

CLASS IS NOT MADE OF STEEL

THE MYTHOLOGY OF THE COVID PASSPORT VS. PROLETARIAN PREVENTION

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Introduction

In the latter half of 2021, virtually all European countries tightened the measures related to vaccination against COVID-19. France, for instance, **requires** all healthcare and social services workers to be vaccinated. If they refuse, they may be suspended. In Italy, entry to every workplace is conditional on a **GreenPass**. This is the equivalent of the regime we know in Slovakia as OTP (vaccinated/tested/recovered from COVID-19). Unvaccinated Italian employees have to pay for each test, which costs fifteen euros. Since the beginning of December, the so-called Super GreenPass (in Slovakia: the OP regime) is required for a number of leisure activities (e.g., restaurants, cinemas, etc.). Discussions are ongoing about **extending** these rules to workplaces. In **Germany**, the 2G (“*geimpft/genesen*”, i.e., vaccinated/recovered) or 2G+ (vaccinated/recovered *and* tested) rule applies when entering certain establishments. The German federal parliament also approved mandatory vaccination for healthcare workers in early December, which is expected to be completed by March 2022. In **Austria**, vaccination is supposed to become compulsory for all from 1 February under penalty of fine. **More and more countries** are announcing similar steps.

The tightening of measures sparked a new wave of **protests** in Europe, in which **thousands to tens of thousands of people** took part. We won't waste time with the most visible part of this “movement” and with its notions of a “plandemic” and “genocide” here. Nor will we examine the many links between these protests and the far right. Let us simply note that although the new situation at the beginning of 2020 initially took fascists and proto-fascists by surprise, they quickly got to grips with it. Then, they simply applied their programme of radical refusal of solidarity that had worked so well during the migrant crisis – along with the tried and tested tactics of moral panic (“Hands off our children!”) – to the conditions of the pandemic. Today, in several countries, including Slovakia, these forces dominate in the protest movements.

However, some workers' organizations have also spoken out against compulsory vaccination in the health sector or against health checks in the workplace: for instance, the French group of trade unions, **SUD**, the Italian radical unionists of **S.I. Cobas**, the British **Unite**, and others. In order to put pressure on the states, they organized demonstrations and other actions in the summer and autumn, producing a mixed response. Probably the greatest uproar was caused by events in Italy, where thousands of workers briefly **blockaded** the important port of Trieste and demanded the abolition of the GreenPass regime. Their protest caused temporary supply problems for several companies, but failed to reverse the government's decision.

Various esoteric and fascist currents, or small business people pursuing their specific sectoral interests, are also **present** at protests of this kind. However, a kind of “workers' opposition” has also formed. Without rejecting restrictions as such, it criticizes their repressive nature and social consequences. It sees the current strategies as part and parcel of the states' wider failures in protecting public health since the beginning of the pandemic, and places them within a longer history of austerity and dismantling of the public sector. At the same time, it seeks to distance itself from conspiratorial “explanations” and the far right.

For the time being (January 2022), the voice of this tendency seems to **have gone silent** – due, at least in part, to **repression** – even in Italy, where it had been strongest. However, the

events provoked intense debates on the radical left.¹ Some of the views expressed in these debates tended towards supporting the protests, and their proponents put forward a variety of arguments to justify this support.

We think that such views are erroneous and that the arguments do not hold water. In this text, we first respond to four theses put forward by the advocates of these views. Among other things, we deal with the claim that the states' emphasis on vaccination entails shifting responsibility "onto the individual". We also criticize the view that advocating for vaccination as a means of protecting healthcare systems from collapse entails an affirmation of austerity policies which are responsible for the low capacities of the healthcare systems in the first place. Later on, we address another thesis that the measures and campaigns aimed at increasing vaccination rates are not concerned primarily with protecting public health, but with repression or profits of pharmaceutical companies. Finally, we argue against the notion that protests against the measures represent a political opportunity for the working class.

In our view, opposing stricter measures around vaccination *per se* is not in the interests of the working class. This position is justified in the second part of this text. We think that workplace hazards are a useful analogy to covid. Therefore, the far left's political positions on epidemiological measures and vaccination should reflect the historical experience workers have accumulated in struggles for safer working conditions and health protections in general. Against the backdrop of this history, it is also possible to better understand the current actions of capitalists, employers' associations and the state.

Some might think we obsess about this too much – after all, this is just an exceptional situation that will pass. However, that is not at all certain. The pandemic has been going on for two years now and has turned the whole world into a lab for SARS-CoV-2 mutations. Other variants, which may or may not be less dangerous, **are expected** to emerge. Moreover, the continued pillaging of land and ecosystems is creating the conditions for the transmission of **new pathogens** from animals to humans and the advent of new pandemics. Therefore, questions of the relationship of the working class to science, the state, preventive measures and their enforcement may be important in the more distant future. In addition, we deem it necessary to respond to some of the voices in the debate mentioned above. To move closer to the protests and their rhetoric, they seem to be retreating from materialist positions and abandoning a broader social perspective in favor of individualism.

¹ For recent examples, see the **interview** with the Italian Wu Ming collective, a **report** from a Hamburg protest by Angry Workers and the attached leaflet, the **text** "No to compulsory vaccination!" by the Magdeburg group Zusammen kämpfen, or **an article** by the anarchist group Black Flag Sydney. The **contribution** written by the Greek Antithesi collective is very close to our position, but its focus is more on "denialism" than on the issues we are concerned with here. As we were finishing this article, The Antifada podcast published an **interview** with one of the co-authors of the aforementioned piece. In many respects, his comments are identical with our position.

Four misguided theses

Discussions about the demonstrations in Italy and the more general issues arising from them are scattered across different media and channels, including private communications. We will therefore summarize the position that we view as problematic in a condensed form. In our view, the four theses below capture the basic features of the approach that we reject. However, it is unlikely that anyone ever put forward these claims in this form. Perhaps there isn't even anyone who holds all four theses, but each of them has its supporters, and we have come across them in the discussions.

Thesis 1: State strategies and individual responsibility

“States have focused on vaccination as a single strategy. However, it has serious issues or even does not work at all, because even those who are vaccinated can become infected and transmit the virus. By betting on vaccination, states are shifting the responsibility for health and safety on individuals. In doing so, they divert attention away from the poor state of the healthcare sector and cover for the employers who should be responsible for workplace safety.”

Since the beginning of the pandemic, hopes of containing it have been linked to the vaccine: for example, **reports** in Slovak media at the end of 2020 expected a rapid vaccination campaign and the abolition, already in the Spring of 2021, of all other measures. As we know, for various reasons, these hopes failed to materialize. This applies not only to Slovakia and other countries with low vaccination rates. It is now clear that immunizing the population with what had originally been a full dose of the available vaccines will not be enough for a “return to normal”. However, the claim that states have focused on vaccination *at the expense of* other measures is clearly not true, at least not universally. Many European countries have kept other measures in place, including mask mandates, limits on the number of people in indoor settings, and social distancing. The hand sanitizer dispensers and acrylic screens to which we have become accustomed in stores and workplaces have not disappeared. Even after vaccination began, contact tracing did not stop. For the most part, vaccination has not replaced other measures, but was added on top of them. With the advent of the new variant, the original measures – including restrictions on movement – have been tightened again in several countries, including for vaccinated people.²

But the first thesis is true in a narrower sense: vaccination has been central to state strategies. However, there are good reasons for this. For now, immunization with a booster dose is the best way of preventing severe disease, death or **long-term effects** – and recent **studies** suggest that this is also **true** for the Omicron variant. Moreover, this more contagious variant poses a serious challenge to other kinds of intervention or **contact tracing**.³ Vaccines are also extremely safe,

² For a quick overview of the rules that apply in EU countries, see the **Re-open EU** project. In Western Europe, the **Netherlands** and Austria, for example, introduced stricter measures in December 2021.

³ During the spread of the previous variants, a part of the left advocated a “**zero covid**” strategy, which aims to eradicate the virus through quarantines and mobility restrictions. With the advent of the Omicron variant, this strategy seems to have become impractical.

at least based on everything we know about them so far. This is not entirely true of new therapeutics such as *molnupiravir*, *sotrovimab* or *paxlovid* – based on animal studies, they have not been made available to pregnant women or children under 12.

