

<http://somatosphere.net/2020/disaster-capitalism-covid19.html/>

## Disasters and capitalism...and COVID-19.

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By Vincanne Adams

I recently participated in a radio talk show on the topic of disaster capitalism and the current COVID-19 pandemic. Is the COVID-19 pandemic a disaster? If it is, how does it compare to other disasters that anthropologists have written about? Might the lessons learned from other disasters, like the Hurricane Katrina recovery in New Orleans, be useful in understanding the current pandemic? Looking at COVID-19 through the lens of disaster capitalism, for instance, we could explore its roles in the causes, impacts and responses to COVID-19 in the US.

Disaster capitalism is described by Naomi Klein in [The Shock Doctrine](#) (2007) as the architectures of post-war neoliberal economics that both create and respond to disasters in ways that promote free-market, for-profit corporate solutions that may succeed in creating company profits but ultimately fail in terms of democracy, fairness and justice. In the case of post-Katrina New Orleans, levee breaches and flooding were caused by the privatization of the Army Corps of Engineers and the oil industry's erosion of protective wetlands. The impacts of Hurricane Katrina were not just the floods but also the social disasters determined by pre-existing inequalities, with the highest death tolls and the greatest financial and material losses affecting the most vulnerable social and economic groups. Finally, recovery from Katrina was derailed by neoliberal capitalism, in which private sector contractors (Haliburton and Bechtel, to name a few) rewarded themselves richly with recovery and rebuilding contracts while ordinary people were left to muddle through on their own or, quite literally, left to die.

Looking at COVID-19 from the perspective of disaster capitalism in the causes, impacts and responses to this pandemic we might first ask: is the COVID-19 pandemic a disaster? There's been a lot of dithering about whether or not COVID-19 is a disaster, not least of which has been from the White House. Republican whitewashing and Fox News denialism aside, what makes something a disaster? Why aren't the normal flu or viral colds mostly coming out of Asia every year (which also kill people in great numbers) considered disasters? Better yet, why aren't other more deadly causes of mortality (heart disease, cancer, diabetes) considered disasters?

Journalist Sheri Fink [compared worst-case scenario deaths from COVID-19](#) to other voracious killers in the US, including heart disease, cancer, COPD, diabetes, drug overdoses. She noted that mortality predictions for COVID-19 will possibly make it the third highest cause of death in the US by mid-April 2020. Fink's point was to provoke thinking about the immediacy of the fatalities looming-on-the-horizon, using anticipation to make this particular pandemic disastrous in advance. But she left morbid diseases that persist as chronic forms for years but eventually kill more people to seem less like disasters.

Imagine how US health care institutions and government responses might change if cancer, heart disease and diabetes were framed in the same language and sense of urgency as COVID-19. This is difficult to imagine because chronic morbidities are a built-in artifact of the disaster that free-market capitalism has created. Another way of saying this is that these mortalities are not an outcome of individual choice; they are an outcome of allowing corporations to sell deadly, heart-disease-producing foods and of barely regulating cancer-causing chemicals at all. We don't tell people what to eat or how to behave, but we also don't tell corporations what to do either. We let a lot of people get very sick. Remember tobacco? Lochlann Jain made this case for [automobiles \(2006\)](#) and [cancer \(2013\)](#): a society that is organized around the principle that companies should not be prevented from making things that kill people must also accept as 'normal' that many people will die in large numbers from these things. Their insights are echoed by Andrew Liu in his [account of COVID-19 in Wuhan](#) when he says we always have a hard time deciding how "to weigh corporate profits against human life."

Still, COVID-19 caught many of us off guard and it is coming all at once. Perhaps the temporal urgency and extreme virulence of this outbreak *do* make it more of a disaster than other outbreaks emerging at about the same time every year, and more of a disaster than other major causes of mortality. These facts certainly prompt a need for caution and preventive action. At the same time, the total mortality from COVID-19 on a global scale is as yet unknown, but we have been thinking of it as a disaster for weeks now. What exactly is the disaster, then?

