

EXPOSING THE CRIMES OF THE NEOLIBERAL STATE IN THE GOVERNANCE OF COVID-19

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Abstract: Two of the most promising developments to emerge from the failed attempts to contain the spread of infectious disease outbreaks since the World Health Organization (WHO) declared the outbreak of novel coronavirus (2019-nCoV) a pandemic on 23 January 2020 are (i) an acceleration of *the critique of neoliberalism* and (ii) a reinvigoration of the *state crime* vocabulary. As Henry Giroux (2020) argued, the pandemic has exposed “the plague of neoliberalism” and revealed the need for *a new language* to make sense of the current crisis. In this article, I argue that the language of state crime has both the terminological and the conceptual capacity to inform such a sense-making endeavour and, relatedly, that the academic literature on state criminality can complement critiques of the global neoliberal order in the context of the failed governance of the COVID-19 pandemic.

Keywords: austerity; COVID-19; neoliberalism; public health; state crime; structural violence

State Crime and the Critique of Neoliberalism: Merging Vocabularies

Nowhere is the need to merge analyses of state crime and the critique of neoliberalism more evident and urgent than in England and the US, the countries that were rated by the Nuclear Threat Initiative’s (NTI) Global Health Security Index (2019) the two most prepared nations to deal with public health emergencies prior to the start of the COVID-19 global pandemic. Not only has the Global Health Security Index proved not to be predictive of coronavirus pandemic preparedness—as England and the US led the Index by “score” only, and not by actual “response” (Abbey et al. 2020; NTI 2020)—but these two countries also consistently feature on the list of the hardest hit countries among the G7 nations as well as worldwide (Islam 2020, 2021). For the sake of brevity, this article will mostly focus on the England rather than the US, though many of the themes found in it are relevant for the US context as well. This is because, in both countries, a combination of organizational deviance at the state level and neoliberal policy attitudes in response to the COVID-19 pandemic have led to disastrous results when it comes to crisis

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management and public health outcomes since the start of the pandemic. Public policy analysts, global health experts, and journalists commenting on the mishandling of the pandemic in the England have provided a number of different answers to the question of “what went wrong?” with the Government’s pandemic response. Some have suggested that herd immunity plans are to blame, others have pointed out that England prepared for the wrong kind of pandemic, others still have pointed the finger at corruption, failures of leadership, and faulty political decision-making, and most have recognized that the impact of neoliberalism and austerity measures on the National Health Service (NHS) has also played a decisive role (British Medical Association 2020; Goodwin 2020; Leys 2020; Pegg 2020; Yamey and Wenham 2020; York 2020; Godlee 2021).

The focus of this article is primarily on the way neoliberal governance has exacerbated the impact of the current public health crisis in England and other neoliberal countries. The article’s overarching orientation aligns with the *COVID-19 Marmot Review* (Marmot et al. 2020), which suggests that austerity is a primary cause behind England’s disastrous COVID-19 figures. The article goes a step further than the *Marmot Review*, however, in that it argues that neoliberally inspired reforms and policies like austerity and herd immunity reveal more about neoliberalism than the *Review* discloses; not only is neoliberalism responsible for making countries like England ill-prepared for and more vulnerable to public health crises, but it is also a fundamentally violent form of governmental rationality whose structural inadequacies the pandemic has helped expose. What the current pandemic demonstrates is that we are at a cross-road; either we weaponize global social solidarity and the generalized nostalgia for the welfare state that the pandemic has engendered, thus reimagining and transforming how our societies work, or we are destined for a future under disaster capitalism, emergency capitalism, and a globalized neoliberal indifference toward our collective health and wellbeing. We have a choice; overcoming neoliberalism and reorganizing the body politic of 21st-century globalized society, or remaining in an abusive relationship with a political-economic system that, as shown in this article, undervalues our lives, makes us sick and vulnerable and, with the help of COVID-19, threatens to kill us en masse.

