

# Authoritarian Pandemic Policies: A Reckoning

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By [John H.S. Åberg](#) June 1, 2022 June 1, 2022 [Policy](#), [Public Health](#) 12 minute read

With the Corona crisis another chapter was written in the biopolitical book of life. During the last two years, we have observed an unprecedented level of irrationality and political ill will in dealing with the pandemic. Vaccine mandates, vaccine apartheid, lockdowns, masking of schoolchildren, and ensuing restrictions on our freedom of assembly and movement are some of the manifold examples where states went wrong.

Otherwise vocal scholars – aiming their intellectual ammunition against the global capitalist system, corporate political influence, and unjust social structures – were conspicuously silent, either defending what was unfolding or they were simply afraid, afraid to tell the truth, knowing the repercussions it would have.

I take a critical stance against the state of exception and many of the policies implemented during the Covid-19 pandemic, but in particular I argue against the wide use of exclusionary social closure based on vaccination status. The use of vaccine mandates and the vaccine passport are emblematic of the authoritarian biopolitical security state that was, and still is, unfolding in the wake of the pandemic.

In terms of the authoritarian creep during the pandemic, voices have been raised claiming that the concept of biopolitics does not properly capture what was going on. David Chandler offers the concept of anthropocene authoritarianism to argue that during the Corona crisis, humanity *as a whole* was seen as the problem and we were *all* subject to the draconian measures of governments around the world, including the political elites themselves.

Hence binary biopolitical concepts, such as included/excluded or bios/zoe (qualified life/bare life), which imply a top-down and exclusionary power relationship, are seen as unfitting. In the beginning of the pandemic, anthropocene authoritarianism seemed to correspond well with reality, especially as we experienced general restrictions and lockdowns, coupled with a critique of humanity's environmental destructiveness and how it connects to the spread of zoonotic diseases.

Yet with the arrival of the vaccines, we saw the reemergence of the relevance of biopolitics as the vaccinated/unvaccinated binary became the discursive focal point in the fight against the virus. The new "Other" came to be embodied by the unvaccinated who thereby were justifiably dominated by sovereign power.

Suspended from qualified social and political life, the unvaccinated in effect became the living threat to returning to normalcy. Thus, a range of discriminatory measures were directed against them in the name of ending the crisis. Among these, some of the most invasive involve exclusionary social closure in the form of vaccine mandates and vaccine apartheid, disavowal of parental authority by allowing vaccines without consent, as well as discriminatory taxation and deprioritization of care.

Initially, the rollout of authoritarian measures and the state of exception were greatly facilitated by the public consensus that normal political and social life ought to be suspended to fight the virus. Later it was rather the rights of unvaccinated men and women that should be suspended. Previous articulations of ecological perspectives that explicitly blamed humanity *as a whole* for the appearance of the virus were replaced by the targeting of the unvaccinated.

As a result, humanity and its destructive ways were no longer the central part of the problem. The virus is the threat, and we can combat it with human ingenuity as shown by the mRNA vaccines. Henceforward, the unvaccinated became the living threat since return to normalcy was predicated on everyone getting vaccinated. And if not vaccinated, whatever your reasons may be, your life could righteously be sacrificed on the altar of scientism.

Forget the large amount of research and data testifying to the fact that the vaccines are not very good at preventing contraction and transmission of the virus, and that natural immunity is superior or equal to vaccine-induced immunity. As a replacement for reasoned discussion and protection of fundamental human rights, bioethics and legal boundaries were revamped and created a new biopolitical reality.

The population's vaccination status became the central problem of human life. Intimately connected to this problem is the vaccine passport, the technological device that would enable a return to "normal life," effectively excluding unvaccinated persons, whose lives had become superfluous given their recalcitrance. The hideous exiling and othering of the unvaccinated in the Anglosphere and in Europe at large makes the liberal critique of China's authoritarian system sound like a hollow reverberation of duplicity.

Without the vaccine, no job; without the vaccine, no university degree; without the vaccine, no social life; without the vaccine, no humanity. In other words, authoritarianism became the norm.

States in the West, the poster boys of liberal democracy, were becoming more controlling, demanding subservience to the state while disregarding fundamental human right principles, bodily integrity, informed consent, and human autonomy. If you do not comply, you are faced with the sovereign ban from society. The voluntary and individualized approach to medicinal interventions, the informed and free consent, is challenged at its very core when your health status is used as a prerequisite for participation in society.

