

Does democracy protect? The United Kingdom, the United States, and Covid-19

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The Covid-19 crises in the United Kingdom and the United States show how democracies may struggle to confront disasters that are increasingly impinging on the Global North. This paper highlights the extent to which disasters are now ‘coming home’ to Western democracies and it looks at some of the principal reasons why democracy has not been especially protective, at least in the case of the UK and the US. These include: reconceptualising disaster as a good thing (via ‘herd immunity’); the influence of neoliberalism; and the limitations in the circulation of information. A key pandemic-related danger is the conclusion that democracy itself is discredited. Disasters, though, call for a reinvigoration of democracy, not a knee-jerk invocation of autocratic ‘emergency’ rule. A fundamental problem in the UK and US is that these countries were not democratic enough. The paper underlines the risk of a move towards a disaster-producing system that is self-reinforcing rather than self-correcting.

Keywords: Covid-19, democracy, disasters, disaster politics

Introduction

One of the best-known contributions to the field of disasters is the important argument by Sen and Drèze (1989) that famines do not happen in democracies with a free press, since the prospect of bad publicity and electoral defeat will deter politicians from allowing such events on their watch. Logically, such protection would appear to extend from famines to many other disasters, as these too would presumably be a threat to politicians’ chances of re-election (and would be exposed by a free press).

Yet, a proliferation of disasters that affect Western democracies today raises the question of how much protection against them they are actually providing. It may even be that democratic governments are *actively fuelling* many of these disasters. One possibility is that disasters and their manipulation—often conceptualised as something that happens far away from Australasia, Europe, and North America—are now emerging as an integral part of politics in Western democracies, just as disaster manipulation has long been part of the political scene in large parts of the Global South.

A number of overlapping crises—many of them readily identifiable as disasters—have been impacting on Western democracies in the twenty-first century. These include: a long-running financial/austerity crisis going back intermittently to 2007–08; a problem of terrorism (including the attacks on 11 September 2001 (‘9/11’), other incidents involving Islamist jihadi militants, and action from the right); major

humanitarian disasters among migrants arriving from outside Australasia, Europe, and North America; proliferating disasters related to fires, floods, and hurricanes; a relentlessly warming planet; and Covid-19. On top of this, there seems to be a significant crisis in Western democracy itself, as well as in official and public commitment to the truth—developments that in turn threaten to fuel the production of disasters.

One of my earliest encounters with a humanitarian disaster was researching the 1986–88 famine in Sudan, which at the time had a democratically elected government (Keen, 1994). Significantly, the principal victims (from the Dinka ethnic group) were a minority with very little political muscle within their own society, while powerful Sudanese politicians showed more concern with covering up famine than with relieving it. More than this, famine was actively promoted as part of counter-insurgency and as profitable in itself, whereas international diplomats and aid officials often prioritised the *appearance* of famine relief over the reality. Crucially, many powerful actors within Sudan conceptualised famine as *a good thing*—hence in part the title of an article I wrote for this journal on Sudan’s famine of 1986–88 was ‘A disaster for whom?’ (Keen, 1991). Importantly, there are many other examples of humanitarian disaster actively nurtured within democracies—and one was the human catastrophe during the vicious war-ending in Sri Lanka in 2009 (Keen, 2014).

Sen and Drèze’s (1989) discussion of famine and democracy was supplemented by de Waal (2000), who noted that while India’s history of terrible colonial famines tended to make any declaration of famine a political disaster for post-independence politicians, this was a *very particular* historical and political context. Famine prevention always demands that famine be made into a ‘salient political issue’, de Waal (2000, p. 13) stressed, adding that it was important to mobilise shame strategically with this in mind; in particular, it was vital to nurture some kind of ‘anti-famine contract’, and part of this was challenging discourses on ‘natural disasters’ (de Waal, 1997, 2000). Again, this analysis underlined that disasters may or may not be *seen* as disasters.

Sen and Drèze’s (1989) analysis of famine and democracy is an example of work—which includes much classical economics and mainstream democratic theory—that suggests the existence of *self-correcting* systems that benefit from in-built ‘checks and balances’, including: poor political performance is punished at the ballot box; the excesses of an autocratic leader are reined in by the judiciary and the press; and a price rise encourages increased production, which tends to lower the cost. Today, though, our current disaster-producing system shows worrying signs of being *self-reinforcing*: there are strong signals that overlapping disasters, not least those affecting Western democracies, are not only proliferating, but are also actively feeding off each other.

One should note that some of the protective accountability that Sen and Drèze find in democracy did *eventually* transpire in the United States, notably when former President Donald Trump was voted out of power, in part due to his poor record on Covid-19, and incoming President Joe Biden quickly produced more effective interventions (most notably in relation to vaccination). The United Kingdom’s story is hardly one of a consistent disaster either: without a change of government, the country

has performed far stronger on vaccination than its European neighbours, while Germany (initially a frontrunner with regard to addressing Covid-19) has been suffering a great deal more recently. The striking fact remains, however, that the UK and the US—two of the countries that proclaim their democratic credentials the loudest (and two of the world's wealthiest states as well)—have experienced some of the highest levels of disease and mortality due to the coronavirus.

