The Anarchist Library Anti-Copyright



No Covid No Mandates

An anarchist strategy to end the pandemic

Taeer Bar-Yam

Taeer Bar-Yam No Covid No Mandates An anarchist strategy to end the pandemic December 28, 2021

Retrieved on 2022-01-06 from taeer.bar-yam.me/blog/posts/anarchism-covid

theanarchistlibrary.org

December 28, 2021

Contents

Despair and Hope	5
Theory	6
Other Theories	6
My Theory	8
Praxis	10

areas. Work with those other areas to get their covid outbreaks under control so you can reopen unencumbered travel.

Limit gatherings; limit indoor contact; wear (high-quality) masks; make checkpoints; quarantine; sanitize; institute contact tracing; test; monitor symptoms; vaccinate. Find out what will work best in your communities, and use as many as you can.

And keep yourselves safe, comrades.

Despair and Hope

When this pandemic began, my hopes for anarchism flagged. Here was a situation where immediate, coordinated, uncompromising action was required. We cannot lock down while respecting people's autonomy to move about and meet with each other. An epidemic is exactly where anarchism fails, and a tyrannical state is justified. And honestly? I would still turn over some of my liberties if it meant an end to this mess. Maybe that makes me a bad anarchist, but at some level of death and human suffering, I'm a consequentialist, not an ideologue.

But here we are, two years later. Has the state saved us from ourselves? Hardly. Across the world we've seen ineffective leadership and governance ending in... well, it hasn't ended, has it. That's the problem. If my conviction that an anarchist society can address all situations started to dissipate at the beginning of the pandemic, the notion that statist societies can be counted on to address *any* situation has evaporated by now.

So what then, are we inevitably trapped in a never ending cycle of death and chronic illness? I don't think so. There is a strategy that has been effective in eliminating covid in a few regions already. It can be employed by the state. But not only is it consistent with anarchism, I think in some ways it would be easier to implement in a free society.

Where have we seen success in dealing with SARS-CoV-2? To name a few places: China, Singapore, Taiwan, New Zealand, Australia, Atlantic Canada, and India.¹ This is not to say that these places haven't had covid waves; they certainly have. But at some point, each of these regions managed to keep the number of cases extremely low while residents return to shopping, partying, bar-hopping, and other social activities. That is the

¹ India is not being reported on as a success in the news, but cases have been dropping for the last 8 months (longer than immunity lasts), and the majority of the country is not locked down.

success we are trying to analyze: how did they manage it? (even if they later failed to sustain it)

Theory

Other Theories

Well, let's first say how they didn't do it; let's debunk a few popular theories.

"These places have only managed to avoid covid because they are island nations."

Ah yes, the famously island nations of China, India, and Atlantic Canada. Being an island probably makes things easier, but it's clearly not a requirement.

"China can only succeed because of harsh totalitarian control over their population."

This is exactly the concern I had going into the pandemic: only extreme central control and draconian measures can contain the spread. This has certainly been a part of China's strategy, and helps to explain their success. But it's not necessary, because success has been found in places with much less authoritarian governments.

"They're just not testing enough / not reporting numbers accurately."

It's hard to hide exponential growth in infections; when people start dropping dead, it's noticeable. Also, all of these countries *have* had outbreaks, where exponential growth has been reported. Why would they sometimes report accurately and sometimes not?

"Maybe there are genetic differences that protect them."

Once again, these countries *have* had outbreaks, both before and after periods of control. I haven't seen any explanation in terms of genetics that accounts for these variations over time. You can read more about the green zone strategy to help inform those conversations.

Our best chance may be to move and group up with likeminded people and create communities that have this shared pact of mutual aid, protection, and covid elimination. Once you've convinced your friends, family, or neighbors, see if they're willing to act. Of course, this is always the work of anarchism: organizing federated, accountable communities. It isn't easy, and it is especially difficult when meeting in person isn't safe. But in some ways the current situation is an opportunity: people are looking for safety and solutions, and many states have failed to produce them. Here is a solution that, as an added benefit, begins to develops the kind of communities and decision-making systems that comprise a free society.

One place this strategy may have potential is college campuses. Many are relatively isolated, which makes defending against re-importation of the virus easier. There are often relationships with surrounding towns and cities, which gives a natural place to expand the safe zone. There are also strong ties between colleges, which can allow the idea to spread non-locally. It may even be possible to get college administrations on board; they have demonstrated (more than most institutions) an active desire to keep cases low. If not, well, historically colleges have been hotbeds of direct action; students know how to take charge of their spaces and their lives.

If you're in a region with strong bottom-up governance systems (Hi Rojavans! Zapatistas!⁹), organize! Communicate the need to your neighbors, and agree on measures to eliminate transmission in your area, and prevent importation from other

[&]quot;Covid must be controlled by vaccinating the whole population."

⁹ Though from what little information I can find the Zapatistas seem to be doing well controlling covid. And from the only article I can find on their strategy, they employed something similar to stop spread.

dealing with one another and coming to agreements of compromise, respect, and mutual aid, it would be only natural to establish a covid-free pact.

None of this suggests we demonize, ignore, or shun areas that are not at zero community transmission. It is important to protect one's own community from transmission, but that does not preclude mutual aid. Both individuals and communities that have covid and are in isolation still need the support of their neighbors and society as a whole. Contactless delivery, sanitizing stations, and more, can allow communities to interact in limited ways while keeping the virus out of safe areas.

Praxis

No anarchist piece is complete without understanding the opportunities for (direct) action.