The fact that the unvaccinated were excluded from attending church services and other places of worship makes it hard to place my hope on the priest and the temple helpers, which adds another disturbing dimension to the folly of the times. Forget about the precedent set when lepers were healed and the outcast dignified; if you are unvaccinated, you are not welcomed. The lame man entering the house from the rooftop to get healed by Jesus was now expelled by the priest and fined by the publican.

Of course, it can be reasonably argued that isolation and social distancing are acts of solidarity and that restrictions are needed for the common good of society. It is not hard to understand the logic of such arguments, and that in society we all have a duty to avoid transmission of the virus and keep our communities safe by following the safety recommendations of the government, even if this means that our freedoms will be temporarily curtailed.

However, it does not imply lockdowns, nor does it warrant illogical and unethical vaccine mandates. The problem is also that governments do not easily return your lost freedoms, nor is it easy to correct the course of institutional path-dependence. The risk is that Covid policies will become entrenched as a new form of governmentality and health status becomes a criterion for participation in society. Once you consent to the state forcibly injecting something into your body, an extremely dangerous precedent is set.

Lockdowns are not a good way of dealing with pandemics, as they cause more harm than good. Instead, a more focused and selective approach can be applied to protect the vulnerable and the elderly in order to avoid catastrophic collateral damage to society. The

negative economic effects, particularly affecting small and medium-sized businesses and the working class, as well as the mental health consequences of living in isolation — away from schools, universities, workplaces, and everyday social interaction — are staggering.

Unemployment, poverty levels, and food insecurity increased across the world as a result of erroneous man-made policy interventions, now exacerbated by the war in Ukraine. The callous treatment of families not allowed to be with their loved ones as they faced death, and the inhumane treatment of small children forced to wear masks in kindergartens and schools are other examples of safety recommendations doing more harm than good.

Lockdowns and the stubborn sole focus on Covid-19 also came at the expense of normal universal vaccination programmes in parts of the world, resulting in outbursts of measles. We ought to remember the intricacy of studying complex systems, which calls for a great deal of humility when dealing with enormous amounts of data, spurious correlations, and computational modeling.

At the same time, we should not ignore the fact that “Covid-19 operates in a highly age specific manner,” with very low risk of death and hospitalization for children and young healthy adults, which calls for carefully calibrated public health interventions.

Concerns about critical assessments of the covid orthodoxy are commonplace among academics, suspecting that we engage in misinformation rather than accepted critique. This is perplexing since academics should be able to see through the hegemonic narrative. Or should they? And even if they do, dare they? For one thing the academic guild has never been accused of being courageous.

Scholars might speak truth to power in comfortable armchairs from their ivory tower when nothing is at stake, or perform demagoguery in classrooms without barricades, but when real danger looms — when income and status are on the line — we are as vocal as the deaf, dumb, and blind or become converts of scholar officials upholding the party line. Needless to say, “the prophet and the demagogue do not belong on the academic platform.”

Surely, and to tone down the harsh judgment, the silence is totally understandable given the immense stigma and the risks of losing your livelihood. I was lucky to live in Sweden, although the social pressure was immense here too, and for a short period vaccine passports were used.

During the pandemic I also feared that the draconian measures would reach Swedish shores, as it did throughout the Anglosphere, Europe, China, and large parts of the world, and with that a direct threat to my ability to support my family. My feelings of fear were, interestingly, others' feelings of responsibility. A remarkable fact of life, how our lived experiences differ, and how the values we cherish diverge. But I was never really tested.

Still, what was truly disappointing, to say the very least, was that those who dared to question the dominant Covid narrative were accused of being agents of disinformation. One should be mindful of the error of equating prevailing policies and official information as correct and scientific. Apart from recurring ad-hoc decisions, incessable mixed messaging, and questionable vaccine science, what we have seen throughout the crisis is the lack of proper scientific discussion, uncritical acceptance of government information, and social media censorship and deplatforming.

The concept of “misinformation” is unfortunately increasingly used as a slandering device to attack anyone who opposes the dominant narrative, or anyone caught in the so-called “fact-checkers” net on social media. In a rational discussion one should be able to argue that the use of lockdowns is misguided, masks are of limited use, vaccination of low-risk groups ill-advised (especially if we desire vaccine equity and global distribution of vaccines to the world’s old and vulnerable), and that disregard of natural immunity is illogical and unscientific. But instead of having reasoned discussions, we had, and still have, smearing campaigns among academics.