Focusing on the Covid-19 disaster in the UK and the US, this paper suggests that democracy was insufficient to make the prevention of disease and suffering an overriding concern. In July 2021, Anthony Costello, Professor of Global Health at University College London, said that when the relative death rates from China, Vietnam, the UK, and the US were plotted on the same graph, 'you cannot see the death curves for those two Asian states because they are so low' (Costello, 2021). While many countries have since been catching up or overtaking, as of the end of February 2021, the UK's Covid death rate per capita was the *third highest in the world*, while the US had the *fourth highest* rate (Wise, 2021).

One reason for the poor performance of the UK and the US is that disaster was reconceptualised as a *good thing*. The second section of this paper focuses primarily on the idea of 'herd immunity', which was especially influential in the UK. The third section explores the influence of neoliberalism on poor performance, concentrating particularly on the US. Keeping in mind Sen and Drèze's (1989) emphasis on the importance of a free press, the fourth section looks at the role of intimidation and a lack of free speech in deepening the Covid-19 crisis—democracy or no democracy. One implication of the analysis is that disaster prevention depends not just on the existence of democracy, but also on its *quality*.

Embracing disaster

When the Great Famine devastated Ireland in the 1840s, that country was part of the UK and there was a parliamentary system in place, albeit on a restricted franchise, along with a reasonably free press. But this did not protect the Irish. In London, a peculiar combination of callousness, science, and fatalism shaped the response. On the one hand, the famine was framed as the result of the failure of the potato crop: it was a *natural disaster*, the responsibility of God, perhaps, but not of the UK government. On the other hand, the dominant economic science of the day—often known as 'political economy' and strongly influenced by the Anglican clergyman Thomas Malthus—held that famines could be a natural corrective to overpopulation. Many even saw disasters as a way that God induced moral behaviour: in this sense, it helped to avoid the 'moral disaster' of laziness, dependency, and so on. More prosaically, given the felt need to transform Irish agriculture into a pastoral economy (meeting the growing demand for meat on the rapidly industrialising mainland), famine offered the opportunity to get rid of 'unproductive' tenants (whether through emigration or mortality). In short, many elements of current thinking were *pro-famine*. Seen from

this perspective, effective relief would actually have been counterproductive while delay became an ally. UK government adviser Nassau William Senior notoriously said that the famine would not kill more than a million people and that this would scarcely be enough to do any good (see, for example, the discussion in Keen, 1994).

Fast forwarding to 2020, we can stay with decision-makers in London. When ‘herd immunity’ was articulated by UK government officials as a strategy to respond to Covid-19 in February and March (and subsequently only partially disavowed), it was as if the disaster was being conceived of as *a natural disaster* with its own laws to which a passive population must dutifully submit. Strategies that were working for other countries such as Germany and South Korea were quickly deemed impractical, even as predictions of mass mortality from an unmitigated epidemic were disseminated within UK government circles. And a very particular kind of science again legitimised delayed interference in the economy. Crucially, while the UK government projected itself as dutifully following ‘the science’ (a mantra that was also an alibi), the science that prevailed (particularly in the critical period from January to mid-March 2020) frequently framed the looming disaster as *positive*: wary of interfering in the economy and reluctant to interfere with the ‘freedoms’ of the UK population, senior officials tended to redefine coronavirus infection as *a good thing*. More than 170 years after the Irish famine, the *functionality* of the underlying disaster (in this case, mass infection) was being stressed by powerful officials—and a kind of fatalistic magical thinking, allied to ‘science’ and a substantial dose of self-interest, was once again integral to the process.

An article in *The Guardian* noted: ‘The [UK] government is concerned that if not enough people catch the virus now, it will re-emerge in the winter, when the NHS [National Health Service] is already overstretched’ (Stewart and Busby, 2020). The startling point being made was that the government actually *wanted* infections. Nor were Heather Stewart and Mattha Busby, *The Guardian* journalists, making this up. The UK government’s Chief Scientific Adviser, Patrick Vallance, had said in mid-March that a proportion of 60 per cent infection would be required to achieve herd immunity, pointing out: ‘If you suppress something very, very hard, when you release those measures it bounces back and it bounces back at the wrong time’ (Parker, Pickard, and Hughes, 2020). Vallance spelled out the objective as follows:

Our aim is to try to reduce the peak, broaden the peak, not suppress it completely; also, because the vast majority of people get a mild illness, to build up some kind of herd immunity so more people are immune to this disease and we reduce the transmission, at the same time we protect those who are most vulnerable to it (Parker, Pickard and Hughes, 2020).

On similar lines, David Halpern, the Chief Executive of the UK government’s Behavioural Insights Team (or ‘nudge’ unit), said in a video on Twitter that at-risk groups could be ‘cocooned’ until ‘herd immunity’s been achieved in the rest of the population’ (Islam, 2020).¹ Meanwhile, Graham Medley, one of the UK government’s expert advisers on pandemics, told *Newsnight* on 13 March: ‘We are going to have to generate what we call herd immunity. . . . And the only way of developing

that, in the absence of a vaccine, is for the majority of the population to become infected' (Horton, 2020a). Medley remarked that ideally, one could put all of the more vulnerable people in the north of Scotland and the rest in Kent and then have 'a nice big epidemic' in the southeast England county; he acknowledged that this would not be possible in practice (*Newsnight*, 2020). Yet, a paper produced by the Scientific Advisory Group for Emergencies (SAGE) on 26 February 2020 had stated that an unmitigated epidemic would result in some 3.6 million people being hospitalised in the UK, with 500,000 requiring ventilation and deaths of between 1 million and 1.6 million (Roberts, 2020a). It should be noted, too, that the anticipated 'immunity' from catching Covid-19 was also uncertain (Sample, 2020a); and the more that the virus spreads, of course, the more chance of variants emerging.