Talk to people about this. Write blog posts, call your legislators,⁸ debate your friends, gently broach the topic with your family. Let's break through the narrative dichotomy of "vaccinate" vs "don't vaccinate", "lockdown" vs "don't lockdown", etc. There are important discussions to have about the most effective tools, but all of them are means to an end and can be decided upon locally. Local communities should be in the front seat deciding how best to protect themselves and eliminate their own community transmission.

Most people are not anarchists, but there's no need to pitch this as a radical anarchist plan. The important idea is that some places have succeeded in eliminating covid, and we can do the same. We only need to study and emulate what's worked: local action to eliminate community transmission. This is also a worrying proposition for anarchists; we have to force-vaccinate people? I guess if it were truly necessary, I wouldn't object. But coercion is not my favourite go-to tactic.

Interestingly, I never see this made as an empirical claim "those countries that have succeeded in containing the virus have high vaccination rates"; it's always a prescriptive one "in order to contain the virus we must have high vaccination rates."² That may be because, as it turns out, the empirical statement just isn't true.

Many of the places I mentioned had things under control before vaccines were developed, or without widespread deployment in the population. And in the other direction, countries with extremely high vaccination rates have had outbreaks anyways.³ In fact, one study, published during the first delta wave, found essentially no correlation between vaccination rates and number of cases.

To be clear: I'm *not* arguing that vaccines don't help. They clearly do. At a mechanical level they have been shown to reduce infection and transmission (and hospitalization and death). It is a tool in our toolbox, just not a necessary or sufficient one on its own.⁴

"Unvaccinated populations are where variants evolve, so we must vaccinate everyone."

Rarely do I see anyone *justify* this claim, but as far as I can tell, the reasoning that gets us there is "unvaccinated populations have more cases, more cases means more opportunities for the virus to mutate, more mutations means more chance for a viable / worse / immune-escaping variant to develop."

⁸ I don't think state intervention is necessary, or the best way. But at the moment most of us live in a fractured society barely held together by government power. We need a solution *fast*, and the state is the institution that seems currently capable of effecting that solution. Diversity of tactics in all things.

² How high? Unclear, but always higher than they are now.

³ For instance, Singapore and Gibraltar, which are among the most vaccinated countries in the world, had delta outbreaks after they were >80% and nearly 100% vaccinated respectively.

⁴ With the increased transmissibility of the delta and omicron variants, some amount of vaccination in the population may be necessary in practice. But universal vaccination still isn't, and it certainly isn't sufficient.

If you look at everything past the first implication (unvaccinated populations have more cases), this is a just general argument for reducing infection rates. Vaccination is one tool for accomplishing this. The previous section addresses the idea that vaccination is the *only* way to do this, or that it is enough just to vaccinate.

I should add that I also haven't seen empirical data backing this up. Since vaccination started for most of the world in January of 2021, only 1 variant of concern has arisen, Omicron (Delta arose in late 2020). This is hardly a compelling dataset.⁵

My Theory

I think the key to these success stories is something anarchists are intimately familiar with: local action. In areas where there is no community transmission,⁶ life can continue mostly as usual. Where there is community transmission, action should be taken to get to no community transmission. All of the usual preventative measures help: masks, vaccination, testing, ventilation, social distancing, reducing and cancelling gatherings, contact tracing, etc.

The last piece, then, is travel. We want to make sure areas without community transmission stay that way, so anyone passing from a region with community transmission to a region without must ensure they are not infected first. This can be achieved with a combination of quarantine, testing, and symptom monitoring. Can centralized states impose these local lockdowns and travel restrictions? Yes, and in some fashion that is what's happened in all of the places that have succeeded.⁷ China, for instance, is the paradigm of centrally imposed local lockdowns. But that doesn't mean the strategy is inherently coercive and authoritarian.

I like to think of it in terms of the recent Indian public health slogan: "My Village, Corona Free". India is not an anarchist region; it is certainly managing things through a centralized state. But that doesn't mean the same ends can't be achieved without the state.

"My Village, Corona Free" is at it's core an idea, a call to action, for local communities. It requires neither central control nor strict enforcement. Some regions may not decide to participate. Some may try unsuccessful strategies at first. They needn't be punished or threatened, but only prevented from bringing the virus into regions that are succeeding. Of course, this can put pressure on regions, since travel becomes more difficult. And seeing examples of success will hopefully inspire them. But nothing needs to be done for the purpose of manipulation or coercion, only protection of one's self. Every village can decide for itself if, when, and how they will go about eliminating community transmission.

I think this works even better in a free society. If the state enforces lockdowns, it typically does so in ways that are unresponsive to the local situation and needs. People are likely to subvert and oppose the restrictions, hoping to re-exert what little control they had over their own lives. If, on the other hand, individuals feel real ownership over themselves and their community's decisions and health, many will want to protect their neighbors. Furthermore, if local communities are used to

⁵ If anyone has a comprehensive list of minor variants and where and when they arose, we can see if there's actually a direct relationship between vaccination rates and variants arising. In the meantime, I have no reason to believe there would be one.

⁶ Community transmission means cases spreading with unknown sources. Someone travelling from outside of the region sitting in quarantine does not count, nor does someone who was identified by contact tracing, and isolated before they could spread to others.

⁷ Australia's eastern and western states were cut off for a while; Atlantic Canada was cut off from the rest of Canada, and severed internal travel when cases increased; New Zealand had lockdown only in Auckland, which was isolated from the rest of the country.