Of course, states or employers' associations have had their own reasons for emphasizing vaccination as the way out of the pandemic: it prevents further lockdowns and damage to the economy. But as we wrote in an earlier, shorter [text](#),

“However, this does not at all mean that [vaccination] is contrary to the interests of workers. Capital is interested in labor power as a commodity to be bought cheaply and squeezed efficiently – and it is only in this context that it is concerned with protecting its quality. But for workers, the commodity ‘labor power’ is inseparable from their own bodies. Protesting against vaccinations and other public health measures designed to protect labor power is like refusing to wear welding gloves because the foreman asked you to.”

Yes, the notion that vaccines will bring an end to the pandemic⁴ was wishful thinking. We can even surmise that states were deliberately exaggerating when they touted the vaccine as a definitive solution – whether to reassure an increasingly impatient population or to foster favorable market expectations. But none of this changes the basic facts about the vaccine and its effectiveness. A situation of “full vaccination + other measures” is in all respects better than a situation of “other measures only”. If one believes that states have focused too much on vaccination and have neglected other types of intervention (e.g., mandated work from home where possible; the need for testing or quarantining after contact even for the vaccinated), one should fight to put them in place – and not side with those who refuse to vaccinate.⁵

It is precisely the permanent complaining that “two doses are not enough after all” or the whining that “there is already talk of a fourth and fifth dose” – as if this somehow calls into question the significance of vaccination as such – what brings the proponents of the first thesis rather close to the anti-vaxxer camp. From a scientific point of view, there is nothing strange about the fact that a vaccine does not provide sterilizing immunity (i.e., complete resistance to infection). The latter is rather exceptional in vaccination in general. The most commonly used vaccines provide immunity against (severe) disease, but **not** 100% protection against infection.⁶ Nor is there anything special about **multiple** doses. In this respect, the new coronavirus and its variants are perhaps closest to another respiratory virus, influenza. Here, too, vaccination

⁴ The Czech Republic even named its mobile app for vaccination certificates “Tečka”, i.e., “Full stop” or “Period”.

⁵ We should also note that it is not true that whoever is “pro-vaccine” is also “anti-lockdown”. At the same time, it is not the case that those who are “anti-lockdown” are simply siding with the private sector. It should not be forgotten that severe movement restrictions significantly harm the working class, especially women and children (due to domestic violence) but also the poorest sections of the class, crowded into the smallest and most miserable of apartments. It goes without saying that lockdowns are harmful to mental health as well.

⁶ The covid vaccine is sometimes contrasted with other, supposedly much more reliable vaccines that protect against other, supposedly much more serious diseases. Let us look at one well-known example. Czechoslovakia became famous as the first country to eradicate polio or poliomyelitis. Shortly after the start of the mass vaccination campaign, in 1959, the epidemiologist Vilém Škovránek *estimated* the vaccine’s effectiveness at “only” 66–72%. Moreover, before the vaccine was available, “only” 0.5% of infections resulted in the paralysis with which people mostly associate polio today. The majority of infected children (up to 72%) experienced no symptoms, even without vaccination.

does not provide protection against infection and, because of the emergence of new mutations, must be repeated annually.

What strikes us most about the debates around the protests the abandoning of scientific reasoning by some on the left. One example is the argument that the number of vaccinated people in hospitals or ICUs demonstrates that vaccines are not sufficiently effective. This notion is based on an elementary statistical fallacy. We should not focus on relative proportions of the vaccinated and the unvaccinated in all hospital admissions. What matters is the relative risk of hospitalization due to COVID-19 if one is vaccinated or unvaccinated. Thus, it is the proportion of those who are vaccinated and hospitalized due to COVID-19 (not merely tested positive) in all the vaccinated, and the share of those who are unvaccinated and hospitalized (due to COVID-19) in all the unvaccinated. At the same time, we should take into account that after the previous waves of infections, the proportion of people with a completely “naive” immune system has shrunk: a part of the unvaccinated and under-vaccinated has already overcome the disease and is thus at least partially and temporarily protected. Uneven vaccination rates between different groups also play a role: the older and sicker, and therefore generally more at risk, usually have higher rates. After taking these factors into account, the evidence speaks clearly in favor of vaccines. Again, being at least partially protected by a vaccine is better, in all respects, than remaining unvaccinated. Of course, no one is an expert on everything – but if we want to grasp the situation politically, we cannot do without the basic facts and principles.

The question of responsibility

Leftist proponents of protests against vaccination measures often claim that state policies entail a shifting of responsibility “onto the individual”. We understand the rhetorical intention here: if this were true, the strategy of states during the pandemic could be interpreted as a direct continuation of austerity, cuts to public services and the “neoliberalization” of health care. However, the assumption about responsibility is false. First of all: vaccination is by definition one of the key *public health* measures and it mostly makes sense precisely because it is applied across the board. It entails the administration of the same substance in the same dosage to masses of people, which is the exact opposite of “personalized medicine”. From the outset, the development, procurement and administration of COVID-19 vaccines, along with all the associated infrastructure, has been managed or at least financed and supervised by states. For the individual, the administration of the vaccine is free of charge and, in developed countries, involves minimal issues in terms of getting access to it.⁷

The essence of vaccination is fundamentally “collectivist”, and this is also true in the case of covid. It is true that in this case, vaccination does not provide sterilizing immunity and it is unlikely to lead to the kind of herd immunity to which we are accustomed in the case of many other infectious diseases. However, if the booster provides at least *some* measure of protection against infection with the Omicron variant,⁸ then the more people receive the booster, the more reduced is the spread of the virus. People who have not yet received the

⁷ This doesn't mean we shouldn't fight for an even better access to vaccines, both globally and at the level of individual countries, including developed ones. We will come back to this point.

⁸ Recent pre-prints of studies offer varying estimates of the extent of this protection – ranging from over 30% to 70%. However, no relevant study has emerged to show that the vaccine does not protect against infection *at all*.

booster, or who cannot be vaccinated at all, will also be somewhat more protected. Because vaccination limits the reproduction of the virus in the population, it also reduces the chances of new mutations, including those that may be more dangerous.⁹ Again, the scenario in which more people receive the approved vaccine in the required number of doses is better, in every respect, than the scenario in which fewer people do.

But what about individual responsibility? At a time when compulsory vaccination is on the agenda, and when we are already faced with various other forms of *social coercion* (compulsory testing, travel restrictions, etc.), this talk of individualizing responsibility is just bizarre. Perhaps this was true when vaccination was restricted to selected age groups, vaccines were scarce (even in rich countries) and their administration was merely “recommended”. In terms of individual responsibility, the situation then was close to that with influenza. But with covid today, we are increasingly approaching a regime of mandatory vaccination that is in place for tetanus and similar infectious diseases. Of course, individual responsibility still plays some role (i.e., at least for the time being, people can choose not to get vaccinated), but this role is no greater than in other measures. If vaccination means shifting responsibility onto the individual, then the same applies to mask mandates, mobility restrictions, public event bans, etc. In these cases, too, it is up to the individual to comply with the rules.

An actual individualization would entail vaccines at a charge and no social pressure to vaccinate. But it is precisely such pressure that the protesters in Italy and Germany and their left-wing advocates are against. Paradoxically, they themselves are pushing for individualization.

Mysterious decisions

A different, “methodological” kind of individualism has also crept into the thinking of proponents of theses 1–4. It manifests itself in the way they view individual decisions. If we accept that covid vaccination makes sense from a medical and epidemiological standpoint, then the question of *why* some people refuse the vaccine should not be irrelevant to us. However, left-wing advocates of protests against the measures generally pass over this question in silence. For them, the individual is a black box, like a market agent in neoclassical economics: he or she has certain preferences (not getting vaccinated is better than getting vaccinated) which are revealed in practical actions (i.e., not getting vaccinated), but there is nothing we can say about the origin of these preferences.