Some experts have suggested that we are experiencing not one, but two disasters. There is the virus, and then there is the societal reaction of bringing our entire fiscal and economic infrastructure to a near complete standstill. Some, including epidemiologist John Ioannidis, [have argued](#) that there is too much uncertainty in the statistics to warrant the massive responses we have seen. Most people who get the virus will survive, but the death rates are hard to decipher. South Korea's numbers look very different from those in Italy. His concern is that the anticipation of the epidemic has already created responses that may have a much more

deleterious effect than the virus itself. Others, such as Dr. David Katz, [argue for a more surgical quarantine](#) than what we have seen that would keep the economy going. While many [have disagreed](#) with Iannidis and Katz, the fact remains that we are still waiting for the total death rates to become visible and in the end we may not be able to distinguish between rates tempered by good social quarantine measures and the untempered fatality of the virus.

I've started to think about how to be attentive to the virus with full seriousness – taking the worst predictions to heart and recognizing they could hit very close to home (I have 8 parents all over the age of 80) – while also trying to decipher how the response to the epidemic was mobilized so quickly and with such ferocity on a global scale. I've been thinking of something that might be called a *pandemic industrial complex*. Just as the military industrial complex orchestrated massive government expenditures on the war machine in the name of geopolitical security in the aftermath of WWII, might the pandemic industrial complex be the machinery of biopolitics that is now orchestrating our neoliberal geopolitical investments and responses?

Certainly my fellow anthropologists have offered fuel for such a claim. Susan Erikson [reminds us](#) that pandemics have become a dominant framework through which government and financial resources are mobilized in Global Health. World Bank instruments like the Pandemic Emergency Facility leverage free market investing in the next big outbreak, a financialization enabled by ever more sophisticated modeling of possible outbreaks around the globe. [Carlo Caduff \(2015\)](#) points out that we have been anticipating the next “pandemic perhaps” for a long time, sitting in wait while mobilizing capacities for response in ever more refined and expensive ways each year. Yet, the turn to pandemics displaces other forms of healthcare for ongoing morbidities, replacing essential and primary care, drugs, reproductive care, etc. with the technologies of surveillance, reporting and big data generation needed to model the inevitable catastrophe ([Frankfurter 2019](#)). The predictive prognosticators of our time — from epidemiological forecasters to genetic epidemiologists and computational and zoonosis biologists — are the new oracles upon whose prophecies financial markets rise and fall. As global warming augments cycles of fire, flood, hurricanes and viral mutations, we learn to live in anticipation, emergency to emergency, sometimes even before the deaths have occurred. As [Anthony Oliver-Smith \(1999\)](#) told us long ago, there is no such thing as a ‘natural disaster.’ There is also no such thing as a natural or certain response. But there is preparedness.

To be sure, the virus is deadly, but like other disasters, the actual arrival of COVID-19 magnifies pre-existing vulnerability in ways that also figure in the calculus of disaster capitalism. Those with COPD or heart disease,

with asthma or compromised respiration, the immunocompromised... these are the most likely to die from infection with COVID-19, so why not say that *these* are the main reasons COVID-19 is deadly? If we had a healthier population, would COVID-19 be considered a disaster? Possibly or perhaps not. From the perspective of disaster capitalism, we might say that what makes COVID-19 a disaster is its arrival to a country that has a woefully underinsured, unhealthy population. The disaster already wrought by capitalist free markets on the bodies of many Americans is at least as much to blame as the virus. I am in no way offering what my colleague [Zoe Wool](#) reminds me might be construed as an ableist argument about how the unhealthy have caused this disaster. On the contrary, I am pointing to how we have produced so much health vulnerability in the US and that unpacking COVID-19 as a disaster also requires us to unpack our pre-existing health care crisis. We could turn the same scrutiny on other places with high morbidity from COVID-19.