Although the pandemic has triggered discussions about the “end of neoliberalism”, the “death of neoliberalism”, the “twilight of neoliberalism”, “post-neoliberalism”, and so on (Saad-Filho 2020; Wilson 2020; Davies and Gane 2021; Evans 2021), the truth is that global public health during the pandemic remains trapped within the horizon of neoliberal governmentality and it would be inaccurate to claim that COVID-19 “killed neoliberalism” (Briggs et al. 2020; Primrose, Chang and Loeppky 2020; Duncan 2021; Šumonja 2021). One of the guiding assumptions of the article is that a key reason why we have so far failed to fully exploit the opportunity provided by the pandemic to bury neoliberalism once and

for all—to expose its inappropriateness as ruling ideology of a globalized 21st century—relates to our inability to verbally and conceptually articulate and demonstrate the connections between public health failures, neoliberal governance, and state criminality. In fact, the biggest failure we have witnessed during the pandemic is the failure of various governments to resist the ideological temptation and practical impulse to neoliberalize their responses to the global public health crisis induced by COVID-19. The neoliberalization of the governance of COVID-19 is the international scandal of the past two years and, though it makes sense to be critical of and morally outraged by it, criticism and moral indignation alone will not bring an end to it.

What is needed, instead, is a change of linguistic register; only a shift in terminology will allow us to attribute greater severity and gravity to the mishandling of the pandemic in various countries and to be more prepared to take action in the future so that public health blunders are properly dealt with. A good example of this is provided by Gellert (2021), who claims that we should stop using the term “malpractice” in the context of certain public health failures in the governance of COVID-19 and start talking about “public health nonfeasance”, “public health misfeasance”, and “public health malfeasance”. The change in linguistic register that this article is interested in is less juridical in tone and more comprehensive in scope, and entails a merging of the terms, ideas, arguments, and lines of thinking found in critiques of neoliberal healthcare and those that make up the discourse of state crime. It is only by upgrading our linguistic capacities that we can socially construct augmented realities. In the context of the disastrous COVID-19 figures in countries like England and the US, the linguistic upgrade required is one which will allow the neoliberal fiascos in the governance of COVID-19 to be referred to as state crimes.

As Saad-Filho (2020: 482) puts it, the pandemic “happened by chance, but it was not unexpected. Its consequences are much more than scandalous: they are criminal ... Neoliberal capitalism has been exposed for its inhumanity and criminality.” The aim of this article is to facilitate a terminological and discursive shift in our discussions of the COVID-19 pandemic, with a hope that this will solidify an understanding of its mishandling as not only scandalous but criminal. To do so, the article borrows from the state crime literature terms like “structural violence”, “state violence”, “state criminality”, “organizational deviance”, “mass harm”, “government under-reach”, “social murder”, “democide”, and more, to describe the neoliberal state’s failed response to the pandemic, focusing primarily on England as a case study of failed neoliberal governance of COVID-19. The article aims to make a *sui generis* contribution to the growing literature on the critique of neoliberalism and neoliberal healthcare. By demonstrating that the pandemic offers a unique analytic opportunity to expose the violent, harmful, and criminal tendencies of neoliberal governance, the article highlights the need to imagine

alternatives to the current model of neoliberal globalization. The pandemic is reinforcing the exclusionary tendencies of neoliberalism but is also opening new spaces for critical reflection and political activity (Saad-Filho 2021b). Hence, exposing the harms caused or facilitated by neoliberalism during the pandemic must become a priority for state crime scholars, who represent a community of engaged academics that have long understood that scholarship must have at its core “a fundamental commitment to emancipatory activism” (Green, Ward and Lasslett 2012: 7).

The article is divided into two main sections. The first section engages with the critique of neoliberal healthcare to show that neoliberalism is deeply implicated in the disastrous handling of the COVID-19 pandemic in various countries. The second section complements the critique of the neoliberal governance of the pandemic by framing public health failures as instances of neoliberal violence, mass harm, and state criminality. The article first introduces the critique of neoliberal healthcare and explores some of the levels of analysis where such a critique has successfully established that contemporary health crises must be regarded as neoliberal co-pathologies. The article then looks at the neoliberalization of England’s pandemic response as a way of further highlighting how neoliberalism contributed to the disastrous COVID-19 figures in the country, paying particular attention to the role played by austerity measures and herd immunity plans. Next, the structural violence of the pandemic is placed under scrutiny, noting how the disproportionate impact that COVID-19 has had on vulnerable groups and disadvantaged communities warrants more than moral condemnation; it creates an analytic imperative to conceive of neoliberal structural violence as state violence and state criminality. Lastly, the article attempts to call neoliberal state crimes by their name, showing that a state crime lens has the potential to enrich our understanding of the mishandling of the pandemic and to effectively complement critiques of neoliberalism by expanding their vocabulary and conceptual arsenal.