Hence, it is viewed as a done deal that someone has “decided” not to get the vaccine. The reasons are not examined, let alone criticized. For example, the [report](#) from a Hamburg protest published by Angry Workers simply states that a former nurse, now working in medical education, “decided not to get vaccinated” and goes on to list her “woes” with regular testing. But the actions of individuals and the decisions that motivate them do not exist in a vacuum. We should be interested in *why* someone with a background and experience in health care decides – during a global pandemic that has killed over 5.5 million people – to refuse a vaccine when all the relevant data speak in its favor. Otherwise, we are turning the pandemic into an individual affair, with which everyone can have their own, private relationship.¹⁰

⁹ *The Atlantic* quotes the Canadian vaccinologist Noni MacDonald: “If we had had everybody immunized in the world who is over the age of 18 with at least one dose of COVID vaccine, Omicron might not have happened.”

¹⁰ As it says in the text by *Antithesi*, “No one has a personal relationship with a contagious disease.”

Perhaps the leftist proponents of the protests are worried about some of the kinds of reasons and beliefs they would discover: religious and esoteric prejudice, conspiracy theories, a misunderstanding of the basic facts about vaccines. But if we are not afraid of criticizing the backwardness, obscurantism and reactionary views of various sections of the working class in other cases, such as on issues of gender, race or migration, why back down now? Of course, as in these other cases, the deeper origins of prejudices or fears would have to be sought in the contradictions of capitalism – for example, in the unequal access to education offered by this supposed “knowledge society” or in the brutal separation of intellectual labor from manual labor. But precisely for these reasons, it is not realistic to expect that the spontaneous conclusions and decisions reached by individual proletarians will always be rational and in line with their own objective interests.¹¹ Nor can just any protest movement – however massive, courageous in its confrontations with the state, and vigorous in the pursuit of its aims – automatically be regarded as an authentic expression of these interests.

Thesis 2: Vaccination as a continuation of austerity policies

“The argument that vaccination is an act of solidarity with health workers and patients because it protects hospitals from being overcrowded is treacherous. This is because it is based on today’s levels of capacity, which are the result of a decade or more of cuts following the last crises. Those who accept that argument are turning a blind eye to austerity policies in the health sector.”

The second thesis aims to challenge the common argument that vaccination protects healthcare systems from overflowing with patients. This is important in two respects. First, overwhelmed hospitals cannot provide adequate care to other patients, nor can they, from a certain threshold, care for all covid patients who need care. Secondly, overcrowding in hospitals represents an extreme additional burden on medical staff, especially nurses. However, according to the second thesis, accepting this argument entails accepting the current scale of healthcare capacity as “normal”, and thus capitulating to at least a decade of austerity policies that have affected virtually all European countries.¹² Simply put, the argument says: had healthcare systems not fallen victim to cuts, there would be no risk of overcrowding and no need for mass vaccination. It is not clear to us why an argument about a hypothetical situation (“if there had been no austerity”) should be a relevant response to an argument about the here and now. Given the current capacity constraints, reducing the number of severe conditions by administering the booster is an effective means of reducing the pressure on them – and this is true regardless of what we think of austerity.¹³

¹¹ Especially given all the past experiences with drug or food scares, against the background of the daily experience of capital’s indifference to health, and often while drowning in a flood of “guaranteed” information peddled by hucksters and self-proclaimed experts whom the pandemic presents with a once-in-a-lifetime opportunity to attract attention.

¹² It should be added that this trend continues, and Slovakia is **not alone** with its plan of “stratifying” hospitals (i.e., their “rationalization” through organizational reshuffling and cuts).

¹³ Countries in Western Europe, which have relatively high vaccination rates but have already been hit by the highly contagious Omicron variant in full force, have been facing **difficulties** of a different kind in the last few

It would still be true even if the state and capital were to miraculously disappear tomorrow. Then, it would still take some time to build up capacity, both material and human. For example, thousands of qualified nurses from the former Eastern Bloc have left for the West in search of better pay and working conditions. Many of them are working as home carers, covering for the care crisis in those countries, while the health sector in their countries of origin suffers from a shortage of labor power. Redressing such trans-regional imbalances, without causing major shortfalls on the other side, and doing that during a global pandemic – all of this would be no trivial task even for a society in which human needs would come first.

Below, we outline another, more general answer to the second thesis. There are simple reasons why the human and material capacity of health care would not be unlimited in any society. At the same time, there are good reasons why even a communist society would want to limit the extent of such capacity and protect it from being overburdened.

Reproduction and the squandering of labor power

The labor of health workers forms a part of activities involved in the reproduction of life.¹⁴ However, their labor alone is not enough to reproduce society. Hence, even a society whose sole aim would be to secure its own reproduction would not be able to allocate all of social labor to health care. The maximum amount of social labor that can be expended in the form of labor in health care (in any society that wishes to *at least* reproduce itself) has definite limits, which are determined by other requirements of reproduction.

A pandemic of a serious infectious disease poses a problem because it threatens to overwhelm these limits. If there are preventive means of avoiding this, or at least of increasing the chances of avoiding complications, it makes sense to take advantage of them. Mass vaccination against COVID-19 is just such a means, because it reduces, at least to some degree, the number of people who become infected, and it significantly reduces the number of people with severe disease. From the point of view of the expenditure of total social labor, mass vaccination means allocating a certain amount of activity to preventive measures *now* (i.e., putting vaccination centers in place and running them, having people travel to get the vaccine, covering for absences due to side effects, etc. – in all, a considerable amount of activity), in order to avoid loss of life, permanent damage to health, and the expenditure of a much greater amount of labor to deal with all the consequences *tomorrow*.

Even a communist society would have to decide how to allocate social labor based on certain criteria. The central aim of communism is to reduce necessary labor to a minimum in all branches. If in such a society we could choose a more “economical” (costing less social labor) and efficient (in the case of vaccines: saving more lives with fewer side effects) option, it would be rational to prefer it to other, less economical or less efficient options. Marx saw the wasteful,

weeks. Due to mandatory quarantines, hospitals are short on staff. This problem is not primarily related to an increase in severe cases, but to an increase in infections (including asymptomatic ones) and contacts with infected people. But since the booster also protects – at least partly – against infection, it is still better if as many people as possible are vaccinated. Even more importantly, the fewer severe cases there are, the better. Vaccines contribute to this significantly. It will soon be demonstrated just how much, as the Omicron variant strikes in Slovakia, where only about half of the population has received at least two doses.

¹⁴ Note that this includes not just the reproduction of labor power. Those who are too young, too old or too sick to work also receive health care, even under capitalism, although this is far from being a matter of course.

irrational application of labor power as one of the hallmarks of capitalism.¹⁵ A communist society would *conserve* labor power. It would not only protect it from excessive wear and tear, but also seek to reduce the absolute amount of social labor that has to be expended, and would use every rational measure that can be taken to avoid its unnecessary use.

By contrast, the second thesis tacitly treats labor power as if it were expendable, available in unlimited quantities. Those who oppose vaccination take it for granted that the work involved in caring for them – work that is effectively surplus labor because it would largely not be needed if they were vaccinated – can simply be imposed on medical staff. A mentality worthy of pharaohs.

During the spread of the Delta variant, the effects of the pandemic on the health system in Slovakia were more evident than in countries where vaccination rates were higher. Here, we really were at the limit of hospital capacity, beyond which the rest of health care would have been simply shut down. We have seen how low immunization rates have led to extreme exploitation of labor power in this sector. Perhaps this experience has contributed to our rejection of the second thesis. Like the notion in the first thesis that vaccination involves the “individualization of responsibility”, we see this argument as an empty rhetorical exercise to turn vaccination or its promotion into a “neoliberal” bogeyman. In the current situation, we see no point in dwelling on the battles against austerity that were lost yesterday. Vaccination is a simple act of solidarity with what is left of the healthcare system and in no way constitutes an obstacle to the struggles for the expansion of that system, or for better conditions for the people who work in it. On the contrary, they themselves often call on the public to vaccinate.

Thesis 3: Discipline and Big Pharma profits

“The push for vaccination, for example in the form of COVID passports, is not really aimed at protecting health. The primary aims are to intensify population control and to secure profits for the pharmaceutical industry. Measures to increase vaccination rates are overly repressive and shall set the stage for further disciplining, austerity measures and restrictions of access to public services.”

