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# No “End” In Sight

On Cultivating Conflict With a World of  
Pandemics

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means to care for, and be cared for by, others. It is through our connection to others that we are able to move past our own limitations. I would have never been brave enough to throw a tear gas canister back at a line of riot police had I not made a friend in the crowd a few hours before. I would never have learned how to bind (albeit very cheaply) books if I didn't have a crush on someone. I would never have found solid ground after the sudden death of a friend if I didn't have others who helped to keep me tethered. All of this is part of my autonomy and all of it required the care of others.

All of our actions have consequences, each decision we make reinforces or undermines some way (or ways) of relating even if we don't always acknowledge that fact. To bring this all back to the topic of covid and endemic illness, simply put I want more from anarchists. I want more imagination of how we can resist the normalization of mass death and disablement. I want more conflict with the existent institutions of power that cultivate this normalization. I want more critical analysis of how our actions reproduce the world around us. And most of all I want more honesty. As I've said before, I have no interest in moralizing. I have no desire to dictate who is good and who is bad. But I do want honesty about who you are willing to exclude and who you are willing to sacrifice for the sake of your own desired way of relating to the world, and for your own comfort. How do you think the excluded and sacrificed should relate to you? How would you relate to you if you were in their shoes?

I want a world in which we value our lives, and the lives of others more than we desire a return to a normalcy that was already killing us. I want more than to be fuel for the incessant ecocidal death march of racial capitalism. I want everything and I want it for everyone. What do you want?

ple’s lives and are an incredibly effective cudgel at keeping us working jobs we would otherwise be more willing to leave. I will not venture to state what specific actions would be worthwhile, but it feels imperative that we find ways meaningfully intervene in these systems or at least help to break the façade of the necessity of their existence. I will never be able to articulate the sense of anger felt when watching someone you love writhe in pain while a member of the hospital billing staff waits patiently for a pause to appear long enough for your loved one to sign that they acknowledge the cost of their treatment. It is a cruelty matched only by parking kiosk keeping your car in the garage until you pay your 13.50 for having the audacity to spend the night in the emergency room.

I am under no illusions that there is some prescriptive path that one can walk down to bring about the end of work and capitalism and all its horrifying tendrils. But I want the end of this world of racial capitalism and the endemic illnesses it demands. I want an end to the normalization of this cruel and unnecessary suffering we have come to accept as the cost of living. Given that desire I will keep looking for weaknesses in which to plunge a dagger and I will keep looking for others to help me.

## **It’s Always Been About Care**

I had a conversation with a friend a while back about the conflict between individual autonomy and care for others, about if anarchy prioritized the former over the latter, and if it did, what that meant. The more I’ve thought about that conversation the more I feel that there is no autonomy without care, and the less I’ve cared about whether or not I fit someone else’s definition of an anarchist. None of us can live alone. Some of us may be able to survive on our own for a time, maybe even for a very long time, but not live. To really live

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For those of use interested in unmaking this world, it is as imperative as ever that anarchists keep an anti-work (anti)politic at the tip of our tongues and at the inflection point of our crowbars. We need to be on picket lines pushing strikes as an attack against capital itself, not merely a threat in order to achieve a slightly higher starvation wage. We need to articulate (either from within or without) alternatives to the unions when it comes to fighting bosses and organizing with the people you work with. We need to fight against the normalization of the violence inflicted upon us at work, including the violences of endemic illness. Continuing to take precautions against the spread of covid in visible ways and discussing those actions in conflictual terms is one way to do that.

We can agitate workplaces with which we have proximity to update air filtration systems and consider the creative uses of sabotage that may be relevant in that agitation. Those of us who have distro projects can add masks and covid tests to our inventory of zines, stickers, and whatever cool rocks we found on the ground that day. Steal them if/whenever you can and recruit others to help you in that endeavor. Direct distribution whenever possible reduces the barrier of use and gives us an opportunity to talk to people in a more intimate and less stressful environment about why we may move the way we do. Prioritizing outdoor events and being explicit about why we are doing that works to reject the exclusion of those who cannot, or choose not to, risk greater exposure.

Medical debt continues to be a growing concern for tens of millions of people in this country and is a burden disproportionately borne by the poor and chronically ill. There are forgiveness programs but these are primarily focused on preserving the overall structure of a debt economy since if too many people default on their debt at once the whole thing falls. A similar phenomenon can be seen with credit card debt and student loans. These systems can, and often do, destroy peo-

suffering that I seek to destroy. This is my interpretation of what solidarity actually is, a recognition of connected suffering and compatible desires leading to action that works towards the destruction of the institutions of that connected suffering. Through their ability to visibly demonstrate a rejection of the normalization of endemic illness I genuinely believe masking in public spaces is a small, but tangible, way to begin carving out spaces conflictual with the existent. But obviously we need to go much further if we really want to destroy the world.