On 5 March 2020, Prime Minister Boris Johnson had himself commented: 'One of the theories is, that perhaps you could take it on the chin, take it all in one go and allow the disease, as it were, to move through the population, without taking as many draconian measures. I think we need to strike a balance, I think it is very important' (Ahmed, 2020a). What this meant in practice was 'striking a balance' between tackling and not tackling the virus—Johnson went on to say that he favoured reducing the peak of the disease and that there were things the government 'may be able to do'. At least until mid-March, when the country began to go into systematic lockdown, UK government policy was essentially to mitigate the epidemic, with the hope of herd immunity, rather than suppressing it (where the aim is to get the 'reproduction number'—the number of secondary infections that each case generates—to below one) (Ferguson et al., 2020, p. 3). In the context of Britain's much trumpeted exit from the European Union (EU), government officials expressed the idea that Britain had a special relationship with freedom—and could not be expected to submit to the Covid-19 restrictions favoured by those in Continental Europe.² Amidst the concern with the UK 'herd', no one seems to have considered the need to develop a coordinated European response to help protect geographical neighbours.

Of course, 'herd immunity' is an established term in epidemiology and it generally refers to the effects of vaccinations. But when Covid hit, there was no vaccine. William Hanage, Associate Professor of Epidemiology at Harvard University, underlined on 15 March 2020: 'We talk about vaccines generating herd immunity, so why is this different? Because this is not a vaccine. This is an actual pandemic that will make a very large number of people sick, and some of them will die' (Hanage, 2020). In general, the favoured approach in the UK was strangely fatalistic. As David McCoy, Professor of Global Public Health at Queen Mary University of London, pointed out, the UK's expert modelling around the coronavirus did not account for 'the potential role of testing and contact tracing in mitigating the epidemic' (McCoy, 2020a), the strategy advocated by the World Health Organization (WHO) (Henley and Jones, 2020) and successfully implemented in Germany and South Korea. A study in *The Lancet* published on 28 February 2020 pronounced: 'In most scenarios, highly effective contact tracing and case isolation is enough to control a new outbreak of Covid-19 within 3 months' (Hellewell et al., 2020).

However, the science favoured by the UK government was much more laissez-faire and fatalistic. A SAGE report issued on 3 February 2020 declared: ‘It is unclear whether outbreaks can be contained by isolation and contact tracing. If a high proportion of asymptomatic cases are infectious, then containment is unlikely via these policies’ (SPI-M-O, 2020a). This pessimism was ramped up a week later: ‘It is *a realistic probability* that outbreaks outside China cannot be contained by isolation and contact tracing’ (SPI-M-O, 2020b; emphasis added). Yet many disagreed. For example, at the beginning of April, Annelies Wilder-Smith, Professor of Emerging Infection Diseases at the London School of Hygiene and Tropical Medicine, stated: ‘To anyone who tells me that contact tracing is too expensive or not do-able, I just say, rubbish. We are now basically quarantining 68 million people. That is so much more expensive’ (Tapper, 2020). It took many months before the government woke up to the importance of knowing who has the virus. A decision was taken on 12 March 2020 to *stop* community testing and contact tracing, and this was not reversed when Secretary of State for Health and Social Care Matt Hancock announced that the government was not pursuing ‘herd immunity’ (Tapper, 2020).

On 4 April, *The Times* reported Medley echoing his earlier expressed preference for ‘herd immunity’, stressing that ‘Britain must consider allowing people to catch the virus in the least deadly way possible rather than letting unemployment, domestic violence and mental ill health mount indefinitely’ (Matharu, 2020). A leaked recording of Rupert Shute, the Deputy Chief Scientific Adviser at the Home Office, has him noting on 7 April that:

It’s perfectly okay to carry on around your business. And it’s vitally important that you do as there’s a whole bunch of supply chains and the economy that needs to continue running. . . . So carrying on with your normal work is not putting you in harm’s way any more so than staying at home or going out shopping. So I keep coming back to this point that we are all going to get this at some point. And it’s about making sure we have a really strong NHS to support us when we do get sick (Ahmed, 2020b).

Within the government’s highly influential SAGE, mathematical modelers and behavioural scientists were the dominant voices, according to Richard Horton, Editor-in-Chief of *The Lancet* (Boseley, 2020). Yet this modelling, while ostensibly sophisticated, proved eminently compatible—and even in some ways conducive—to a rather systematic official under-reaction. The code for modelling control measures against Covid-19 was written 13 years earlier to model flu pandemics, as British epidemiologist and SAGE member Neil Ferguson (2020) acknowledged in a thread on Twitter.³ If we examine the various SAGE reports that have been made publicly available, they barely address the possibility of case isolation and vigorous contact tracing. The emphasis on modelling was matched by an emphasis on *carefully timing* any interventions (which tended in practice to mean delaying them), rather than simply doing everything possible to suppress the virus. In February and March 2020, as the UK sleepwalked into a major health crisis while ministers trumpeted

their deference to ‘the science’, it was as if science was serving the function that German philosopher Karl Marx famously attributed to religion: ‘the opium of the people’.