While the first two theses questioned the medical effectiveness and social importance of vaccination, the third is meant to reveal the “real” intentions behind it. Allegedly, the introduction of vaccine passports is aimed at strengthening the surveillance of the population, in order to prepare it for the imposition of further restrictions.¹⁶ Sometimes, this is combined with the claim that states push for vaccination to secure profits for pharmaceutical companies.

¹⁵ “The capitalist mode of production, while on the one hand, enforcing economy in each individual business, on the other hand, begets, by its anarchical system of competition, the most outrageous squandering of labour-power and of the social means of production, not to mention the creation of a vast number of employments, at present indispensable, but in themselves superfluous.” (See [Chapter 17](#) of *Capital*, Vol. I.)

¹⁶ For example, the [introduction](#) to the leaflet of the Hamburg-based Laien’s Club states: “Today it is the duty to be vaccinated, tomorrow to stop smoking, eating fatty food, lack of exercise is your own “fault” that leads to punishment or exclusion from certain services. Of course, for the political administration it won’t be enough that people do adopt allegedly healthier “lifestyles” simply out of self-interest; it has to be controllable, through vaccination certificates, fitness trackers and the like. Refusal of treatment, cost sharing, individualised health insurance rates, this is how it will continue.”

The third thesis is most convincing if we accept, at least in part, the previous two theses. If vaccines were indeed ineffective and would not protect hospitals from overcrowding, it would seem natural to see some other, non-medical goals behind vaccination. Since we have already dealt with both the effectiveness of vaccines and the importance of solidarity with the healthcare sector, we will not return to these aspects. We simply note that they weaken the third thesis.

On the other hand, one part of the third thesis is trivially true. Not just vaccination, but all (effective) epidemiological measures entail the strengthening of various forms of social control. Before the vaccine was available, this involved the checking of tests, enforcing mask mandates, banning assemblies and various events, restricting the operation of shops and various establishments, and in some countries supervising the observance of strict curfews or lockdowns.

Of course, the way in which these rules have been implemented and enforced – and often their very content – has not been politically neutral. This was evident, for example, in the unfair application of measures in the workplace (in the differences between what, on the hand, was tolerated for management and what, on the other hand, workers were punished for; and, significantly, in the wide gap between the strictness of rules that apply to leisure and those that apply at work) and in communities (the deployment of armed forces and the **blanket quarantine** in Roma settlements in Slovakia), or in the various exceptions that made sense from a business or ideological standpoint but were arguably harmful in terms of public health (in Slovakia: the issue of keeping shopping malls and churches open). In a number of countries, such measures have also been marked by the incompetence or indifference on the part of governments and public authorities, or their unwillingness to simply follow science. In these cases, however, the problem was largely one of insufficient or uneven control, rather than one of control *per se*. No pandemic of an infectious disease can be contained without some degree of social coercion.¹⁷ Therefore, adherents of the third thesis face the following choice. They can insist that from the outset, the measures were excessive, too punitive and mainly aimed at discipline. Then, the question is how they envisage tackling the pandemic with purely voluntary measures.¹⁸ Or they may argue that the tightening of screws is specifically the aim of vaccination certificates and similar measures. Hence, while face masks, regular testing, social distancing, and possibly also lockdowns represented acceptable levels of coercion, the more recent measures have crossed the line.¹⁹

¹⁷ It is worth noting, though not in any way surprising, that the cases in which the state has acted most brutally in applying epidemiological measures – namely in pauperized Roma communities – remain completely outside the attention of those who protest against the measures in Slovakia.

¹⁸ The aforementioned opinion is widespread among “deniers”. Ever since it mobilized, this camp has protested against any “restrictions on freedom” that accompany the fight against the pandemic. It sees opposition to vaccination as just another battle in the same war. Since we do not want to waste time here proving that the pandemic does exist and cannot simply be ignored, and since we consider the importance of non-pharmaceutical measures in saving lives to be amply demonstrated (see, e.g., 1, 2), we will not pursue this line further. We assume that proponents of theses 1–4 accept the necessity of at least somewhat strict measures.

¹⁹ This option is also more compatible with the part of the first thesis that states put too much emphasis on vaccination at the expense of other measures. The third thesis adds to this that they do so because their goal is not primarily to protect lives and health, but to discipline. Although we also reject this view as false, we find it somewhat more rational than the usual “denialism”.

Inscrutable repression

The Super GreenPass (Italy) or “2G” regime (Germany), which in Slovak terminology corresponds to the “OP” rule, restricts access to restaurants, shops, cultural events and various leisure activities. In Italy, these rules have also been applied to public transport since January 10th. This is undoubtedly a coercive measure. Anyone who does not comply with the conditions does not have access to the conveniences x , y , and z . It is expected that they will want that access, and will, therefore, do what is necessary – and get vaccinated.

We abstract here from the fact that it is not too difficult to take that step, as vaccines are plentiful and free of charge in the countries concerned. Let us also put aside the fact that vaccination is a much safer option than getting COVID-19. The third thesis implies that the purpose of all this coercion is to pave the way for a further tightening of discipline. However, it is not clear to us how this is supposed to work. If someone is forced to be vaccinated – e.g., in order to travel or go to restaurants – does this mean that the state has succeeded in “breaking” this person, turning them into a “sheep”? Will this experience cause some kind of collective psychological trauma and make populations more tolerant of future adversity? Is the aim here to cultivate in people a habitual adaptation to interference with their bodily integrity or their right to personal data protection? We know these and similar considerations from the “deniers” who have also criticized the previous measures, such as compulsory testing, on a similar basis. Frankly, it all seems rather absurd. Before the pandemic, no one would have thought of linking, for example, the compulsory vaccination of healthcare workers in **many European countries** against the hepatitis B virus with the state’s plans to “prepare the ground” for austerity.

Leftist critics who say the aim of vaccination certificates is “discipline” largely fail to clarify what this is supposed to be good for. In our view, it is not enough to gesture vaguely at “violations of civil rights” or to put forward discipline as some abstract goal in and of itself. For example, in the case of China’s *hukou* system, which regulates internal migration and access to public services outside the place of residence, we can describe what its functions are, what problem the state is trying to solve, and how it fits into the Chinese model of capitalist accumulation. For the third thesis to make sense, its proponents should similarly explain, or at least sketch out, how the various forms of compulsion to vaccinate help solve real problems of social control or create the preconditions for further repression – and why the same goals cannot be achieved, in a more discreet way, by biometric passports or **ID cards**, the preparations for which began in the EU long before the pandemic.

There is a more rational variant of the third thesis, which says that the tightening of measures is merely a distraction tactic. The aim is to provide a pretext for further austerity in the public sector. States are said to be consciously calculating that not all healthcare and social services workers will succumb to the pressure to vaccinate. This will make it easier to lay them off and reduce the costs of running the sector. Another, more general aim of the measures is said to be to escalate resistance. If the vaccination campaign is ultimately successful, even despite the resistance, the credit will go to the strong leaders who made vaccination compulsory and managed to deal with its opponents. On the other hand, if the campaign fails, it will be easy to point the finger at someone else, and to relinquish any responsibility for the consequences to public health. The “divide and rule” strategy will pay off in both cases.

However, over the past decade (and even before that), European states didn't need pandemics, vaccination certificates or anything of the sort to enforce, quite smoothly and effectively, brutal **austerity measures** that decimated public services. Given the huge increase in sovereign debts, triggered by actions to "save the economy" during the early months of the pandemic, a continuation of this policy is the **order** of the **day**, regardless of how mass vaccination turns out. Large sections of the public sector workforce, both vaccinated and unvaccinated, will come under this pressure. The viability and necessity of that complex "strategy" is therefore questionable.

Still, let us assume that states do indeed think in the way outlined. Even so, there are good reasons to keep our distance from the opponents of vaccination and their protests. Such a plan on the state's part would have no bearing on the effectiveness of vaccines in protecting health and the healthcare system, which we've already addressed. Regardless of any chess games that politicians may play with vaccination, it is still better to get the vaccine than not to get it, and from a social point of view, it is better if as many people as possible are vaccinated. Supporting protests that want to delay or block vaccination is incompatible with this. Choosing this way is a bit reminiscent of the American conservatives' "**dying to own the libs**" tactic.