Related to this, what COVID-19 also reveals are the huge holes in the US public health infrastructure (if we can even talk about a public health infrastructure at all). The holes became apparent as soon as efforts to implement quarantine and social distancing were put in place, randomly. Each state, city, county and medical institution decided on its own what and how to implement security guidelines, and all had virtually no way to enforce any of these recommendations. The same is true for the channels of information that quickly became a churning sea of contradictory and contrary information. Vast quantities of advice were flowing out from 'experts,' creating a competitive every-man-for-himself tapestry of policies and generating a panic for some about what and who to listen to. These problems might also be attributed to the commitment to privatization and the persistent rejection of anything (from policy to healthcare infrastructure) that smacks of centralized governance. As with other disasters, the absence of a strong government safety net has only worsened the impact and response to COVID-19, prompting us to ask: isn't the real disaster the arrival of a potent virus into a society that has no real functioning healthcare safety net and that sets everyone and every institution up as a free market entrepreneur of health knowledge and action?

Finally, when the belief in the free market and the wisdom of corporations is called upon to respond to a disaster, there will inevitably be conflicts between health and profits. Consider the scramble of competition and outrage over who will make the vaccines, the antivirals, the ventilators, and the masks. Large corporations are already lobbying for contracts. General Motors will build ventilators (even though they have no real experience doing so). [Gilead was offered the contract](#) for the antiviral Remdesivir, prompting them to request 'orphan drug' status that would guarantee lower cost to them but limited affordability to anyone who is

uninsured. Although [the request was withdrawn](#) after public outcry, questions about how much Gilead should be able to profit from this contract remain obscure. The problem with governments who believe that corporations will step up to the plate in an emergency is that they confuse corporate success with expertise. Hedge fund moguls are called in to advise politicians despite having no real experience in governance or politics. Will Blackwater mercenaries be arriving to help out soon? Corporations do what they do best: make money. Meanwhile, grassroots efforts to make hospital masks with 3D printers are threatened with patent infringement lawsuits, and Amazon entrepreneurs who hoarded toilet paper and hand sanitizer are allowed to gouge prices without being hauled off to jail. We could add to this the question of why it should ever be legal or ethical to short stock on Wall Street as the pandemic continues to threaten the bull market.

There may be upsides to the disaster that is COVID-19. My 26-year-old daughter told me she thought that Americans are always saying socialism cannot work in America, but if it is true that people with COVID-19 are going to get free tests and free hospitalizations and the government was going to send checks to fill in the gap for missed wages, then it might make them think it actually could work. Philosopher Slavoj Žižek [said something similar](#). Perhaps Andrew Liu is right when he writes that “the best safeguard against coronavirus is the ability to voluntarily withdraw oneself from capitalism.” We’ll see. So far, it does not look like all of these things will happen and I am guessing a lot of Americans are going to be reeling from the medical bills, the foreclosures, the shuttered companies for at least as long as they will be missing their loved ones who died from COVID-19. Julie Livingston reminds me that while we have unclear numbers for COVID-19 death rates, we do have good numbers for unemployment claims, stock market performance, and lost businesses and these create tension in the adjudication of this pandemic as a zero-sum game that should not even be taking place.

So, what is the point of this critique? During the AIDS epidemic, sociologist [Paula Treichler \(1999\)](#) asked the trenchant question of how we should engage in critical social theory during an epidemic. Treichler worried that any effort to speak critically of interventions might be seen as a vote for inaction, or of undermining badly needed support for research and care, or worse, of fueling naysayers who refused to recognize the epidemic for what it was. Some might also think that by raising these critical points, I am unwittingly fueling the denialism that threatens to undermine quarantine efforts. I hope I don’t. No one should not take COVID-19 seriously. But I do think there is something to be gained by peeling away some of the layers of obfuscation that have made COVID-19 a disaster by scrutinizing contributing factors that lie far beyond the virus itself. It might be all we can do under the conditions of anticipatory life that we all must

abide by. With that, I exit with one question: Will this be the same story with every new virus emerging on the global horizon, every year?

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