With the possibility of all-out *suppression* of the virus being rejected, the strategy of *mitigation* was bolstered by graphs—reproduced in the press—that were said to show the danger of a winter resurgence of Covid-19 if suppression was too vigorous. Further encouraging delay was the notion, put forward by SAGE behavioural experts, that introducing ‘social distancing’ too early could make the public ‘fatigued’. In line with this, Professor Chris Whitty, Chief Medical Officer for England, said on 12 March that he expected the peak of the outbreak in 10–14 weeks, underscoring that ‘[i]f you move too early, people get fatigued’ (Henden, 2020). Reading the SAGE document on public gatherings of 11 February 2020, one has the impression that the experts’ intelligence is rather working against them. For instance: ‘stopping some public gatherings could mean people replace this with other activities (i.e. playing football behind closed doors could mean fans watch the match in the pub), potentially slightly *accelerating* epidemic spread’ (SPI-M-O, 2020c). A SAGE report issued on 19 February stated that ‘[s]chool closures can be used to reduce peak incidence’, but added immediately, ‘the effect on total incidence (final size) is likely to be highly limited’ (SPI-M-O, 2020d, p. 2). SAGE behaviour specialists accentuated the need for ‘socially acceptable’ interventions, observing that school closures would be ‘highly disruptive’ (SPI-B, 2020, p. 1).

In the US, meanwhile, Trump told an ABC journalist that with time, the virus would go away even without a vaccine, adding ‘[a]nd you’ll develop – you’ll develop herd – like a herd mentality’ (Bump, 2020). Evidently, he could not get the name right for the phenomenon he was reaching towards. More importantly, *The Washington Post* calculated that in the absence of a vaccine, and assuming a fatality rate that stayed at 2.1 per cent and herd immunity at 60 per cent saturation, achieving ‘herd immunity’ would mean 3.8 million deaths in total (Bump, 2020). Explaining the extreme slowness in rolling out testing in the US, Trump said: ‘When you test, you find something is wrong with people. If we didn’t do any testing, we would have very few cases’ (Blake, 2020). From this point of view, the goal was not to prevent death, but to avoid embarrassing news within a kind of alternative reality. This is by no means a new process as apparent, for example, in the behaviour of American officials during the Vietnam War: as Arendt (1972, p. 20) said, the aim was to avoid the impression of a humiliating defeat and ‘the goal was now the image itself’.

The market and the state

In various ways, neoliberalism, including a rhetorical attachment to free markets and small government,⁴ helped to lay the foundations for poor Covid-19 performance in the UK and the US. First, and most obviously, ‘protecting the economy’ was a key reason for weak measures to control the virus, such as the repeated rush to end lockdowns in both countries before proper test and trace initiatives were in place.

Revealingly, before Johnson became UK Prime Minister, he had routinely railed against ‘health and safety’ in his *Daily Telegraph* column. He once said that his political hero was the mayor in the film *Jaws*, and he praised this character for defying mass hysteria to keep beaches open after a shark killed a constituent (Mueller, 2020). In April 2021, *The Times* reported that Johnson made the *Jaws* comparison again and that he ‘allegedly told aides in Downing Street that he would rather let coronavirus “rip” than impose a second lockdown because of the economic harm further restrictions would cause’ (Swinford, 2021).

In the US, after the initial lockdown, ‘most states felt compelled to reopen without accruing enough tests or contact tracers’ (Yong, 2020b). Trump told reporters on 5 May that ‘[t]he people of our country are warriors . . . we have to get our country open’ (Serwer, 2020). Adam Serwer (2020) of *The Atlantic* observed:

The frame of war allows the [US] president to call for the collective sacrifice of laborers without taking the measures necessary to ensure their safety, while the upper classes remain secure at home. But the workers who signed up to harvest food, deliver packages, stack groceries, drive trains and buses, and care for the sick did not sign up for war, and the unwillingness of America’s political leadership to protect them is a policy decision, not an inevitability.

In May 2020, Cara Christ, Director of the Arizona Department of Health Services, asserted: ‘We are not going to be able to stop the spread. And so we can’t stop living as well’ (Yong, 2020b).

Of course, every country is concerned about protecting its economy. But prioritising ‘business’ proved remarkably short-sighted. In the UK and the US, Covid-19 infection has at various points been tolerated on the grounds that killing the economy would be worse. Yet, the failure to take quick and decisive action ended up severely damaging health *and* the economy. While China’s gross domestic product (GDP) grew by 2 per cent in 2020 (and Vietnam’s by 2.9 per cent), the UK’s shrunk by 9.9 per cent (Costello, 2021). In a discussion of the US, Serwer (2020) pointed out that: ‘Economists are in near-unanimous agreement that the safest path requires building the capacity to contain the virus before reopening the economy—precisely because new waves of deaths will drive Americans back into self-imposed isolation’.

A second source of vulnerability to Covid-19 owing to neoliberalism was that weaknesses in social safety nets both encouraged risky behaviour and greatly exacerbated the economic and medical impacts of the virus. Since health insurance in the US is usually linked to employment, unemployment was doubly dangerous, and the prospect of crippling medical bills was very real. Meanwhile, a lack of sick leave made it hard or impossible to take time off work even when symptomatic (Yong, 2020b). Ed Yong of *The Atlantic* emphasised that ‘[t]he decades-long process of shredding the nation’s social safety net forced millions of essential workers in low-paying jobs to risk their life for their livelihood’ (Yong, 2020b).