Surprise: vaccines are commodities

The claim that the main purpose of vaccination is to line the pockets of Big Pharma companies is often used by "deniers". Some supporters of vaccinations respond to this with **figures** showing that vaccine sales account for only a small proportion of the sector's total revenue. However, this data is not very relevant. Only a few companies in the sector have been able to develop an effective coronavirus vaccine that has received approval from the relevant agencies. Only the economic performance of these companies is relevant, not that of the sector as a whole.

Moreover, the important thing is profit, not revenue. An older **article** estimates that the profit margin on Comirnaty (Pfizer-BioNTech) is twenty percent. In 2021, EU countries **were buying** this vaccine €19.50 per dose, so the profit could have been around €3.90 per dose. In 2022, the EU is expected to **buy** 650 million more doses. At that price and margin, this would bring a gross profit of over €2.5 billion to manufacturers, and that is just from a fraction of their sales.

This discovery, however, is rather banal. Yes, vaccines are a source of profit for the companies that produce them. Like all other pharmaceuticals and medical technology, as well as the vast majority of everything we need to live, COVID-19 vaccines are produced with the aim of selling them at a profit. Otherwise, they would not be of much interest to private pharmaceutical companies.²⁰ This is also why states have co-funded the development and production of covid vaccines, or have even decided to take it into their own hands.²¹

²⁰ It is worth noting that investment in vaccine research and development has long been **less attractive** to capitalist pharmaceutical companies than investment in drug R&D.

²¹ The Pfizer-BioNTech consortium received a grant from the German government. Johnson & Johnson, Moderna and AstraZeneca's consortium with Oxford University, as well as some other (less successful) private projects, were all co-funded by the US Operation Warp Speed program. In the case of the Vaxzevria vaccine (Astra Zeneca-Oxford), 97% of the funding for the entire development reportedly **came** from taxpayers and charitable sources. Note that even vaccines developed by state institutions, such as the Russian Sputnik V, can be a source of profit (for the state) – from international trade or licensing fees.

Hence, companies like Pfizer have used public resources to produce goods while keeping the profits.²² Again, this only comes as a shock to those unfamiliar with capitalist agribusiness, energy production, car manufacturing or the financial sector. Everywhere, we find **examples** of public subsidies to activities that are a source of private profit. And, just as in the case of the pharmaceutical industry, the history of these sectors is full of scandals involving the production of low-quality or dangerous products, the concealment of truth about this, the destruction of nature, lobbying and corruption. However, we do not hear much from those who oppose vaccines about their refusal to buy food or use fossil fuels.

Whether we like it or not, for the time being, “we live in a society” whose aim is not simply the production of useful things, but the production of surplus value. As long as this is the case, we are largely dependent on use values which are the product of capital. Of course, this way of satisfying needs is fraught with contradictions. They are manifested, for example, in the fact that vaccines remain unavailable to poor countries as a result of patents. Wresting the rights to produce effective vaccines from the claws of private property, as opposed to simply rejecting vaccination, would be a goal worthy of the working class – a **universal class** capable of liberating society as a whole.

Thesis 4: Resistance as opportunity

“The population’s resistance to the state’s bullying is growing and manifests itself in mass protests. Although, unlike some of the protesters, we do not refuse vaccines per se, we stand in solidarity with their opposition to state policies. We cannot remain outside this movement because it includes many workers, is self-organized and opposes the state’s draconian measures.”

Proponents of the fourth thesis consider the protests against the tightening of measures (and specifically against the pressure for vaccination) to be a more or less spontaneous movement that is self-organized, involves many workers and turns against the repressive power of the state. Although they reject the rhetoric of the “deniers” and are critical of some elements of the protests or their ideology, they see an opportunity here. They suggest that resistance to pandemic measures could be generalized to other areas of state policies, or of life under capitalism in general, while directing it away from its problematic aspects that bring it closer to the far right.

In different countries, these protests take different forms and also change over time. In some places they involve trade unions (larger or smaller, conservative or radical), while in others the main role is played by nationalists, fascists and those sections of the public who are willing to listen to them. In some countries, “esoteric” or otherwise fringe tendencies prevail; in others, the official parliamentary opposition is involved in or even initiates the protests. The social composition of the demonstrators is also varied. Given this diversity, it is not easy to formulate a universal characterization of the whole “movement”. Moreover, although resistance to

²² AstraZeneca had committed to sell its vaccine for no profit during the pandemic, but then **changed** its mind (in November 2021). **Johnson & Johnson** are also planning to start selling the vaccine at a profit.

measures is at its center, it is also a crystallization of (more or less individualized) reactions to other aspects of the general misery in which the pandemic is only a single moment.²³

Crisis situations in which **conflicts and contradictions escalate** are always a potential opportunity for the working class. The question is whether it is able to assert itself in such situations as an independent political force, putting forward its specific interests and needs, or whether it merges with the “classless” identity of the rest. In the worst case, it submits to the forces of the extreme right, which – taken to their consequences – are always directed against the interests of the working class. The autumn protests in Trieste were perhaps the most proletarian in nature, both in terms of demands and means of struggle. More recent developments **suggest** that here, too, the current of “deniers” or opponents of vaccination as such has ultimately prevailed. We do not mean to say that it *had to* turn out this way. However, if it happened even where the “movement” was least contaminated by problematic elements, what are the chances that something fundamentally different will emerge from the protests in Germany, for example?

Moreover, although these actions receive considerable media attention, only a small proportion of the public (and we deliberately do not use the term “workers” here) takes part in them. The proponents of theses 1–4 forgo a broader, society-wide perspective to reach a specific section of the working class that is attracted to the protests. In doing so, they do not sufficiently critique the ideology of this “movement”. On the contrary, they tend to adopt some of its elements, so that at times their argumentation draws close to the rhetoric of the “deniers”. The very labeling of the measures as “draconian”, even though it requires minimal effort to get vaccinated and avoid any kind of sanction, should be seen as a retreat from critical analysis.²⁴

We consider such opportunism on the part of certain sections of the radical left to be risky. Perhaps it is attracted to these protests by their anger and distrust of the “system”, by their willingness to confront the police. We cannot assess all the forms this phenomenon takes in different countries. In general, however, we think it is important to distinguish between distrust rooted in the practical experience of workers (for example, doubts about the effectiveness and fairness of health and safety measures at work) and distrust that is brought into the working class from outside. An example of this is the attitude of one trade union branch in a Slovak manufacturing plant which is otherwise very active in the field of health & safety. On the issue of vaccination, however, its activists have concluded that it is not a good idea to agitate around this “controversial” subject, and that it would be better to view it as a purely individual,

²³ However, it should be noted that there is strong support in some countries for stricter measures – in the sense of making vaccination compulsory for certain age groups, professions or entire adult populations. According to data from November 2021, a **majority of the British population** supports a mandatory third dose for at-risk groups and for all when using public transport or visiting a restaurant. The same is true in **Germany** or **Austria**. In Italy, up to 71% of the population **supports** mandatory vaccination for all. Of course, majority support does not say anything about whether a measure is justified or not. However, the data is a useful corrective to the idea about the prevailing public opinion that one may form based only on images of the protests.

²⁴ For an example of a really draconian measure of the past year, see the new UK **law** which significantly bolsters police powers and curtails the right to collective protest. For example, the section banning “loud” protests specifically targets radical unions such as United Voices of the World, whose sound systems deter strikebreakers from crossing the picket line. We think it makes more sense to devote energy to protests against this sort of measures than to stand in solidarity with those for whom a job in the shoulder represents an insurmountable issue.

“medical matter”. Avoiding issues that can cause controversy may be tactically advantageous, but only in the short term. In a similar way, trade unions in Slovakia distance themselves from other “controversial” issues that have been made into bogeymen by various political forces and the media, such as migration or “sexual minorities”. The failure to grasp these issues from the point of view of the working class only leads to the strengthening of the dominance, in these areas, of groups or movements which, while claiming to be the “voice of the people”, do not represent the interests of the workers at all.