Neoliberalism, Healthcare Crises, and COVID-19

An Introduction to the Critique of Neoliberal Healthcare

Neoliberalism is generally described as a macro-economic doctrine that first came to manifest itself in a concrete form through Thatcherism in the UK and Reaganism in the US. In the social sciences, the term neoliberalism denotes (i) the hegemonic political ideology in the West and beyond from the late-20th century onwards, (ii) a system of policies centred around liberalization, financialization, deregulation, and privatization, (iii) a minimalist, non-interventionist, and anti-welfarist conception of the state, and (iv) a form of governmentality that restructures rela-

tionships between individuals and the state in ways that facilitate “governing at a distance” (Ward and England 2007). Although no single definition of neoliberalism can do justice to its historical and political complexities, we can understand neoliberalism as a “post-Cold War, post-welfare state model of social order that celebrates unhindered markets as the most effective means of achieving economic growth and public welfare” (Maskovsky and Kingfisher 2001: 105). Neoliberalism’s fundamental mottos assert that “there is no such thing as society, only individuals” and that “government is the problem, not the solution”. When such mottos are translated into policy maxims governing the relations between state and individual subjects, they trigger a fundamental remodulation of the nexus between government and civil society. For the purposes of this article, the key aspect of such a remodulation concerns neoliberalism’s historically undeniable promotion of a view of health and wellbeing as individual responsibilities and private commodities rather than rights and public goods. Neoliberalism’s long history of obstructing the state’s provision of health rights over the past four decades or so has severely undermined public health in various countries and, by extension, has limited the capacity of states to provide adequate health and care services during the COVID-19 pandemic (Mellish, Luzmore and Shahabaz 2020).

Such an argument has been made so forcefully since the start of the pandemic that it can effectively be taken as a truism. The novelty of this article lies in an attempt to complement critiques of neoliberalism with a critical criminological addendum concerning the neoliberalization of pandemic responses during the COVID-19 crisis. The failures of neoliberal states in handling the COVID-19 crisis ought not to be analyzed exclusively through the lens of political economy but also from a state crime perspective. In other words, the failed neoliberal governance of the pandemic is not to be regarded as purely political and economic in nature. Instead, it should be seen as a form of state criminality typical of emergency capitalism in a globalized 21st century. The observation that neoliberalism is almost invariably detrimental to public health led Bell and Green (2016) to conclude that the journal *Critical Public Health* could easily be renamed *Critical Public Health: the Negative Impacts of Neoliberalism*. Nonetheless, there are pitfalls in invoking neoliberalism in public health critique that need to be acknowledged beforehand. By speaking of “Neoliberalism” in totalizing and monotheistic terms we risk reifying it, reductively framing concrete, local policy programmes and reconfigurations in terms of an abstract and geographically and temporally indefinite logic of state-crafting. We risk taking the general meaning of neoliberal governance for granted while failing to critically scrutinize its localized impacts and effects, and we sacrifice nuance for the sake of vague generalizations. We mistake neoliberalism for a *fait accompli*, failing to see that it is an ongoing process with its own limits, partialities, and contradictions, and hence we tend to be

unable to see where neoliberalism actually begins and where it ends (Kingfisher and Maskovsky 2008).

This article acknowledges the need to inject a sense of reflexivity in contemporary critiques of neoliberalism and its complicity in the mishandling of the pandemic in various countries. That said, it also recognizes the value of intellectually operating at a level of generality that can usefully help us advance a broader critique of the neoliberal global order in the context of the failed governance of the pandemic.