Legitimate skepticism was actively discouraged, labeling those who disagree “anti-vaxxers.” The idealism of rational scientific communication is fiercely rejected when truth claims are disregarded without assessments, normative claims rebuffed as suspicious, and sincerity claims turned on their head to become ad hominem attacks meant to disarm your credibility as a scholar, as a thinking person, as an individual, as a citizen.

Instead, we were told to trust “The Science,” but we totally overlooked that science is a method of conjectures and refutations. On the one hand, the liberal authoritarian rule of accepted experts silenced dissenting heretics that challenged the prevailing dogma. On the other hand, ostensibly “critical” scholars bought into every word disseminating from governments and corporations, showing little to no understanding of propaganda and the manufacturing of consent during the crisis. And this while they gladly engaged in othering of the unvaccinated.

Up to this point, the “enigma of the stigma” remains unexplained. Without being able to provide a definite answer, I will offer two conjectures, one intentional and one non-intentional, as to why we observed world-wide dissemination of illogical, irrational, and discriminatory policies to deal with the pandemic. They are indeed suggestive and remain to be tested.

When it comes to the first potential explanation, we need an understanding of the state. The state is a political institution which “claims the monopoly of the legitimate use of force within a given territory.” By virtue of legal-rational domination the modern state, through its civil servants and bureaucrats, rules over its subjects. The state is not a unitary or homogenous entity, but rather an institutional amalgam composed of diverse interests and elites who jockey for influence and control over the state apparatus. These elites, in particular in the United States, can be considered corporate elites.

This corporate elitist characteristic of the state coexist or integrate with a technocratic element, namely various groups and networks of experts who exert influence and authority by virtue of their professed expertise, which has led scholars to use the term liberal authoritarianism to describe governance legitimated by appeals to expert authority. In line with this understanding, it can be conjectured that *regulatory capture* by elites and experts associated with the pharmaceutical industry explains the use of vaccine passports, vaccine mandates, including boosters (3<sup>rd</sup>, 4<sup>th</sup>, and so on) whose scientific rationale is disputed, the disregard for natural immunity, and the wide use of substandard and unnecessary testing and masking.

Illogical but highly profitable policies that allowed for exceptional control over the population. In fact, in terms of profitability, pharmaceuticals are “the most powerful corporate sector of all,” by one measure, “during the period 2000-2018, the top 35 listed pharmaceutical firms outperformed every other corporate group in the S&P 500,” a trend that is expected to continue. And next to pharmaceuticals we find the big technological corporations whose devices and social media monitoring were weaponized during the pandemic.

When it comes to lockdowns, we can offer a different conjecture. In the beginning of the pandemic, when images and videos from Wuhan spread across the globe, the world was looking at China as the first country dealing with the novel Coronavirus. Fierce lockdowns were implemented, and China rapidly closed down an entire city with more than ten million inhabitants. China also built hospitals and introduced other measures in record time.

As a result, a narrative where China was depicted as fast-moving and efficient in dealing with the pandemic started to diffuse. This understanding of Chinese efficiency was depicted in contrast to a view of the United States as mired in turmoil and division, with the Trump administration portrayed as incompetent and failing to deal with the pandemic. As the virus rapidly spread across the world and the sense of crisis, uncertainty, and urgency was proliferating, China’s reaction and the use of lockdowns became the dominant heuristic available to policymakers tasked with combating the virus.

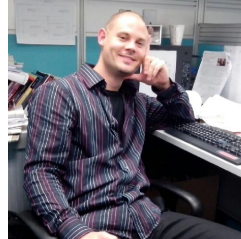
Hence governments started imitating China’s authoritarian ways. In contrast to the intentionality and agency of the first conjecture, we are here dealing with an explanation that emphasizes non-intentional *imitation* and cognition with systemic effects. In many ways it can be considered an unconscious performance that involves “physiological, neurological and social processes” in which people and leaders are synchronized and attuned to the social environment.

Whether one favors regulatory capture or imitation, which by the way are not mutually exclusive, or some other explanation, we need to take a step back and carefully analyze all the rushed decisions that were made over the past two years.

Certainly, there must be something we can learn in preparation for the next virus ready to hold the world hostage. Or are we heading towards a sequel that bears almost plagiaristic resemblance to the current blockbuster? If there is one thing history has shown, it is that we often allow it to repeat itself irrespective of how devastating the outcomes were.

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