As far as the protests we see in Slovakia are concerned, their anger is inherently irrational and reactionary. It is irrational because the common wish of the protesters is a “return to normal”, to the times before the pandemic, as if nothing had happened. It is reactionary because it also targets the working class itself. Some of the figureheads of these protests have also organized attacks on healthcare workers in vaccination centers or hospitals (however, this is **not** an exclusively Slovak phenomenon), they’ve harassed well-known doctors or epidemiologists in their places of residence, or engaged in premeditated group confrontations with supermarket staff who simply asked them to wear a mask. We see no potential in such anger.



The theses we’ve dealt with here can sometimes be confusing. For example, their proponents claim they don’t wish to question vaccines as such. However, at some points, their arguments seem to be doing just that. At the same time, on a practical level, they propose a generous approach towards movements whose aim is to delay or block mass vaccination and which are largely dominated by outright “deniers”. Of course, under the right circumstances, principled opposition to vaccination could be a legitimate position. However, all the relevant evidence is clearly in favor of vaccination, and as materialists, we feel obliged to coordinate our political positions with what the best available science says.

The weight of this evidence is also recognized by the left-wing apologists of the protests. The debates therefore mostly end with them claiming that they are in favor of vaccination, but “not in its current form”. We admit that the anti-authoritarian ethos of this position is appealing. However, it looks better on paper. Given the potential for mutations, the pandemic cannot be contained other than globally. At least the basic dose, but ideally also the booster does, should reach as many people as possible.²⁵ Even in some countries on the periphery of Europe (including Slovakia) that do not suffer from a shortage of vaccines, as much as half of the population remains unvaccinated, and in some places even more than that. Mass protests against vaccination in the West, where the proportion of the unvaccinated is significantly lower, provide a strong impetus for opposition to vaccination in these countries. The virtual world of Slovak vaccine resisters is full of videos from Vienna, Hamburg and Italian cities, where people are said to be finally “rising up”. Of course, the protests are also doing nothing to make vaccines more accessible to countries that do not have enough of them.

²⁵ This need is all the more urgent because many countries – including those with high vaccination rates – have been using vaccines that are not very effective against the Omicron variant. This is the case, for example, with China’s *Sinovac* vaccine, but several other **vaccines** also face issues. So far, the best protection seems to be provided by the Comirnaty (Pfizer-BioNTech) and Spikevax (Moderna) vaccines, both based on mRNA technology.

In the discussions, we've also encountered the view that the specific historical experience of the countries of the global South must be taken into account. Allegedly, any pressure for vaccination there is said to be met with resistance, and so such pressure must also be resisted elsewhere, including in developed countries. However, we are rather skeptical about the premise on which this view is based. Looking at the data, it seems to be a kind of Orientalism in reverse. Cambodia has already given a full dose of the vaccine to a larger proportion of its population than most EU countries. So far, India has vaccinated about the same share of its population as Slovakia, even though it is about 250 times larger. Bangladesh, Bhutan and Laos are doing better than Bulgaria, which is roughly on a par with Myanmar. Similar examples can be found in South America (**Ecuador** has already introduced compulsory vaccination) and the Middle East. We admit that there are only a few such cases in Africa.

This is not to dispute that experience of different kinds of oppression, especially colonial and racial oppression, can play a role in the reluctance to vaccinate. A **survey** of healthcare and social services workers in the UK from April 2021 partly confirms this. According to the data, the main reason not to vaccinate appears to be concerns about side effects or the lack of effectiveness of the vaccine. Another group does not feel threatened by covid.²⁶ We are not indifferent to such reasons – especially if they are the individual attitudes of our fellow workers, and not the agenda points of a movement that aims to undermine vaccination. Overcoming such obstacles requires a mass campaign and a lot of patient explaining and persuading. However, neither we nor the supporters of theses 1–4 have the means for an undertaking of that sort. Perhaps it would be appropriate to demand that states step up their efforts in this area. However, such a demand is hardly compatible with support for protests whose predominant momentum is, after all, opposition to vaccination.

No support for the movement against measures as it has formed so far does *not* mean automatic support for all actions by the state. Similarly, the refusal to take the side of one's "homeland" in a military conflict does not necessarily mean support for the other side. Flirting with the far right, pseudoscience and the economic interests of various charlatans is not the only option left to the working class. Nor does it have to sit back and wait. It can grasp the contradictions of capitalist management of the pandemic in a way that is based on its everyday needs and does not conflict with the protection of health. In the next section, we want to outline a general framework for such an approach, as well as draw some practical conclusions.

²⁶ Distrust of the government, pharmaceutical companies or the media was cited as a reason by 21% of workers. This was the fourth most common reason. By the way, fear and concern in themselves are not, in our view, a sufficient reason to relax the enforcement of epidemiological measures. After all, even the introduction of masks led to (mostly unfounded) worries about their health effects. See also data on vaccine hesitancy from the UK Statistics Authority **from Spring 2021**.

Capitalist risk and proletarian prevention

Capital buys from workers the right to use their labor power for a certain period of time. They are rewarded with a wage that enables them to reproduce – that is, it keeps them alive, provides a certain standard of living, and maintains their ability to work. From the capitalist point of view, the wage is a cost item: the lower it is, the greater the profit will be. The interest of the workers, on the other hand, is to hire out their labor power as dearly as possible. Similar antagonisms pervade all questions of the organization of labor. For example, every use of labor power entails its wear and tear, which necessitates regeneration. Capital's short-term interests dictate that it squeeze as much time out of labor power as possible, either extensively (by lengthening the working day) or intensively (e.g., by accelerating the pace of work). Conversely, workers have an interest in ensuring that the wear and tear on their labor power does not exceed a level that is deemed acceptable. Or, if they agree to exceed that limit, it is in their interest that it be compensated for by additional pay or time off. However, from a certain threshold, even such compensation does not allow for the full regeneration of labor power at normal quality. The worker's body or mind has worn out prematurely, it is **damaged**.

There are also other hazards that act on labor power, intensifying the wear and tear or posing a threat of sudden destruction, i.e., the death of the worker: excessive physical or psychological exertion, night work, noise, vibration, heat, chemicals and many others.²⁷ Their effects are also an object of conflict. Measures that can be taken to protect workers from such hazards represent additional costs to capital. Their introduction is always carefully considered and compared with alternatives. Do workplace hazards threaten the continuity of production? Is worker turnover too high? Could compensation for injuries or deaths jeopardize the reputation or performance of the company? Can these problems be at least partially avoided by assigning harmful work to a special category of employees, such as agency workers or migrants? The workers' perspective is fundamentally different. For capital, individual workers are expendable, at least within certain limits. However, workers have no substitute bodies. It is therefore in their interest that their bodies are treated as sparingly as possible and that all that is possible is done to protect them. The conflict of interests is vividly illustrated by the fact that injuries are **more frequent** in periods of intense economic growth. The phase of the business cycle that is most favorable to capital is a disaster for the safety of bodies in the workplace.

²⁷ This is not limited to factors that operate in the production process. For example, work-related stress can persist and cause harm even when "off work". Or take environmental factors: steel mill workers are exposed to (among other things) harmful emissions not only at work, but also outside (along with their families and others) if they live close to their workplace. Similarly, harmful environmental factors, which the working class is more likely to face as a result of its position in society (e.g., overcrowded housing, living in places of environmental destruction, poor quality drinking water, higher incidence of infectious diseases due to poor sanitation, etc.), can interact with hazards at work. For example, silicosis, the most common occupational disease in the world, is associated with a **significantly higher risk** of tuberculosis, which is a bacterial disease. In the case of covid, the social position of working class people is also a source of specific forms of vulnerability to infection and severe disease.

The fight for health

The struggle between capital and labor in this area is uneven from the start, in at least two respects. First of all, it is determined by the specific situation of the proletariat as a class that *must* sell its labor power to survive. It does not always have a choice between safer and less safe jobs. Moreover, noxiousness can be traded off: a worker's health or future years in retirement can be sold off piece by piece for hazard pay. The price of health is not always a monetary premium, it can also be greater autonomy, the ability to set the pace of work, and so on. Given the other options which workers can choose from in particular situations, such trade-offs may be tempting. They become inevitable under certain systems of remuneration and organization of work. If work is too slow when safe practices are followed, this may be reflected in lower earnings and may even get the worker fired.