A third and related problem with neoliberalism is that it suggests more broadly that if you leave things unregulated, some variation of eighteenth-century economist

Adam Smith's 'invisible hand' will ensure the long-term good of the public (another echo of the Irish famine). Again, this presumption seems to have been influential—and it suited the virus. In the past, free market ideologists have often combined a rather far-reaching ruthlessness with an expressed intention to 'protect the vulnerable'; the 'herd immunity' strategy—with its rather theoretical 'cocooning' alongside a more general laissez-faire approach—mirrors this template rather precisely.

A fourth problem is that markets depend on confidence, and Trump's denialism seems to have reflected in part a desire to maintain business confidence (and hence his re-election chances). Pinning hopes of a second term on a strong economy, Trump himself admitted to journalist Bob Woodward in March 2020 that he was downplaying the virus to avoid 'panic' (Wise, 2020).

A fifth damaging aspect of neoliberalism has been the idea that *you can buy your way out of trouble*. In the wake of the terrorist attacks on 11 September 2001, US President George W. Bush famously observed: 'They want us to stop flying and they want us to stop buying, but this great nation will not be intimidated by the evildoers' (Fournier, 2001). As anti-lockdown protestors in the state of Michigan urged onlookers to 'live free or die', Ed Yong (2020a) wrote in *The Atlantic*:

Many of the country's values seemed to work against it during the pandemic. Its individualism, exceptionalism, and tendency to equate doing whatever you want with an act of resistance meant that when it came time to save lives and stay indoors some people flocked to bars and clubs. Having internalized years of anti-terrorism messaging following 9/11, Americans resolved to not live in fear.

A sixth damaging effect of neoliberalism, harder to pin down but quite sinister, has been to encourage a sense that some people are disposable. After talking with ministers, special advisers, Downing Street staff, and civil servants, *The Sunday Times* journalists reported:

At a private engagement at the end of February, [Dominic] Cummings [Boris Johnson's chief adviser] outlined the government's strategy. Those present say it was 'herd immunity, protect the economy and if that means some pensioners die, too bad' (Shipman and Wheeler, 2020; see also Jukes, 2020).

This was later denied by Downing Street (Walker, 2020), and at a SAGE meeting in March, Dominic Cummings does seem to have got behind stronger attempts to suppress the virus after the stark predictions in Ferguson's report of 16 March (Shipman and Wheeler, 2020). Cummings said herd immunity 'was literally the official plan in all docs/graphs/meetings until it was ditched' (Hancock, 2021). A whiteboard for a Downing Street meeting on Covid-19 in March 2020 displayed the sentence: 'Who do we not save?' (Hancock, 2021). One of the 'more thoughtful' Conservative Members of Parliament (MP) (in *The Sunday Times*' telling phrase) remarked: 'It is unsustainable to have people in their youth put their whole life on hold for months while the economy tanks to save a 91-year-old who would have died

six months later anyway' (Shipman and Wheeler, 2020). Jeremy Warner, a columnist at *The Daily Telegraph*, was meanwhile suggesting that 'from an entirely disinterested economic perspective, the Covid-19 [pandemic] might even prove mildly beneficial in the long term by disproportionately culling elderly dependents' (Roberts, 2020b).

Today (as often before), the question of who is and is not 'disposable' has acquired a notable racial dimension, while those suffering disproportionately from ill health in normal times proved especially vulnerable to the virus. *The Lancet* said of the US: 'Across the country, deaths due to Covid-19 are disproportionately high among African Americans compared with the population overall. In Milwaukee, WI, three quarters of all Covid-19 related deaths are African American' (van Dorn, Cooney, and Sabin, 2020). One factor for some—such as the very badly affected Somali community in Brent, London—has been the combination of 'front-line' jobs and crowded living conditions, often with extended families; these conditions themselves reflect broader political policies, not least the sale of public housing and the extreme difficulty of affording private accommodation (Mohdin, 2020). As far as the US is concerned, Serwer (2020) suggested that in pushing people back to work in the midst of a pandemic, 'Trump is acting in accordance with the terms of the racial contract, which values the lives of those most likely to be affected less than the inconveniences necessary to preserve them'.

A seventh source of vulnerability encouraged by neoliberalism has been the contamination of official responses by private profiteering and the high-technology sector in particular. The coronavirus crisis has already proven to be an important opportunity to hand lucrative contracts (with minimal oversight or competition) to a number of firms and individuals with rather dubious credentials and some kind of personal connection to those in power (Monbiot, 2020). In the UK, the contrast between the efficient vaccination programme (run by the NHS) and the woeful GBP 39 billion test and trace programme (relying on outsourcing to private contractors and with the lowest level of financial compensation for isolation in any OECD (Organisation for Economic Co-operation and Development) country) was striking (see, for example, Costello, 2021). At the same time, major corporations have been using the pandemic to insist on high-technology solutions to matters of health, education, distribution, and so on (as opposed to investing in teachers and nurses, among others), with important business leaders indicating that only such a course will prevent global dominance by China (Klein, 2020). Covid-19 relief legislation in the US, while eventually offering substantial support to millions of ordinary people, was subject to extreme manipulation by special interests seeking to ensure major tax relief for big business in particular.

An eighth problem is that public health provision had been run down to dangerously low levels, most especially in the US, where the huge number of people without health insurance has created extreme vulnerability to the virus. *The Lancet* pointed out that '14 US states (mostly in the south and the Plains) have refused to accept the Affordable Care Act Medicaid expansion, leaving millions of the poorest and sickest Americans without access to health care' (van Dorn, Cooney and Sabin,

2020). As *The Financial Times* reported: ‘Over half of those employed in hospitality, leisure and travel have no health insurance’ (Luce, 2020). Meanwhile, millions of undocumented migrants have feared seeking medical attention (Yong, 2020a).