Contemporary Healthcare Crises as Neoliberal Co-Pathologies

When the sub-prime mortgage crisis shocked the global economy in 2008, four countries were hit especially hard: the US, the UK, Ireland, and Iceland. Such countries' banking crises did not happen to be more pronounced by accident. Rather, these were the countries that, at the time, had the most deregulated, i.e., the most neoliberalized, financial sectors (Farnsworth 2021: 78). A similar argument can be made about the pandemic in neoliberal countries. Put simply, the neoliberal political-economic model made England, the US, and other neoliberal countries helpless in the face of the COVID-19 crisis. Any attempt to try and establish a direct, causal relationship between neoliberal governance and poor public health outcomes following the COVID-19 outbreak might initially be looked upon with suspicion. Yet, an astounding wealth of academic work has been published since the start of the pandemic that makes abundantly clear that such a relationship is, if not causal, very intimate. The relationship between neoliberalism and the pandemic is multi-faceted and can be explored on a number of levels.

At the broadest possible level of historico-sociological and political-economic analysis, it can be argued that critiques of neoliberalism are central to understanding the aetiology of the global health crisis induced by the COVID-19 pandemic because such a crisis resulted from decades of exploitation of nature and human beings linked to neoliberal globalization (The Left in the European Parliament 2020; Stewart et al. 2021; Vidal and Correa 2021). Because we live in “the age of neoliberalism”—that is to say, in a global capitalist society whose current mode of existence is a neoliberal one—the emergence of the pandemic must be understood in the context of historically cumulative, global vulnerabilities fuelled by neoliberal globalization and of “growing inequalities and deepening crises in neoliberal economies” (Saad-Filho 2021a: 133). As Daněk (2020: 53) put it, COVID-19 is the mirror of a global crisis that reflects “the contemporary global civilization”—i.e., the civilization of neoliberal globalization that, for quite some time now, has been aiming to paralyze social solidarity and cause distrust in the state on a worldwide scale in order to restructure the fate of the globe in accordance with the logics of social atomization, individualism, private property and limited government

(Sušová-Salminen and Švihlíková 2020). The fact that globalized society has had to endure four significant health crises since the 1980s—Ebola, SARS, MERS, and COVID-19—cannot be disarticulated from the expansion of neoliberalism over the past four decades (Navarro 2020: 272). The neoliberalization of the world economy and the ideological hegemony of neoliberalism must be factored into any sensible assessment of the macro trends that have contributed to the exacerbation of the conditions that have facilitated the expansion of the current public health crisis around the globe.

Such an argument can also be formulated at the level of critical socio-epidemiological analysis. The pandemic is not just a crisis exacerbated by neoliberalism; it is a crisis *of* neoliberalism—“the pandemic itself is a neoliberal crisis” (Nunes 2020: 2). The COVID-19 crisis is not just a global health crisis but a globalized political problem radicated in our neoliberal past; the minimalist conception of government advocated by past neoliberal establishments across the globe—coupled with their delegitimization of healthcare as a public good— informed the implementation of policies of containment of public spending and ultimately led to the underfunding and even dismantling of public health systems worldwide. This process was then accelerated by the global financial crisis of 2008 and the rolling out of austerity measures that followed from it—both of which constitute another crisis of neoliberalism in and of itself, since they are consequences of a “40-year uncontrolled experiment in neoliberal economics” (Labonté and Stuckler 2016: 312). The public health crises of the past few decades cannot be understood separately from neoliberal economic crises because they are—as Williams and Maruthappu (2013) would put it—“healthconomic crises”. When the COVID-19 pandemic hit at the start on 2020, neoliberalism had nothing to offer but bad politics and bad economics that had deteriorated key health indicators and imperilled global public health for decades. As Schrecker and Bamba (2015) showed in *How Politics Makes Us Sick: Neoliberal Epidemics*, the political unwillingness of neoliberal governments to conceive of the provision of healthcare services as a human right must be analyzed *in tandem* with neoliberalism’s undermining of the social determinants of health and wellbeing; not only does the neoliberal decentralization, privatization, and marketization of national healthcare services undermine a central government’s ability to care for its people, but neoliberalism also exposes entire populations to unhealthy eating habits and excessive consumption, job insecurity, poverty, inequality, and other social conditions that tend to lead to rising levels of health risks and complications.