## **Seriously, Let's Destroy the Economy**

It's always been about capital. The driving force behind "moving on" from covid (or from any other "natural" disaster), from the perspective of those in power, has always been a prioritization of the bottom line, of production and supply chains. The disproportionate rates of covid deaths among the racialized and poor is as good evidence as we'll ever get that work is literally killing us. For many, even at the height of the first and second waves (seeing the most deaths in the Northeast then rest of the country respectively) there was no option to work from home, no prioritization of health. Outbreaks were daily occurrences in slaughterhouses and meat packing plants, in Tesla facilities and Amazon warehouses. Hundreds of thousands died preventable deaths in order to further enrich the likes of Elon Musk and Jeff Bezos. Many more have been left with long term complications and troubling implications for their health in the future. The number of people who fit within this latter category is only growing by the day. Recent state supreme court hearings have let the mask slip even further, shielding employers from lawsuits by aggrieved employees (or in some cases widow(er)s of now deceased employees) for trading their health (or lives) to keep production humming.

## **What Was, What Is**

It is currently September of 2023. Depending on who you ask we are either rounding out our fourth calendar year of a global pandemic caused by the SARS-CoV-2 virus, a year or two removed from the ending of that global pandemic, or (for the most conspiratorially minded) over three years removed from a grand hoax that was so well orchestrated that it managed to kill 1.14 million (and counting) of our loved ones in the so-called United States alone. Much has changed over the last four years, but much more has stayed the same.

I am writing because, firmly inhabiting the position that (strict definitions aside) we are still existing within the relations that brought about this most recent pandemic, I have grown some combination of frustrated and despondent with the number of anarchists and fellow travelers who seem content to declare the pandemic "ended" as apparent justification for "moving on" from taking precautionary measures against the spread of the aforementioned virus. Specifically, I am frustrated by how this declaration works to normalize the continued violence of endemic illness enacted by institutions of power.

We can quibble over definitions of what exactly constitutes a pandemic and whether or not our current moment falls within those bounds, regardless, Covid-19 has become endemic. Case numbers surge and subside throughout the year with new variants emerging seemingly with the seasons. New studies demonstrate the mass disabling effects of repeat infections, even when the cases contracted are mild or asymptomatic. These effects include increased risk of heart/kidney/lung disease, increased risk of pulmonary embolisms and heart attacks, increased risk of diabetes, etc. Each reinfection increases the likelihood of developing the (in my opinion, poorly named) condition "long covid", an amalgamation of chronic conditions ranging from consistent fatigue

and generalized pain (often in joints) to difficulty sleeping, concentrating, and breathing with many other conditions not listed here.

While it is true that not everyone who contracts covid will develop these increased risks or chronic conditions, their consequences are borne most acutely by the poor and racialized (specifically the Black and targeted non-white). This discrepancy is due in large part to the types of jobs different people are forced to work (exposure associated with employment varies greatly along the axes of race and class), inherent racism and classism within the medical industry (from hospitals to pharmacies) that limits access to meaningful healthcare, and disproportionate rates of relevant pre-existing conditions. In a similar vein it should be apparent that the previously discussed consequences will be borne more acutely by the disabled, the immunocompromised, and those navigating otherwise relevant potential comorbidities.

I do not write to be alarmist about some novel existential threat. None of this is unique to this pandemic, or this moment, or even pandemics at all. I could have written a nearly identical opening to an essay about the police and prisons or work and production. I also do not write in an attempt to moralize about what actions one should take to be deemed good or avoid in order to not be deemed bad. I am writing because I desire the cultivation of a more explicit antagonism with the institutions of power that wield the violence, and maintain the relations, that gives rise to moments like these, to pandemics and their consequences. I write because I desire a reorientation away from frameworks of obligation and towards frameworks of conflictuality. I write because I refuse to accept the normalization of the daily violence of life under the regime of racial capital, with a focus today on the violence of endemic illness. There is no “acceptable” sacrifice in service of production.