Even the *idea* of public health has often been weakly adhered to in the US. Once elected as president, Trump ran down the federal civil service, drove out some of the most talented and experienced staff members, left positions unfilled, and installed loyalists (Lewis, 2018; Packer, 2020). This approach suited the many Republicans who pointed a paranoid finger at the ‘deep state’ and wanted small government and major tax cuts of the kind that Trump implemented (Packer, 2020; Yong, 2020b). It also helped to make things easy for the virus. A pandemic preparedness office within the National Security Council was dissolved in 2018 (Yong, 2020a). The inability of the federal government to take charge of responses to Covid-19 meant that states and cities were in effect forced into a bidding war, leaving them prey to corporate profiteering (Packer, 2020).

In the UK, there was a functioning public health system, but even here, neglect had created very considerable vulnerability. For example, Britain had the second fewest hospital beds per capita in Europe. Shortages of personal protective equipment (PPE) became notorious and testing of NHS workers was gravely neglected for a long time (Hattenstone, 2020).⁵

Alongside the well-documented difficulties that NHS workers have faced in confronting Covid-19 while trying to conduct their other work, we have seen a collective veneration of the NHS, strongly encouraged by the UK government. Many would naturally assume that the responsibility of a government health service is to protect the health of the population. In the UK, however, the chronic neglect of the NHS, when combined with sustained ambivalence about actually suppressing the virus, produced a strange, upside-down world in which the proclaimed responsibility of the population was to *protect the health service*. Hancock exemplified this way of speaking when he announced on 15 March that ‘[o]ur strategy is to protect the most vulnerable and protect the NHS through contain, delay, research and mitigate. . . . We must all work together and play our own part in protecting ourselves and each other, as well as our NHS, from this disease’ (Johnston, 2020). At one level the government was of course right to be concerned about the NHS’s fragility in the face of such a major health threat—and right, also, to urge responsible individual behaviour. But the reversal is nonetheless striking.

To a significant degree, the NHS was being elevated both above the people it is supposed to serve and above the people who staff it. There was an element of fetishism here. In this regard, it also seems revealing that while the Imperial College Covid-19 Response Team’s prediction about an *overwhelmed health service* did have a dramatic effect on policy (Ferguson et al., 2020), SAGE forecasts of mass mortality due to an unmitigated epidemic were not in themselves enough to spur the government into vigorous suppression of the virus or to dent the hope of ‘herd immunity’. Indeed, a key expressed goal at the time was to protect the NHS from an anticipated resurgence in the winter of 2020–21.

In these circumstances, NHS staff were praised as ‘heroes’ while being denied significant pay rises or sometimes even PPE. It reminded me of some research among former soldiers in the US campaigning organisation Iraq Veterans Against the War, who expressed widespread unease with being praised for their ‘sacrifice’ in circumstances where their needs as veterans were routinely neglected and where a combination of a dubious war, dishonest recruitment, forcible retention, and a shortage of protective equipment had sometimes induced a feeling of *being sacrificed*.

Another more tangible downside of putting the NHS on a pedestal was that in practice, the NHS was being protected, in part, at the expense of elderly people in care homes. At least 42,000 care home residents in England and Wales died of Covid-19 (Ryan, 2021). A May 2020 investigation by *The Guardian* of care home deaths found that:

To protect the NHS from the devastating situation that emerged in Italy – with the near collapse of hospitals – UK ministers ordered 15,000 hospital beds to be vacated by 27 March. Making beds available was part of the ‘national effort’ and ‘will help to save thousands of lives’ they told care homes. Guidelines said there was no need to test discharged patients because Covid-19 sufferers ‘can be safely cared for in a care home’ (Booth, 2020).

One last way in which neoliberalism created vulnerability to Covid-19 should be mentioned. Stepping back, we need to consider how neoliberalism contributed strongly to the emergence of right-wing populism (and its dangerous delusions) in the first place, not least through disillusionment with political elites as inequality escalated (see, notably, Putzel, 2020).

Intimidation and free speech

Restricting and distorting flows of information has been a significant source of vulnerability to Covid-19. Although Sen and Drèze (1989) are right that democratic accountability creates a significant incentive to prevent disasters, the prospect of being held accountable may also establish a powerful inducement to *cover up* a disaster and to exaggerate the effectiveness of a response. In the case of the coronavirus, we have seen some spectacular denials of reality. Much of the US media has actively spread Covid-19 scepticism (Gerson, 2020), and there has been substantial intimidation of journalists, officials, and health workers as part of an effort to disguise the extent of the crisis and the inadequacy of the response. While a free press remains important in holding politicians to account for disasters (as Sen and Drèze rightly stressed), we need to rethink what ‘free press’ actually means in a chaotic, profit-driven information environment of which social media are such a prominent part. Given the threat of being voted out of power, democracies might have a *particular* motivation to cover up disasters and to intimidate any critics (*cf.* Keen (2014) on Sri Lanka).

As in ‘far away’ disaster zones such as Sudan or Syria, selectively giving and withholding assistance became an integral part of the attempt to control dissent in

Trump's America. State governors friendly to the president got the full measure of PPE, whereas opponents (often attacked on Twitter) received only a fraction. When Coronavirus Aid, Relief, and Economic Security (CARES) Act funds were distributed, New York got USD 12,000 per patient while less affected, Trump-voting states got up to USD 470,000 per patient (van Dorn, Cooney and Sabin, 2020). This is the kind of striking disparity between regional need and relief response that I documented in relation to famine in Sudan. Perhaps it is little wonder that US journalist and author George Parker (2020) recently referred to the US as a 'failed state'.