Second, the struggle for safer working conditions always begins on the terrain of knowledge. In capitalism, the work of those who plan the production process is generally separated from the work of those who carry out the tasks assigned to them. The individual worker does not have intimate knowledge about every aspect of the larger process of which they are a part. Nor are they expected to. Furthermore, the overall position of the proletariat in the social division of labor isolates many workers from access to scientific knowledge. Thus, hazards that harm workers' health can operate covertly, and capital has an interest in keeping it that way. **History** provides a plethora of examples of concealment of harmful effects, especially those of chemicals. And of course, there is often a long way from the discovery of hazards to the employer's acknowledgement of their existence and steps toward their elimination, or at least an offer of compensation. Workers' subjective perceptions of hazards that they are already aware of are also shaped by the extent to which they identify with their work and social position. Some professions have a culture of acceptance of danger or even take pride in how difficult and risky their work is. Such a culture can act as a means of pacifying discontented workers. Hence, capital has an interest in promoting it.²⁸

In the field of work hazards, just as with the length of the working day, workers can only effectively pursue their interests collectively. It is impossible for individuals – except in the most blatant cases – to identify all the hazards associated with their own job and to assess them objectively. This difficulty increases with the complexity of the production process and the degree to which science is applied in it. Moreover, historical experience shows that cases where capital spontaneously acts in the interests of protecting workers' health are few and far between, usually conditioned by specific circumstances such as shortages of labor power. When left to its own devices, capital is destructive of labor power, as shown, again and again, by examples of capitalist development in the global South. Like the shortening of the working day, the gradual introduction of occupational health and safety standards in developed countries

²⁸ In our opinion, this type of proletarian mentality is closely related to a number of other phenomena – the cult of productivism, self-sacrifice and the view of profession as a calling, but also to patriarchal, macho ideas about the division of labor.

was partly due to the countless sacrifices made by workers, the bloody struggles they waged collectively through their own organizations, and partly the result of state intervention.²⁹

The collective capitalist, science and vulnerability

On the one hand, such interventions were imposed by the working class, but they also had their own motive. The state, as the “ideal personification of the total national capital”, guarantees the general conditions of capital accumulation in its territory and the competitiveness of its economy on an international level. These considerations are partly outside the field of vision of particular capitalists, who focus primarily on the welfare of their individual capitals. In various situations, this general interest of accumulation and the interests of individual capitals (or branches of the economy) may come into conflict. If, for example, the long-term reproduction of labor power at a certain level of quality, skill, etc., is at risk, the state may be forced to intervene – using legislation, police etc. – against the interests of individual capitals to stabilize the circumstances of reproduction. There is no guarantee that it will do so, nor that the intervention will be sufficient or lasting. However, in a capitalist economy, the state is the only recognized organ that *can* do such a thing. Like the individual capitalist, the state calculates and weighs up various alternatives, but on a much larger scale. Its specific actions ultimately depend on the balance of forces between capital and labor, on the outcome of factional conflicts within the capitalist class, on the country’s position in the international division of labor and competition, and also on purely accidental circumstances. But the historical result is clear: a shortening of the working day had to be imposed on capital by laws that were the result of many decades of struggle. It went hand in hand with the first measures to protect workers from hazardous conditions in the workplace.³⁰

An important part of the collective struggle for safer workplaces was the appropriation of science by the working class. It had to confront not only employers, but also company doctors or labor inspectors who kept secret the existing knowledge about the harmfulness of work factors, made light of it, or misinterpreted it. This was especially significant in the case of toxic substances and carcinogens, the effects of which take decades to manifest. In such cases, workers made the practical discovery that they cannot do without scientific information and have to become self-taught experts. At the same time, they lashed out against the barriers of the existing division of labor and sought allies in the ranks of technical professionals (e.g., the production process “planners”) or academic researchers. The latter may have been motivated by their pro-worker political views or simply by a desire to disseminate scientific knowledge. Against this front of workers and intellectuals stood legions of well-paid lawyers and experts determined to protect the interests of capital.

A precondition for raising the questions of health & safety is that the working class recognizes its own vulnerability. Just as not every smoker gets cancer, workplace hazards do not affect everyone equally. In every workplace, we find people who vary in physical and mental

²⁹ The general ruthlessness of capital and the consequent need to impose elementary safety rules by state intervention, as well as the need to constantly enforce compliance, is well illustrated by the sphere of consumption, for example of food or pharmaceuticals, and the associated scandals and scares.

³⁰ The very first Factory Act in England (1802) contained modest provisions on ventilation in factories.

resilience, age, sex, genetic predispositions, and their entire health histories. Moreover, they may be exposed to harmful effects to varying degrees. As long as there is a mentality of “It can’t happen to me” or “It doesn’t concern me”, a common struggle for safer conditions is not possible. The road to unity leads through bitter conflicts *within* the working class – against the fools who mistake themselves for machines and laugh at the weakness of others.³¹

Capital is **dead labor**. Its functionaries reckon with the human victims of the production process in the same way as they do with the waste from processing of raw materials. Such a calculus is alien to living labor. Its watchword is the protection of labor power, the prevention of its damage to the maximum extent possible.

Covid, state and capital

The new coronavirus cannot be reduced to a mere workplace hazard, although it also is one.³² However, a pandemic would not be a pandemic if it only affected workplaces. Nevertheless, we think that our notes on the relationship of the working class to health & safety issues, and on the necessary conflict over them, may be a useful guide in taking a position on the present situation.

Despite the initial **information embargo**, doctors and scientists quickly realized that SARS-CoV-2 poses a serious threat to human health and could trigger a global pandemic. However, during the first wave of outbreaks in 2020, we could observe the same dynamics of the relationship between labor, individual capital, and states that we have described in the previous sections.³³ Employers sought to maintain production for as long as possible, until they were forced to back down by governments or workers’ actions. In Italy, the latter included spontaneous strikes; elsewhere it was more of an uncoordinated escape by employees to paid leave or sick days, which were also conditioned by school closures and the lack of other childcare options. However, there were exceptions. Recall that the state’s function as guarantor of the general framework of accumulation involves the consideration of various alternatives. Not all states preferred the protection of labor power (or the population as such) to maintaining competitiveness. In February 2020, the British PM Boris Johnson **spoke** of Britain becoming the

³¹ For a classic image of such a conflict, see the 1971 Italian film, *The Working Class Goes to Heaven*. We want to stress here that communism has nothing to do with the image of the worker as a Man of steel. The **fragility** of the use-value of the commodity “labor power” is at the heart of Marx’s theory, and his critique of exploitation and despotism of capital cannot be properly grasped without it. In the chapter of *Capital* on the working day, the worker tells the capitalist: “Good! I will, like a sensible saving owner, husband my sole wealth, labour-power, and abstain from all foolish waste of it. I will each day spend, set in motion, put into action only as much of it as is compatible with its normal duration, and healthy development.” Later, Marx writes that capital “usurps the time for growth, development, and healthy maintenance of the body” and “steals the time required for the consumption of fresh air and sunlight”, robbing the worker of “sound sleep”. He characterizes the expenditure of labor power under capitalism as “diseased, compulsory, and painful.” Capital, he argues, is “reckless of the health or length of life of the laborer, unless under compulsion from society.”

³² For the relative risk of severe covid in different professions, see this **study** in *The Lancet*.

³³ We are aware that there have been important differences in approach between countries. However, explaining them would require a great deal more work. Our aim here is not to describe a one-size-fits-all story, nor to list all the individual stories, but rather to capture some of the features of the course of events that were common to a number of European countries.

world's leading force among open economies. Many scientists, researchers and advocates of public health were shocked to find that the government had prioritized “shielding the economy” over “shielding its people”. However, the disastrous course of the first wave led Britain to take stricter measures later on.