In short, neoliberal politics and economics can—literally—make us sick, to the point that is fair to ask whether COVID-19 is to be regarded as a pathology or, in fact, merely as a symptom. As Standing and Davies (2020) argue, years of austere neoliberalism in Europe have acted as a *pre-existing condition* onto which

COVID-19 has landed. The outbreak of novel coronavirus (2019-nCoV) is simply a direct manifestation of an underlying, organic crisis of neoliberal globalism and its viral legacies. Similarly, Sparke and Williams (2022) argue that COVID-19 is a *neoliberal disease*, a disease that feeds on the weaknesses of a globalized neoliberal body politic that turns inequalities and inadequacies into global health insecurities. Neoliberalism's obsessive promotion of wealth-creation has resulted in the deterioration of global health outcomes through the production of a "cascade of socio-viral co-pathogenesis" such as vectors of vulnerability triggered by unstable market conditions, reduced public health and pandemic preparedness at a state level, and growing constraints on global health governance for international health security regulators (Sparke and Williams 2022: 15). In a British context, Jones and Hameiri (2021) discuss in great detail *the inherent pathologies* of neoliberalism, showing how the shift from "government to governance" and its resulting "regulatory state" from the late-1970s onward has led to the hollowing-out of state capacities, the outsourcing of governmental responsibilities, and to an over-reliance on *ad hoc* measures of crisis management.

At a comparative level of analysis, some attempts have been made to demonstrate that countries which have been inclined to neoliberalize their pandemic responses have tended to do worse in terms of health outcomes compared to states which have adopted more welfarist approaches to health crises. Research suggests that countries with high-performing public health systems like Hong Kong, Singapore, and Japan, were more resilient and better able to adapt to the early stages of the pandemic (Legido-Quigley et al. 2020). Likewise, China was able to successfully contain the spread of the virus at the start of the pandemic both because it has, since the global financial crisis of 2008, pursued a pro-Keynesian path, and because it led the way in aggressive disease containment efforts that would not have been possible without mobilizing and coordinating an agile first line of public health workers (De Ceukelaire and Bodini 2020; Fouskas and Gökay 2020). It needs to be noted that here the comparison is not necessarily between "welfare states" and "neoliberal states", but between nations that adopted crisis management approaches that can be classified as either tendentially welfarist or neoliberal in scope. Singapore, for instance, is an obviously neoliberal country, but the fact that the WHO praised the Singaporean response to the pandemic cannot be used as evidence that neoliberalism did not exacerbate the crisis in the country because its response to the pandemic was essentially anti-neoliberal. Moreover, studies have highlighted various failures of Singapore's public health infrastructure, linking such failures directly to the country's "exploitative structure of labor management anchored in its authoritarian neoliberalism" (Dutta 2021: 1303). Likewise, New Zealand—one of the most neoliberal countries in the world—has had success in fighting the pandemic because it rejected, and not because it embraced, the

neoliberalization of the pandemic. The country strengthened and expanded its welfare infrastructure by introducing massive rescue packages, rolling out social protection strategies, creating community-based social support systems for Pacific communities, and by disavowing—at least temporarily—neoliberal individualism and self-interest (Trnka 2020; Ratuva et al. 2021).

