

Pandemic Nightmares

by Theodore Dalrymple



Conspiracy theories about the Covid-19 pandemic are legion and sometimes go like this (I have heard such theories more than once): governments everywhere, avid as governments by their very nature always are, for increasing their power and control over their populations, have seized the opportunity presented by the epidemic to impose drastic restrictions on freedom, in the process destroying economies so that they have to be rescued by indebtedness. This in turn will inevitably lead both to higher taxation and increased government participation in, and regulation of, economic life. And, of course, once powers are taken by governments they are rarely, and only slowly or reluctantly, relinquished.

The wilder conspiracy theorists believe it was all planned from the outset, even that governments created the offending virus expressly for their nefarious purposes; the more moderate conspiracy theorists believe that governments have merely been opportunist. But the end result is the same: an inexorable slide into totalitarianism, all in the name of public health.

This, in the opinion of the conspiracy theorists, explains the grossly disproportionate reaction to the epidemic which, after all, has still killed considerably fewer (in proportion to the world population) than the Asian and Hong Kong flus of fifty and sixty years ago. It is nothing like the Black Death, which killed a third of the population of Europe, or even the epidemic of plague in Marseille and Provence in 1720, which likewise killed a third of the population (since when only sporadic cases have been known in Europe). Moreover, the deaths due to Covid have been predominantly among the old: and age remains by far the most important risk factor for death from Covid infection.

I admit that once it became clear, as it did quite quickly, that it was the old (among whom I am now obliged to count myself) who were by far at the most risk, my favoured response to the situation was to confine the old—those over 65, say—in their homes, and also other especially vulnerable groups, and let the rest of the population go about its business normally. Of course, there were exceptions to the generalisation that it was the old who were in danger: a small proportion of the young fell victim to the disease. But to close down a whole society to avoid a few such deaths was like prohibiting all road traffic because young people are sometimes killed in accidents.

There were respectable epidemiologists who suggested some such scheme. And surely, I thought, it was within the capacity of our giant apparatus of welfare and social services, to say nothing of supermarkets, to ensure that the old were supplied with food and not otherwise neglected.

Whether the scheme, or something like it, would have worked now cannot be known, as well as whether it would have had to have been enforced rather than adopted voluntarily. As I look around me in Paris, the day before the 6 o'clock curfew comes into force, I see that many people are openly flouting precautions, probably because (understandably) they feel at

little personal risk; but among the flouters of precautions, there are almost no elderly. They seem to have taken the epidemiology to heart.

One objection raised to the scheme when proposed publicly was that it was a kind of apartheid, except that it was apartheid by age rather than by race. This objection was the triumph of slogan over thought, for the age groups were to be treated differently because of important and relevant differences in their situations. One might as well say that paediatric or neonatal wards in hospitals impose a kind of apartheid because they separate human beings by age.

A more serious objection to the scheme was that, even though the numbers of seriously affected younger people requiring hospital admission might be small as proportion of their total numbers, yet still it might be a very large number in the absolute, so large in fact that it would overwhelm the medical resources available to treat them. Thus many might die who would never have contracted the disease if, either voluntarily or compulsorily, they had followed proper precautions and had been locked down.

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Not many governments, understandably, have been prepared to take the risk of pursuing such a policy: for if in fact it resulted in additional deaths, or appeared to do so, no government would dare to face its electorate and say, "Well, we think it was a price worth paying for the sake of preserving some semblance of normal life."

This in turn brings us to the value that we place on human life. We live in an age, after all, in which we hope to wage war without losing a single soldier. In a sense, this must

represent a moral advance over a time when generals could send thousands, even tens of thousands, of young men to their deaths for the sake of a military advance of not more than ten yards of muddy ground. And the fact the lives saved by strict sanitary measures that are destructive of everyday life will be mostly those of over eighty will not be allowed to enter into the public debate because to allow it to do so would be to devalue the lives of the old: even if, in our hearts and our daily life, we do not really value them.

Thus governments must be *seen* to be trying to save human life, whether or not they actually succeed in doing so, irrespective of the collateral damage, so to speak, caused to the economy and social life of the country. Because of the sentimentality of their electorates it is politically impossible for governments to say to their electorates that public health is anything other than an absolute good, and human life must be preserved at all cost. The public does not want to consider the question of what price we are, or ought to be, willing to pay to save one life, a hundred lives, a thousand lives, ten thousand lives. Since the value of human life is incalculable—even to allow thoughts in terms of value is to become brutish—we cannot stop to consider the question: which, however, has every day to be decided.

If one of the consequences of closing down the economy to save human life is the bankruptcy of small businesses and the further concentration of wealth in the hands of the already-possessing classes, this has either to be borne or dealt with later by, for example, the imposition of a wealth tax on the richest 1 per cent of the population. The fact that the truly wealthy will always manage to avoid such taxation will only serve to concentrate wealth further.

“Precisely!” exclaims the conspiracy theorist. But, of course, he forgets that everything that happens, even as a result of human volition, is not what is aimed at.

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