Trump had his own (even more queasy) way of venerating health workers. In fact, when it came to the coronavirus, he reframed criticism as an insult to the heroic men and women who have been trying to limit its impact. In slightly modified form, Trump in effect invoked the old chestnut that criticism of a war equates to criticism of the soldiers who are fighting it, so that dissent is recast as disrespect. In mid-April, Cable News Network (CNN) reporter Jeremy Diamond asked Trump if it was right to show video clips of self-praise at a point when more than 40,000 people had died due to Covid-19 in the US. He replied:

I'm standing up [for] the men and women that have done such an incredible job, not for me. . . . I'm also sticking up for doctors and nurses and military doctors and nurses. . . . You don't have the brains you were born with! You should be praising the people that have done a good job. . . . It's dangerous, it's going to a battlefield. . . . I want the men and women of this country that are in danger, the admirals and the generals that have done a job like they've never done before. They're in war, we're in war. I call it the invisible enemy (Schwartz, 2020).

Punishing dissent has not gone this far in the UK. But stifling criticism has still been an important official priority. As *The Lancet* observed, war metaphors 'encourage the view that criticizing government strategy is somehow unpatriotic' (Horton, 2020b). Doctors and nurses dealing with Covid-19 were warned by hospitals and other NHS bodies not to raise their concerns publicly about the shortage of PPE and the consequent danger to their life (and, by extension, to the patients). Some staff received threatening e-mails and warnings of disciplinary action, according to evidence from the Doctors' Association UK (Campbell, 2020). One doctor wrote to *The Lancet* to point out: 'I never thought I lived in a country where freedom of speech is discouraged' (Horton, 2020b). Despite being heavily pregnant, Meenal Viz, a hospital doctor, decided to protest outside 10 Downing Street, highlighting that 'we are being silenced. In our own hospitals. By our own managers. A lot of people are afraid for their own safety but their also afraid of losing their jobs. Some of them have visas tied to their work or families to feed' (Cadwalladr, 2020).

Meanwhile, the ability of Public Health England to stand up to the government seems to have been weakened by administrative reforms and by its reliance on local authority budgets that had themselves been reduced by years of austerity. Professor David McCoy (2020b) noted that the organisation 'has remained conspicuously quiet

during the pandemic, and it has fallen to independent public health experts to point out the errors of the government's approach' (see also Costello, 2020). Nobel laureate Sir Paul Nurse said of the UK system: 'It sometimes seems like a "black box" made up of scientists, civil servants and politicians are coming up with the decisions. . . . We need greater transparency' (Sample, 2020b).

Within both totalitarian systems (see, for example, Becker, 1996; Armstrong, 2009) and democratic political systems (as Arendt's work on the Vietnam War reminds us), extreme magical thinking will tend to attract violence and intimidation—if only so as to sustain the illusion as a growing weight of reality threatens to intrude. We also saw this process play out strongly in the 'War on Terror'. Many right-wing populist leaders, including in the UK and the US, have been hitting out at inconvenient information while branding its bearers as disloyal or incompetent, as 'enemies of the people' or instruments of the 'deep state'. Even in Sweden, which has suffered because of its own version of the 'herd immunity' strategy, those who questioned this official policy were repeatedly labelled as unpatriotic, unscientific, and emotional, while responsibility for outbreaks was often pinned on immigrant communities who were said to demonstrate poor 'compliance' (Gustavsson, 2020).

Conclusion

Among the key reasons why democracy did not prevent a Covid-19 disaster in the UK and the US were the reconceptualisation of disaster as a *good thing* (in contributing to 'herd immunity'), the influence of neoliberalism, and the nature of the information that was circulating and not circulating. A key danger is that we might conclude from the pandemic that democracy itself is discredited. Far-right groups in the UK have sometimes gone down precisely this route, stressing that authoritarian regimes have outperformed Western liberal regimes in tackling the health crisis, with some even claiming that liberal states are on the verge of collapse (Doward, 2020).

Yet, disasters call for a reinvigoration of democracy rather than a knee-jerk invocation of autocratic 'emergency' rule (see also Honig, 2014). A key problem in the UK and the US is that these countries were *not democratic enough*: too secretive about their 'science'; too intimidatory towards critics; too ready to protect some constituents rather than others; too excluding when it came to the voices of healthcare professionals, manual workers, minorities, prisoners, and the elderly, inter alia; and generally too much in awe of individual 'charismatic' leaders who have proven to be woefully out of touch with reality.

Covid-19 seems to be one among many disasters that risk reinforcing a disaster-producing politics in Western democracies—potentially a self-reinforcing rather than a self-correcting system. Today, strong political forces are pushing for a deepening of neoliberalism, an expansion of magical thinking, and an intensification in intimidation of anyone who disagrees—some of the very things that fuelled the Covid-19 disaster. Even as the magical thinking of senior government officials has been exposed,

magical conspiracy theories have received a boost from the idea that ‘big government’ is trying to hijack the virus further to restrict people’s freedoms. Meanwhile, even ‘getting back to normal’ risks reconstructing underlying vulnerabilities—a danger long evident in relation to *post-war* reconstruction (cf. Keen, 2008).

