Selective Confinement and Health Experiments: Anger and Disgust

The presidential decision to reopen schools, colleges and high schools on May 11th has fooled no one, either among teachers or otherwise: what's at stake is not making up for the educational inequalities that would result from stopping classes —the official line— but quite simply putting parents back to work. The fact that this decision came two days after the statements of the president of the French business association (MEDEF) inviting entrepreneurs to "restart activity" without further delay is surely no calendar coincidence.

According to the now classic method of presidential interventions, Minister of Education Blanquer intervened the next day to "specify the modalities" of this reopening. The functional nature of what might have been just one of so many speeches thus became apparent: on May 11th the reopening of schools will not take place all at once, but first of all in working-class neighbourhoods and rural areas. The ministerial communication also resorts to the compassionate, even humanitarian note: "the overruling criterion is primarily social, the more vulnerable groups".

It is therefore these "more vulnerable groups" which will have the good luck to be the first to get back to work. The others, the less vulnerable, i.e. the more privileged, i.e. those who are currently teleworking from their second home in the Dordogne, will be able to stay at home with their children and remain sheltered from the virus. Between these two categories, a whole host of people are still wondering what fate is in store for them.

It's interesting to note that it is precisely these "more vulnerable groups" who already happened to be working, that those for whom the period of confinement never meant a cessation of activity are to be found among these "groups". The difference is that in this case the aim is to create the conditions for a general reopening of the essential pool of cheap labour in working-class neighbourhoods, to get everyone back to work.

Once again, the government's peculiar compassionate policy is going to hit the poorest, like an additional scourge.

This policy can and must be interpreted on several levels, since what characterizes any true crisis of the capitalist totality is its simultaneous existence at all levels of this totality. Here we are talking about a health crisis that exists through its effects as well as through the management of these effects at the political, economic, social, etc., levels.

Purely sanitary considerations are thus integrated into the chain of political decisions at their specific level, and conditioned by the overall logic of these decisions, which is economic and social in nature. Scientific research itself, at its level, is involved in the production of the knowledge that allows for the formulation of doctrines, which are selected not so much for their rigour as for their practical usefulness within the decisions that provide the foundations for the State's action. The aim is to preserve the economic and social order, in other words, in our case and as a matter of priority, to restart the economic activity on which the social whole is based.

However, if, from an economic point of view, it is indeed a matter of getting people back to work, especially the poorest, who are also those whose work cannot be performed via the Internet, those who must put their hands to the, this return to work is not devoid of ulterior health-related motives, and their effects on the lives of proletarians are no better than purely economic considerations.

These ulterior motives are not showcased in the government's speeches, since as of today public discourse is still that of "health first", which everyone takes to mean the health of each individual. The problem is that the "health" contained in the term "health" does not mean the same thing for us as

individuals as it does for the State which happens to be in charge of its management: the latter is "public health", which is of a completely different nature from health in general, the one we wish each other for New Year. Seen from this perspective, public health is something quite a different matter from the activity of taking care for people. Caregivers experience this difference on a daily basis. Both for them and for the ill, as well as for all those who have to work every day and run the risk of contracting and transmitting the virus, the very real failures in the health management of this crisis are just as much to be feared as the full implementation of this management itself.

To be precise, the French state's official doctrine is the one implemented by the Chinese state (which doesn't bother as much with compassionate discourse), which is also advocated by the WHO and its own Scientific Council: that of the confinement of populations. Given that the virus circulates through individual contacts, it is a matter of limiting these contacts. The other doctrine is that of collective immunity, which remains valid, but on condition that the necessary vaccines are available, as in the case of an ordinary flu; the more vulnerable are vaccinated and the virus is allowed to spread to the rest of the population, which ends up becoming immune by way of repeated contact. On the other hand, without a vaccine or effective treatment, if the virus were allowed to spread in the hope of achieving mass immunity, the projected death toll worldwide would be between 40 and 80 million people, which is unsustainable in economic, health and social terms.