This piece is by no means intended to be exhaustive. It is an opening, a foot in the door. It is an attempt to carve out

us in this effort), then we can avoid the project of navigating and reckoning with these traumas. But there is a problem. It is much harder to put distance between yourself and the trauma you are trying to make disappear in the rearview mirror when there are others asking you to consider if the pandemic is really “over” for everyone, forcing a recognition that for many the trauma is still ongoing, never ended. This brings right back to the fore that which one may be trying to get away from. This lays a fertile soil for resentment to take root. But this isn’t the only way resentment grows.

For many, if not most, able-bodied people their primary interaction with disability is as an outside witness of another’s experience. Some able-bodied people have experience with being a care-taker for someone who is either acutely or chronically disabled, but this is still an outside experience with disability. When inhabiting this care-taker role, it is common that one is acting on some sense of obligation. At the onset of the Covid-19 pandemic, much of the verbiage used to motivate people to care about (or for) one another, relied on this language of obligation, used both by broader media as well as within radical milieus. This language of obligation reinforces disability-as-social-construction where both the able-bodied and the disabled are understood as immutable categorizations where the latter exists at the whims of the former and the former is obliged (typically in a moral sense) to care for the latter. But the thing about obligation is that it’s a close cousin to guilt. And the thing about guilt is that, while it may be useful motivation for action in the short-term, in the long-run it dead-ends at resentment, even though the guilt at the core of this resentment is nearly always imposed by the able-bodied upon themselves.

Recognizing this dead-ended nature of obligation, I am far more interested in cultivating positions of conflictuality, including the reorientation of actions such as masking within the framework of explicit conflict with the broader systems of

and treatment leading to disproportionate severe illness and deaths (especially among Black, Hispanic, and Indigenous populations). Covid has highlighted and further exposed so many meaningful targets for those who ostensibly desire conflict with the existent world and its wealth of oppressive relations. Yet many such people find themselves reproducing these relations rather than undermining them in this context. So, we are left to consider why this might be.

## Trauma, Obligation, and Resentment

As mentioned at the onset, in the so-called United States alone, over 1.14 million people have been killed by covid in the last three years. If we look instead at estimated excess deaths that number becomes 1.36 million. That is a number of people larger than the population of 9 states. With a number that large it is likely that the majority of us have lost someone in the last three years we otherwise wouldn't have, many others cared for loved ones through serious illness, and many still suffered serious illness themselves (and obviously none of these are mutually exclusive). Whether we want to admit it or not, many of us are carrying around deep trauma from these experiences. On top of this comes the trauma of heightened interpersonal conflict during periods of intense stress and the trauma inherent to massive social uprising, catching charges, loved ones being sent to prison, and the subsequent heartache when the world does not change as we might have briefly allowed ourselves to believe it could have in that moment.

All of this trauma is tied to our memory and understanding of covid. There is no way to talk about covid without this trauma sitting just outside the door, seeping in through the gaps near the hinges and floor. But if we can put some distance between ourselves and the pandemic, convince ourselves that it is "over" (often relying on a linguistic distinction to help

space. If you disagree with either the premises or desires so be it, share your criticism or set this zine (or better yet your phone/computer) on fire. If you find commonality but wish it went further or in a different direction, use this piece as a jumping off point for your own critique or discussions. There will always be more waiting to be said and done.

## Pandemics as Natural Disasters

Pandemics and natural disasters have a lot in common, most notably the fact that they are not natural at all, rather social constructions employed to normalize and justify the violence inherent to the existent regime of racial capitalism. While wildfires, hurricanes, earthquakes, volcanic eruptions have been occurring as long as the land and oceans have existed, they only become "disasters" once they are recognized as a threat to some prevailing order. Given that the prevailing order of our world is that of capital, it is being a threat to capital (occasionally including the lives of people) that becomes the defining characteristic of a "disaster". The massive, constantly swirling clouds on the surface of Jupiter is a phenomenon on the scale of each and every one of the most harrowing hurricanes to hit the eastern seaboard in the last century combined. Yet it is not a disaster. Because it is not a threat to anything of value, to capital, we give it a cutesy name (big red spot) and approach it with general amusement.

But what about the "natural" portion of "natural disaster"? "Natural", here, builds the illusion that the destruction of people's homes, the massive loss of life, the subsequent wake of vulture-like insurers picking at the corpses of what remains in the burned-out path of a wildfire (or hurricane or earthquake), is all a natural part of being alive and thriving in this great beautiful social paradigm we exist within. "Natural" offers rationalization for continuing to build cheaply made (yet

premium charging) apartment buildings on active fault lines. “Natural” helps rationalize the destruction of floodplains for commercial development. It grants cover for the continuous, ecocidal, encroachment of capital into every inch of earth from which value might be extracted. “Natural” is a smokescreen that keeps us from questioning if the present state of things is really the only way things could be.