Many disasters and emergencies affecting Western democracies have origins in earlier policies (the deregulation of international markets, the ‘War on Terror’, the relentless pursuit of economic growth, the after-effects of empire). But rather than changing fundamental policies in response to these manifestations of ‘blowback’, many leading politicians are busy *taking advantage of crises and incorporating blowback into their political and economic strategies*. Part of this is the construction of political capital—and a political constituency—out of a wide-ranging reflex of denial. Another part of it is constructing political capital from suffering. With humanitarian disasters unfolding among migrants arriving in Europe and North America, their suffering to a large extent reconceptualised *a good thing*—appealing at the polls and ostensibly useful in deterring further migration (cf. Andersson, 2014; Keen, 2020). Meanwhile, the migrants’ lack of representation adds to their vulnerability, as do controls on information flows.

While overlapping disasters are potentially helpful ‘alarm calls’, many are being incorporated into the dreams and delusions that keep relevant publics asleep. One delusional dream is the idea that disaster can be kept at bay by building a variety of walls and security systems. This produces a false promise of ‘immunity’ to collective problems (cf. Ahmed, 2011; Andersson, 2019). For many of those living in Western democracies, it continues to be tempting to resort to forms of denial and projection *that sustain a feeling of exceptional ‘greatness’ even in the midst of disaster*—whether by denying disaster, by locating the causes somewhere in the ‘outside’, by directing disaster towards those who are seen as ‘disposable’, or simply by redefining disaster as ‘a good thing’. And although some emergencies are hyped, others are denied altogether. When George W. Bush was re-elected in 2004 after the Iraq debacle, Bob Herbert (2004) noted in the *International Herald Tribune*: ‘We Americans . . . want our leaders to manipulate reality to our liking’.

When it comes to Covid-19, far-right groups in the UK have been blaming immigrants (Doward, 2020). Blaming China has been common, and anti-Asian violence has been rising, most notably in the US. The Trump administration used the virus to ramp up anti-immigrant policies. In April 2020, David Weigel (2020) noted in *The Washington Post*: ‘Uncertainty and fear over the economic impact of stay-at-home orders is fueling a sort of culture war between conservatives, whose political strength now comes from rural America, right now less affected by the virus, and liberals, whose urban strongholds have been most affected by it’. That distribution would change, but many Republican governors continued to underestimate the crisis, and that ‘culture war’ has not gone away.

What is now becoming clear is not only that disasters are ‘coming home’ to Western democracies, but that the many *functions* of disasters are ‘coming home’ too. We are seeing new disasters like Covid-19 being integrated into existing systems of disaster-

manipulation—as when the Italian government declared its seaports ‘unsafe’ because of the pandemic, stressing the danger of migrants carrying the virus, and banning the landing of rescue boats (Tondo, 2020). Covid-19 is already encouraging a range of governments around the world to relabel dissent as disloyalty, to step up surveillance of the population, and to claim emergency powers that may outlast the virus crisis itself (*cf.* United Nations, 2020).⁶

When the Global Health Security Index (compiled by the Johns Hopkins Center for Health Security, the Nuclear Threat Initiative, and the Economist Intelligence Unit) rated 195 countries’ capacity to tackle infectious disease outbreaks in 2019, the US was ranked in first place, with the UK second; South Korea was ninth and China fifty-first. The false sense of security that informed these rankings seems to have been a significant source of vulnerability in itself (Dalglish, 2020). With Trump repeatedly ‘othering’ the virus crisis (for example, through references to the ‘Chinese virus’ and ‘Kung Flu’), historian Andrew Liu (2020) said of the slow reactions and the weak preparations in the UK and the US in particular: ‘This inactivity was partly the product of western exceptionalism that believed viruses and epidemics only happen “over there”, in poor and non-white countries’.

Covid-19 adds weight to the possibility that problems commonly dismissed as affecting ‘only’ the Global South will now be taken more seriously since they are clearly affecting those who had complacently assumed themselves to be somehow immune. As Shylock noted in Shakespeare’s *The Merchant of Venice*, we are ‘subject to the same diseases, healed by the same means, warmed and cooled by the same winter and summer’ (Act 3, Scene 1). As George Packer (2020) put it: ‘If 9/11 and 2008 wore out trust in the old political establishment, 2020 should kill off the idea that anti-politics is our salvation’. Perhaps it *will* kill off that anti-politics, or it might give it another ‘shot in the arm’.

Data availability statement

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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Endnotes

¹ Tweet: ‘This is the Nudge unit “behavioural scientists” talking on the record to @BBCMarkEaston about the plan for most population to get “herd immunity” – which I think means getting corona-virus, while protecting the vulnerable – ie elderly via “cocooning”’.

- ² On Britons' 'inalienable right' to go to the pub, see, for example, O'Toole (2018, 2020).
- ³ Tweet: 'I'm conscious that lots of people would like to see and run the pandemic simulation code we are using to model control measures against Covid-19. To explain the background - I wrote the code (thousands of lines of undocumented C) 13+ years ago to model flu pandemics . . . '.
- ⁴ On 'neoliberalism' and its complexities, see Venugopal (2015) and Putzel (2020).
- ⁵ There has been a shortage of ventilators in the US, with doctors and nurses also frequently lacking basic protective gear (Menon and Kucik, 2020).
- ⁶ Such developments, of course, may make it harder to disabuse the likes of QAnon.

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