the COVID-19 response was weak because of the political apparatus both in terms of hegemonic enforcement (vis. media) and actual measures taken to prevent spread of the virus (vis. a public health response) were manipulated by politicians to seem palatable…to the capitalist class.

In the U.S. context a great deal of these measures were further watered down because of the political administration at the time, and the general denial and skepticism which ensures that moronic politicians find their way to power. However, in the final analysis, we cannot demarcate this as a U.S. specific occurrence. Rather, it is “always on display” in the overclocked context of highly emotive political drama which is essentialised in the republican vs democrat politics of that country. Indeed, this theatre provides us an important window to see, again, the anti-worker nature of capitalism and the ways in which political society serve as a meagre and momentary distraction in a constant race to the bottom. Irrespective of the purported political alignment of a ruling party in the anglosphere, the commitment to capitalism and capital come above all else.

If you cast your mind back to what we have collectively deemed a dark time in our history, you’ll recall after the first wave of lockdowns, a rapid “realisation”-particularly perpetuated by the media to which everyone was glued at the time -that “essential” services would need to operate to ensure human health. While, arguably, this is correct in that humans require food, water, and so on, it was also dually driven by the indissoluble connection between decision makers and capitalism. It wasn’t long before shops reopened and lockdowns “ended” . Frequently in spite of public health advice. And, importantly, out the window went lockdowns, social distancing, and other disease prevention measures as soon as the capitalist class had secured vaccinations and, on their sociopathic priority list, shot up the need to ensure micromanagement, slave labour, and most importantly, a better-lined pocket [1]. An embodiment of: “Some of you may die, but that is a sacrifice I am willing to make” , - sent via Twitter from inside my fortress bunker stocked with hundreds of COVID-19 vaccines and enough supplies and wealth for a nation.

But to fully trace the connection of capital, disease, and public health across global political movements we should also look at two other key features (briefly, my brain is tired): corporate greed generally (see also price gouging) and specific exploitation of health emergencies for their own benefit. This included multiple attempts to improve corporate public image (not naming anyone, Pfizer) or influence policy decisions in their favour (not looking at you, Woolworths) at the expense of public health interest -or, let me say that clearly for those in the back - at the -expense of human life-. Because above all else, capitalism is a murderous, treacherous, and deeply inequitable system of economic organisation [2]. We also need to consider how the “periphery”, or rather working-class elsewhere as a whole, i.e., we need to be cognisant of how globally work, health, and life intersect to continually and deeply disadvantage workers and intersectionally marginalised folks [3]. I could also spend time here considering the role of pharmaceutical industry, how drugs for a very wide range of very preventable diseases are ludicrously unattainable in majority countries around the globe [4] but, again, topic for another day.

Indeed, if we analyse political behaviour during and what some now call “post” pandemic, the fundamental rule has been: maintain economic stability. The human, animal, and environmental cost of this is something we feel in all quarters. And stability is, obviously, an oxymoron -for the working class-, whose existence is multiply exploited at the convenience of the capitalist and politician to ensure obscene growth of the mostly male billionaire class [5] and their unhinged rants about returning to the office, eating less avocado toast, and just getting over the sniffles (that may well have killed multiple people in your family).

So, sufficiently argued, or at the very least researched on pubmed, it seems that the public health humans are largely on my anti-capitalist bandwagon. Except, just like academia, public health is largely an organ of traditional intellectualism. The enforcement of which continually demands reintegration into extroverted and robust capitalist espousals in order to remain in the “intellectual” strata. Here, in spite of supposed “free speech” , “boundless progress” and “human capital” we can once again place capitalism into the antagonist role in our screenplay. The public health response to COVID-19 was, yes, sloppy, often weak, and

changed frequently – but so do our understandings of science, medicine, health practices, and social life. This does not make it “less scientific”, or less meaningful or important to ensuring human life.

Moreover, because of climate change, we are now seeing such a new prevalence of disease, environmental instability, and rampant exploitation that the empty argument of “capitalism brought human progress” authentically rings hollow for many more than it used to, specifically amidst the European colonial diaspora qua globalised working class. The facile “for balance ensure to note that capitalism has created all human progress” rhetoric of the 1930s has even infected most of the LLMs now, which renders them dead to me –and useless for any liberatory project. Them alongside ‘innovators’ and other capitalist sycophants, there never ceases to be a fresh supply of boot-lickers. Golly what a world when your AI synthesised top box search results are straight up propaganda, too. It’s no wonder working people actually believe capitalism is their saviour.

We are now living in a world where the media has successfully poisoned the majority of humans against safe responses to health events, and capitalism has once again won out against humanity, ethics, and life. While podcasters certainly should not amplify this scepticism it is not overly surprising that they do so [6].

The public health worker of the future has an unenviable job of knowing just how bad things are, but must, now more than ever before, languish in a de-professionalised, undermined and fundamentally gutted infrastructure because, for a brief moment, it was deemed anti-capital. Though, speaking to my public health university students, I think this has always been well-known, except by those vanguards of capital from inside those organisations through which the propaganda flows. Sick fuckers that they are justifying loss of human life for capital’s continual expansion.

A rambling post for a rambling afternoon.

Your comrade,

Aidan.

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1. i.e., <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7543589/> c.f. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7765415/>
 2. i.e., <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9765138/>
 3. one illustration <https://link.springer.com/article/10.1057/s41285-022-00179-3>
 4. <https://socialistrevolution.org/pandemics-profiteering-and-big-pharma-how-capitalism-plagues-public-health/>
 5. <https://www.oxfam.org/en/press-releases/ten-richest-men-double-their-fortunes-pandemic-while-incomes-99-percent-humanity>
 6. If you’re really still wondering, no, I absolutely do not engage with right-wing commentary in audio form, this was from a soft-left social commentary podcast, and no I still won’t name it.