And so we come to pandemics. In the same way that the “natural” in “natural disaster” works to normalize the violence of the intersection of capitalist society and weather, the social construction of pandemics works to normalize the violence of the intersection of capitalist society, settler colonialism, and viral infection. While the starkest initial consequences of pandemics (namely mass death) will often manage to grab headlines and the opening story on news stations, discussion of their causes (and how their violences are wielded) rarely extends beyond the conspiratorial opining of far-right media personalities.

We don’t see critical discussions of how the industrial farming necessary to supply fast-food companies with a cheap source of meat lowers the barrier for disease to jump from non-human to human host. We don’t see discussion of how deforestation (often for the sake of industrial farming) forces animals to migrate more frequently, increasing the likelihood of diseases jumping hosts. We don’t see broad discussion of how climate change, specifically the warming of the earth and increased frequency of more destructive hurricanes/wildfires, aggravates infectious disease by increasing the dispersal of disease vectors (mosquitoes, rodents, ticks, etc.) and increases the contamination of groundwater. We don’t see these discussions because to engage honestly in them would be to question the very assumptions foundational to the existent order, the economy needs to keep growing and to grow means to extract as much and as fast as you can. Wildfires be damned.

possibility that there exist circumstances which make masking difficult or harmful for some/many people.

While I won’t discuss them in great detail here (again this is only an opening to a broader, collaborative, conversation), I do believe that there exist ways to mitigate the harm that broader masking does for how such people navigate public spaces as part of fighting systematic exclusion. For example, there exist quality masks with see-through portions that (while occasionally looking pretty goofy) offer clear line of site to the majority of a person’s face, making it possible to more clearly read lips and non-verbal expressions. These could potentially be distributed at events or while tabling depending on the context of their desired utility. For those with sensory processing disorders, masking may simply not be practical. I’m not interested in defining the boundaries of that practicality and (intentionally, as principle) trust people to act in good faith regarding navigating the tension of their own needs with those of others. In the case of our own events/projects, when possible, we can prioritize utilizing outdoor spaces (including covered spaces) and/or indoor spaces with good air flow/ventilation that makes one-way masking more of a meaningful option.

The above discussed reification and reproduction of systemic violences is in the context of considering only one decision we make, if/how/when we where a mask. We could follow a similar line of thought for other decisions about precautionary measures and we still won’t have touched on the mass disablement of millions for the sake of reifying the capitalist mode of production and the idolization of the commodity. We won’t have touched on how our willingness to “move on from the pandemic” legitimizes and invisibilizes unmitigated spread of covid in schools and prisons, reinforcing the systematic violence against children and the incarcerated respectively (and in the case of youth detention centers a horrible intersection of those systems of violence). We won’t have touched on the racial disparities in access to vaccines



harm only grows more obvious when we turn our sights to social, and organizational, spaces, the “non-essential” locations, events, assemblies, etc.

It is in regards to these spaces that many would argue that those who feel the risk is too high simply don't need to engage in those spaces. I ask you to take a moment to consider the logical conclusions of that statement. Do you think that these people are less deserving of access to social engagement? Is their increased risk simply too much of a drag that it's preferable to exclude them entirely than to wear a mask inside? If your answer is “yes” to either of these questions I'm not going to say you're a “bad” person (again I don't believe in good/bad or find moral frameworks useful) but I will say you and I likely have conflicting positionalities.

I feel this point is even more poignant when considering the social/organizational space overlap. I'm thinking specifically of bookfairs, workshops, assemblies, letter writing nights, debriefs from actions, etc. If the responsibility of risk mitigation constantly falls solely on those who are already at higher risk, what do you think that does for their participation within those spaces? Might this systematically exclude specific people from those spaces and scenes? How might this potential exclusion reproduce the broader invisibilization of vulnerable (in this case disabled/immunocompromised) people and legitimize their systemic exclusion? You might not care about the answers to these questions, and I can't make you, but I do and so I am encouraging you to think about them.