Studies focused on neoliberal countries like the US, Canada, and Australia show that emergency neoliberalism afforded neither efficient nor equitable responses to these countries' public health crises, as the neoliberal governance of the pandemic further exacerbated existing social and health inequalities, failed to alleviate the class-related, racialized, and gendered impact of the pandemic, and straitjacketed budgetary action (Andrew et al. 2020; Bryant, Aquanno, and Raphael 2020; Setterfield 2021). Some studies have compared countries with a clear history of neoliberal state-crafting with countries with a predominantly welfarist past, such as Spain and Mexico (Ponce de León 2020). Various countries on both sides of the North Atlantic have been found to be particularly prone to public health crises due to their history of neoliberal policymaking. Navarro (2020), for instance, shows that the countries whose pandemic preparedness was most affected by neoliberalism at the start of the pandemic were the US, Italy, and Spain, and Nanda et al. (2020) show that, in those same three countries, neoliberal measures like austerity and privatization of healthcare services are to blame for the disproportionate impact that COVID-19 has had on older adults. Neoliberalism undermined the overall quality of public health and care services—as well services like preschool and aged care—available in these countries, thus contributing to a reduction of national capacities for pandemic preparedness and responsiveness through underfunding, underdevelopment of key service provisions, commercialization of medicine, as well as through ideological commitment to private solutions to public health problems. Barrera-Algarín et al. (2020) analyzed the impact of neoliberalism on the public health systems of thirty European countries and found that lower per capita spending on public health is correlated with higher numbers of COVID-19 deaths. Studies looking at the impact of austerity policies on mortality rates and COVID-19 fatality rates tend to suggest that neoliberalism kills (see for instance Watkins et al. 2017; Sherpa 2020; Storm 2021; for contrast see Stribling et al. 2020).

Such studies are consistent with previous research showing that strong government intervention and welfare state expansion can ameliorate health inequalities during crises and produce better health outcomes in the long-run (Labonté and Stuckler 2016; Bambra et al. 2020). As argued by Stuckler and Basu (2013) in *The Body Economic: Why Austerity Kills*, countries that imposed austerity measures following the financial crisis of 2008 experienced worse health outcomes as an effect of the economic recession than countries which kept social safety nets intact and maintained adequate levels of public spending. Similarly, neoliberalizing a

country's pandemic response during a crisis as deep as the one created by COVID-19 poses a greater number of challenges to health and care systems—as well as a greater number of ethical challenges (Ahlbach, King and Dzeng 2021)—than opting for welfare-based approaches. As the neoliberalization of a country's pandemic response is a policy choice, the next level of analysis that demands attention is the policy level. This level of analysis deserves more substantive engagement and is therefore discussed in the next section, using England as a case study.

Neoliberalizing England's Pandemic Response: Austerity and Responsibilization

The overarching contention of the previous section is twofold: (i) decades of neoliberal policy trends such as the politics of austerity and the privatization of health services have, over time, considerably undermined the capacity of neoliberal countries to adequately respond to the current pandemic, and (ii) attempts at “sticking to neoliberalism” once the pandemic began—instead of immediately transitioning toward more welfarist policy options—have tended to make matters worse in various countries. In line with that, the critique of neoliberal healthcare in England has highlighted both the inadequacies of neoliberal reforms of health and care services before the pandemic and the ill-suitedness of neoliberal responses to public health emergencies during the pandemic (Lovett 2020a; Malin 2020; Hernandez 2021; Toynbee 2021). As the British Medical Association (2020) put it, austerity has been *COVID's little helper* and any attempt to answer the question “why has England had one of the worst COVID-19 figures in Europe?” must start with austerity (Marmot 2020). The *COVID-19 Marmot Review* (Marmot et al. 2020) argues that austerity is a primary cause behind England's disastrous COVID-19 figures in view of the fact that it has (i) created high levels of poverty which, in turn, has caused entire segments of the population to suffer from ill-health, (ii) harmed public health by prioritizing repaying the debt over taking care of the needs of the population and, therefore (iii) led to the country entering the pandemic with depleted public services and a weakened population, which has increased the lethality of the pandemic. To that it should then be added that England's early attempts to respond to the pandemic through a neoliberal-minded policy of herd immunity made matters decisively worse.