With the advent of vaccines, countries (especially the wealthier ones) were given a relatively inexpensive tool that performs multiple functions. Firstly, it enabled governments that initially favored the economy over health to position themselves as active fighters against the pandemic. Secondly, in the conditions of the original coronavirus, or of the Alpha (“British”) variant, it seemed that vaccination would completely suppress the pandemic and ensure a rapid “return to normal”. In this respect, the emphasis on vaccination is in tune with several objectives of the state: ensuring stable conditions for the reproduction of labor power,³⁴ allowing the economy to run smoothly, and, last but not least, improving its position in international competition – because whoever is the first to vaccinate everyone will be among the first to emerge from the slump and supply chain breakdown caused by the pandemic. Therefore, the aim of the vaccination-related policies is not some kind of “discipline for discipline’s sake”. On the contrary, they pursue concrete, material goals that can be explained on the basis of the state’s function as a “collective capitalist”. Large sections of capital represented by employers’ associations have also consented to a strategy justifiable in this way, all the more so because it costs capital nothing.

Covid and the working class

As with states, we cannot examine the various responses of the global working class to the pandemic. We will focus on comparing some of the moments that seem key to us with the tradition of struggles for safer workplaces that we have already described.

Workers’ first responses were based on how serious the risks in their country appeared to be and what action was being taken by the state. They were certainly also influenced by the overall political climate and the balance of power between labor and capital in the given circumstances. Accordingly, we saw (very rarely) strikes aimed at enforcing “proletarian lockdowns”, struggles for the availability of PPE (especially in health care), individualized, uncoordinated but mass responses (paid leave, sick leave), or simply waiting and following the instructions of the authorities.

It may be tempting to view “skeptics” who “do their own research” and indulge in “alternative” views on vaccination and the pandemic as carrying on the tradition we have already discussed: the appropriation of science by the working class, the breaking down of the barriers in the division of labor, the alliances with knowledge workers and scientists. There are, however, some differences. One is trivial but speaks volumes, two others are quite fundamental. The obvious difference is that the historical tradition of struggles for safer workplaces has generally focused on refuting *claims about the harmlessness* of certain hazards. By contrast, the “skeptics” sought

³⁴ Here, we don’t mean just the protection of the lives and health of the workers themselves. The pandemic also complicates the normal “circulation” of labor power in other ways. For example, the elderly (and no longer working) who fall ill or must isolate tie up other people’s (especially women’s) labor power at home. An analogous situation arises in the case of children when schools and daycares are closed.

to pass off covid first as fiction, then as flu, and finally as a disease that, although possibly severe, can be treated with vitamins or veterinary drugs.

The fundamental differences are that there is no proletarian appropriation of science to speak of here, as well as no bridges between the working class and the real scientific community.

Firstly, all the relevant scientific knowledge agrees that covid is a serious disease. All the evidence also says that mass vaccination is the best measure, as of now and after considering all the risks, for protecting health. This is true at least until more sophisticated vaccines, tailored to specific variants or equally effective against the widest range of variants, are available.

In light of scientific evidence, we also cannot accept the attitude of some workers (unfortunately, quite numerous in Slovakia) that covid does not pose a risk *to them*, and that that's the end of it *for them*. Such an attitude is fully in line with the "Men of steel" mentality described above, which makes a struggle for safer workplaces or communities impossible. Yes, relative risk levels vary between people, for smoking, covid or ionizing radiation. Not everyone gets sick, not everyone has severe disease or lasting effects, not everyone dies. But this is precisely the point: nobody knows *their* risk rate exactly and in advance. It is in the interest of the working class as a collective subject to base its assessment of risk rates on those who are most vulnerable. In this case, it is not just the elderly, but also those of us with diabetes or other chronic diseases or obesity or...

Secondly, the "expert authorities" cited by the "skeptics" are, by and large, dietary supplement peddlers and charlatans craving media attention, all part of a **multi-million dollar industry of the global economy**. As an aside, these are mostly people with right-wing to far-right views.

Conclusion

On the matter of vaccination, the working class at the moment has identical interests with the state and capital.³⁵ In this respect, the current situation is no different from other types of vaccination or from the observance of basic safety rules in the workplace. This does not mean that antagonism has disappeared, even in immediate relation to the pandemic. But the working class has nothing to gain by supporting the existing protests against stricter measures and the pressure for vaccination. On the contrary, it should articulate its interests clearly and in the tradition of proletarian prevention.

It should draw inspiration from teachers in Chicago, rather than the confused sections of Trieste dockworkers. The Chicago Teachers Union supports vaccination, but at the same time, in early 2022, **called** for a safe return to schools: the establishing of clear criteria for when to move to remote learning, the availability of protective equipment (N95 masks) for all students at the state's expense, mandatory testing and free home tests, the setting up vaccination centers in schools. In various European countries, many of these demands would be irrelevant, as the measures have long been in place. However, the point for us is not their specific content, but the combination of making vaccination as accessible as possible with other preventive measures. In a similar spirit, the following demands could be put forward in a country like Slovakia:

- Full sick pay from day one as an incentive to comply with quarantine rules.
- Let the state or the employer bear the costs of travel to vaccination centers; alternatively: a lump sum for costs associated with vaccination (including, for example, childcare while parents are vaccinated, which can be a barrier for single mothers or low-income parents).
- Removing barriers to vaccination: universal entitlement to 1–2 days of paid time off from the date of vaccination, over and above regular paid leave or sick leave. Equivalent conditions for those accompanying children or retirees and caring for them in the days following vaccination.
- In the relevant cases and from a certain degree of severity, covid and long covid should be recognized as workplace accidents or occupational diseases, with all the associated claims.
- The establishing of universal covid health & safety standards in workplaces and schools. Mandatory investment in ventilation systems, see-through screens and other means at the expense of the state and employers.
- At least within the EU, which procures vaccines in a centralized way, the vaccine should be accessible to all persons regardless of nationality and residence.
- A global demand: the suspension of patents on vaccines and allowing for them to be produced **wherever the conditions already exist**. Profits from vaccine sales, together with additional state funds, should be used to build additional capacity.

³⁵ Incidentally, such a miraculous coincidence of interests occurs whenever we buy bread: we are nourished by it, the state is happy that labor power is being reproduced and the national economy is thriving, our employer-capital is happy that we will deliver the expected performance tomorrow, and Big Bread rubs its hands as it realizes a part of total social surplus value in our small transaction. This is no betrayal of class interests, but the normal course of business in a capitalist economy.

Demands such as these relate to the immediate consequences of the pandemic. However, it would be a mistake to not go beyond this, as there are more general and important conclusions the working class should draw from the pandemic. Above all, the massive lockdowns have shown what a small part of total social labor is “essential” or necessary for society to reproduce itself. In the eyes of perceptive observers, the states of emergency challenged the existing division of labor and raised the question of how it could be organized differently.

Of course, the functioning of capitalism during the pandemic cannot be the source of recipes for organizing social labor in a communist society. Many genuinely necessary activities that are directly related to the reproduction of labor power were moved out of the social sphere and back into the household or abolished altogether without adequate replacement – for example, in childcare and education, but also in care more generally. Conversely, activities that would not be needed in a society without commodity-money circulation (e.g., the work of cashiers) or that would need to be curtailed for other reasons (e.g., the production of cars) were also maintained during lockdowns. The category of “essential labor”, as defined by state measures, was obviously marked by what is necessary, or at least is considered as such, in a capitalist society. Notwithstanding that, the disparity between socially vital work and the rest of economic activity was obvious. This is true not only across sectors, but also at the level of individuals and their daily activity. For example, the transformation of office work into remote work revealed to many workers how much time they had previously had to waste in traffic jams or just how **useless** their immediate superiors become when people don’t have to punch in. On the other hand, those who found themselves in the position of “essential workers” could clearly see their paradoxical position. Their work was what kept an entire society afloat. But although that society hailed them as “heroes”, their wages and working conditions remained at the bottom of the labor market – and we don’t mean just healthcare workers.

The states’ quarantine politics have thus had an unintended consequence: they provided almost tangible evidence of the possibility of significantly reducing working hours by redistributing socially useful work. At the same time, they showed that even significant changes in the social division of labor and the allocation of resources could be made almost overnight. These key political lessons for the working class, however, are lost on “movements” that exhaust themselves in protests against what are largely simple public health measures.