However, economic activity cannot cease completely until the necessary treatments and vaccines become available. The State in charge of this crisis must therefore find intermediate solutions that combine health and economic needs.

Currently, the level of contagion among the French population is around 10%; to obtain collective immunity we would have to reach a threshold of 60%; it is therefore apparent that we are far from having reached this level.

On the other hand, the "more vulnerable groups" are the ones most affected by the virus, and this is not only because of excess mortality linked to co-factors such as cardiovascular problems and other pathologies found among populations whose health status is already deteriorated, or even because of problems linked to poor housing, etc., but first and foremost because these populations have never really ceased working. Clearly, if they have been the most affected, it's because they have been those most exposed. But, in addition to making them a particularly hard hit «group», this also creates social zones where the level of contagion is well above the national 10%.

This is why we must ask ourselves whether the government might not be conducting an in vivo socio-sanitary experiment in these territories (basically, the suburbs), i.e. trying to achieve mass immunity, or in any case to find out whether this immunity is feasible, under what conditions and at what health cost, and all this at the expense of the poorest. Thus we see that such experimentation becomes possible due to the contagion thresholds caused by poverty in these zones, and necessary due to the pressing demand to resume production, and thus to free up labour.

What is being tested here on the inhabitants of working-class neighbourhoods is the doctrine of stop and go, an alternative to the pure and simple laissez-faire approach so dear to liberals: once the first epidemic peak has passed and care capacities have been decongested, activity is restarted, in full knowledge that recontamination will happen and that a new epidemic peak will occur, and this operation is repeated until the virus is absorbed by the population. It should simply be stressed that this method is merely theoretical, and that it is based on the assumption that this virus reacts like those it has been assimilated to. So we don't know if it will work; hence the experimental nature of the process.

Moreover, even before we have answers regarding the possibility of obtaining mass immunity at an acceptable health cost, reopening schools in rural areas amounts to opening the floodgates to the virus in regions that have so far been scarcely affected, in the hope that protection by way of masks, gels and keeping the most fragile in confinement (the elderly and people suffering from pathologies leading to excess mortality) will suffice to limit the damage.

What we are witnessing, therefore, is a socio-sanitary zoning of the spread of the virus. The logic of this zoning is simultaneously sanitary, political and economic. We can appreciate the extent to which sanitary logic does not overlap with that of the health of individuals, nor even with a scientific logic relating to the epidemiological management of this crisis. The logic at work here is the logic of population management by the State, and while we can appreciate the extent to which this management suits the economic imperatives that the State is guarantor of, we must also understand the social a prioris underlying such management. It thus becomes apparent that in the event of a second epidemic peak, the State has chosen to put those populations that from its point of view can be qualified as expendable in the "front line", towards whom, in the event that deconfinement may give rise to protest movements —as is already the case almost everywhere— an authoritarian response would be easy to justify and implement, since it is already being carried out on a daily basis. The experimental nature of this selective deconfinement incorporates the possibility of riots as an additional variable.

We shall not go into detail here regarding the extent to which the most "socially fragile" have been those most affected by the consequences of the Covid 19 epidemic, nor regarding the logical perversity with which the disaster is linked to the poorest so as to become still more disastrous, or the extent to which the consequences have been felt by them at all levels: by women, due to the increase in domestic violence and the increased responsibility for family reproduction caused worldwide by unemployment, lack of resources, and illness; by the racialized (witness the startling racial disproportion of deaths linked to Covid-19 in the United States), by prisoners and refugees, by the more precarious workers, etc. We will have to come back to this. Here we only wished to say, in the face of those who want to "save the health system", that the State's health care is just as terrible for proletarians as its failures, just like that much-vaunted economy which is considered to be the source of all evil.

All this will have to be clarified. For the time being, we will content ourselves with saying that the use of this "fragility" for the purpose of a return to the normalcy which is responsible for generating and justifying these "fragilities" fills us with anger and disgust.

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