The lesson to be learned from an analysis of the mishandling of the pandemic in England is clear: the architects of neoliberalism overlooked a fatal flaw in their socio-political and economic creation, namely, that neoliberalism is one of the worst systems imaginable when it comes to handling public health crises. As a system that aims to restructure public services like healthcare by inducing a withdrawal of the state from the provision of such services and by replacing them through fragmentation and privatization, neoliberalism tends to complicate the working lives of public sector employees to significant degrees. Beginning with

the enactment of the Coalition Government's plan to neoliberalize the NHS, the quality of the working lives of healthcare staff has been severely diminished (Pownall 2013). A recent study by London Economics (2021), for instance, shows that NHS staff have suffered real-terms pay cuts as high as 32% in the past ten years. This is only one of many indicators of how the neoliberalization of healthcare services can have detrimental effects on the public sector workforce. When the first coronavirus fatality in the country was reported on Thursday the 5th of March, England's public health system had the second-lowest number of hospital beds per capita in Europe. Before the onset of the pandemic, resilience had already been ripped out of the system by over a decade of austerity measures that have made the NHS extremely fragile (Institute for Public Policy Research 2020; Thomas 2020).

Though the Government and the Department of Health and Social Care (DHSC) in particular claim to have done sufficient pandemic preparedness work over the past decade (Department of Health 2011; Cabinet Office 2013; Public Health England 2017; DHSC 2020a, 2020b), doctors on the ground have warned since March 2020 that the country was ill-prepared for a coronavirus pandemic (Mueller 2020). Shortages of ventilators and beds for critically ill patients, overflowed intensive care units and wintertime wards, and health workers forced to buy their own face masks, were only some of the early warning signs that a coronavirus outbreak in England was almost inevitably going to lead to an enormous amount of suffering and death. While numerous commentators have been quick to attribute the disastrous mishandling of the pandemic in England to the flawed policy choices of government officials, it would be a mistake to put the blame exclusively on failures of political leadership and the incompetence of public officials in charge of policy decisions. As Jones and Hameiri put it:

[I]t is hardly surprising that the British state failed spectacularly in 2020. This was not, contrary to popular commentary, simply a consequence of ministerial or prime ministerial incompetence, nor a function of the specific party in control at the time – the Conservatives . . . even if the Labour Party had won the 2019 elections, it would have inherited a regulatory state apparatus that was both intensely bloated, in terms of sheer bureaucratic size and complexity, yet substantively weak ... Moreover, this was a state that both main parties had a hand in creating ... reflecting their convergence around a neoliberal policy set. These pathologies clearly played out in the UK's pandemic response. (Jones and Hameiri 2021: 14)

What needs to be acknowledged is that politicians and public servants operate within the constraints of ideological frameworks and that their political visions

tend to reflect such frameworks. The dominant ideological framework of our times is that of neoliberalism. When Prime Minister Boris Johnson declared in a press conference held on Wednesday the 18th of March 2020 that the UK was “a land of freedom”, he was personifying the neoliberal *ethos* by making a claim about the limited role of the state and about the need to avoid a “police state” in response to the pandemic (Wickham 2020). In other words, neoliberal ideology—and not conservative beliefs *per se*—underpinned Johnson’s decision to delay lockdown measures (Callinicos 2020).

Relatedly, herd immunity plans—or the Government’s strategy to let the coronavirus freely circulate through the entire population early in the pandemic (Peston 2020; Sridhar 2021)—were fundamentally meant to enact a neoliberal project of *self-governance* and governmental *de-responsibilization*. Put differently, they represented a quintessentially neoliberal technology for “governing at a distance” (Rose and Miller 1992) and an attempt to resort to a sort of “governance without government” (Ortega and Orsini 2020) as a way of (non)handling the pandemic. In the literature on governmentality, responsabilization is regarded as a central trait of neoliberal governance. It broadly refers to processes whereby individuals are made responsible for tasks which would normally be the duty of government to fulfil—such as handling public health crises—as well as to mechanisms that, by “empowering” individuals, often obfuscate structural inequalities and vulnerabilities and thus limit governmental responsibility and accountability (Juhila, Raitakari, and Löfstrand 2017). Within a neoliberal order, states see their citizens as responsible and autonomous subjects who have to make their own choices and “govern themselves” through *technologies of the self*. To borrow from Broom et al. (2014), we could say that individuals under neoliberal regimes are compelled to be responsible for their own health and illness trajectories and to adhere to the slogan “my health, my responsibility”. The neoliberal *rhetoric of personalization* (Cardona 2021) that often takes over in public and media discourse in the US, England, Australia, and elsewhere, is fundamentally designed to legitimize the neoliberal tropes of “small government”, “individual freedom”, and “personal responsibility” and justify governmental de-responsibilization and the neoliberalization of public health emergency and crisis management.