It feels important to note here that there are meaningful concerns regarding how masking affects some people's ability to navigate public spaces, most notably those who rely more heavily on non-verbal (specifically facial) communication, those who are hard of hearing, and those with sensory processing disorders. I name these specifically as I feel that too often those who argue for broader masking (especially those doing so within the framework of moral positions) eschew the

So instead, we are presented with a construction of endemic illness that we call pandemics and understand them to be a natural condition of our existence in this world. To be natural is to have no mutable cause, and therefore is to require no justification for its violence. If one is serious about staking out positions of antagonism against this existent world, and its enforced endemic illnesses, then one must reject this normalization and naturalization of pandemics. That rejection must begin with a reorientation within our daily lives.

## **How Individuals Reify Power**

As much as we would prefer to believe otherwise, most of us spend the majority of our lives reproducing the very systems that are killing us or that claim to be against. Each time you show up for your shift waiting tables you help to keep the exploitation inherent to restaurants. Every time you pay your credit card bill you help reify the stranglehold of debt on our lives. Every time you see a cop pull someone over and you don't disassemble his car while his back is turned you help reify the authority of police. Every time you walk or drive past a prison and you don't do everything in your power to open the cages so that those trapped inside might walk free you help to reify the state's ability to imprison. These are not moral judgements but relational evaluations. I'm not claiming you're a “bad person” for going to work, but by going to work you are, in fact, participating in the reinforcement of the capitalist mode of production.

Each day we make hundreds of decisions (often instinctually and without even recognizing them as such) that reinforce or undermine certain systems and ways of relating to the world, to one another, and to ourselves. Given this understanding, it should come as no surprise when I say that the daily actions of individuals also play a role in the normalization of endemic ill-

ness and the reification of the systems of power that wield the violence of pandemics. In the context of the most current (and broadly visible in the US) endemic illness, Covid-19, I would like to give an overview example of how individual actions normalize and reify what is effectively state violence by other means. My reason for this focus is that if we are to have any chance at meaningfully altering the ways we are forced to relate to the world, we must first be able to identify the decisions we make and actions we take that reify those relations.

\*Note: I operate from the framework that ableism is a deeply embedded (and dominant) axis of oppression within our world and desire to undermine its foundations, consequences, and reification in both our world writ large and within more intimate communities that I exist within. If you do not hold a compatible framework then I suspect the following example may not be meaningful for you, however I encourage you to consider it nonetheless.

While we can go back and forth about differing analyses of the data on deaths related to Covid-19 (an analysis that grows ever more difficult as many hospitals have stopped reporting relevant data), the fact remains that there always has, and always will, exist a group of people for whom contraction of Covid-19 carries a significantly higher risk of developing long term complications and/or dying from acute illness. This group is not a monolithic identity but many will share some commonality of disability, being immunocompromised, and/or navigating some other relevant potential comorbidity. As wearing masks in public has become less common, a refrain has begun to echo throughout all space, anarchist and broader alike, “it is up to each individual to assess their risk and take the precautions they feel are necessary”.

This is a statement of abandonment, it is a statement legitimizing the harm directed at a vulnerable population. If it were spoken of lead leeching from city pipes into drinking water, we’d call it obfuscation of the state’s role in poisoning us. If it

were spoken of cutting funding for food benefits, we’d call it an austerity measure (and if we took inspiration from the Greeks we’d riot). It is rare to hear the above refrain echoed within anarchist spaces in either of these contexts. But in the here and now, in the context of Covid-19, many anarchists seem to be walking lock-step in line with the state in their willingness to support the abandonment of a particularly vulnerable group, many of whom they would call comrades in the same breath.

But how does that abandonment manifest in daily (in)action? The obvious is in how masking has been forced into the realm of “individual risk assessment” as though the decisions we make have no affect on another’s assumed risk. When you walk into a grocery store, or other public place in which people have reasonable need to frequent (especially including for work), you have no knowledge of every person in that space. You don’t know if the cashier had a recent kidney transplant and is taking immunosuppressants. You don’t know if the person in front of you in line has serious asthma that flares up with even a mild cold. Your assessment of risk, and whether or not you feel it necessary to wear a mask, inherently impacts everyone else you will share space with. For those who recognize themselves to be at higher risk for complications (which is only a subset of all those who actually are higher risk), they know this as well. And in knowing this they are left with two options, accept a higher risk of being in public spaces due to the inaction of others around them or be excluded from those places.

In the case of a grocery store, pharmacy, hospital, and other public spaces this isn’t really a meaningful choice. We all need groceries, many of us need to fill regular prescriptions, and many of us suffer emergencies or need treatment that can only be navigated through an urgent care or hospital. So, already a small, banal, choice of not wearing a mask in these environments has reinforced a systemic lack of care for a particular, vulnerable group. But the reification of abandonment and