The decision taken by segments of the political elite in England to let the entire population acquire herd immunity, then, was not simply an unethical public health policy—as the head of the WHO rightly claimed (Lovett 2020b)—but also a fundamentally dubious political choice informed by neoliberal precepts. What is even more shocking is that, in the early phase of the pandemic, the Government subjected its own health and care workforce to what turned out to be deadly neoliberal logics of responsabilization and self-governance when it opted not to protect such workers through the provision of adequate personal protective equipment (PPE).

In what can be described as an appalling display of neoliberal *thanatopolitics*, the Government effectively invited its health and care workers on the main stage of a political theatre of death, forcing them to take responsibility for their own health during a pandemic; buy your own PPE, be on the frontline at your own risk, *work and die working*. As the Good Law Project (2020) helped expose, the “PPE fiasco” led to the death of hundreds of UK doctors and nurses as the Government failed to put together emergency procurement arrangements in late January. As of 14th May 2020, COVID-19 had already killed more than two hundred health and care workers in the UK, prompting legal experts to call for criminal investigations to determine whether failure to provide adequate PPE should amount to corporate manslaughter (Dodd and Campbell 2020). As reported by Hall, Lister and Mercer (2020) in *Privatised and Unprepared: The NHS Supply Chain*, the neoliberal privatization of the NHS has been at the centre of the PPE fiasco. By outsourcing NHS procurement, the Government has lost control of NHS governance, which is now managed—“at a distance”—through a profit-driven network of private companies.

Hence, it can be argued that neoliberalism is variously responsible for exacerbating the impact of the pandemic in England; it turned England into *the sick man, woman and child of Europe* even before the pandemic (Horton 2020), it rendered the country unprepared for infectious disease outbreaks by demolishing the country’s public health system and running down the country’s public health defences (Toynbee 2020), it provided ideological legitimacy to the austerity policies that, since 2008, have helped reconfigure the state and the objective of public policies (Farnsworth 2021) and that have led to widely documented detrimental effects on the health of the European continent (Brand et al. 2013), it legitimized delaying the first lockdown, leading to thousands of preventable deaths, and then it offered refuge in appeals to “free-market common-sense” as a way of deflecting attention from the mass harm it had unnecessarily caused (Coleman and Mullin-McCandlish 2021), it led to the privatization of the NHS which negatively impacted the working lives of health and care workers and caused the PPE fiasco, it “depleted state capacities in the name of the ‘superior efficiency’ of the market” (Saad-Filho 2020: 478) and created multiple “depletion zones”, with the long-term care sector and its residential and nursing homes being one of the sectors that has suffered the most from the neoliberalization of the state in the UK (Daly 2020; Devi et al. 2020). The list of neoliberal harms goes on, but this should suffice as a representative sample demonstrating that neoliberalism is deeply implicated in the disastrous mishandling of the pandemic in England.

Arguably, the most tragic aspect of the neoliberal mismanagement of the crisis is that the most vulnerable social groups have had to endure the greatest amount of suffering and have been the primary victims of the harms of the neoliberal state in

the governance of COVID-19 in England. Understanding this point is vital to appreciating why a shift in our way of talking about the mishandling of the pandemic is needed.

The Harms of Neoliberalism during the Covid-19 Pandemic: Public Health Failures or State Crimes?

The Structural Violence of the COVID-19 Pandemic

It should be clear by now that the mishandling of the pandemic in neoliberal countries should not be seen as an isolated event but as a *structural* problem. Decades of neoliberal deregulation and privatization championed by the UK and USA led to the financial crisis of 2008, prompting the implementation of austerity measures which, in turn, negatively impacted public spending and investment in healthcare in various countries and, ultimately, undermined these countries' levels of healthcare preparedness and pandemic preparedness when COVID-19 hit. After espousing and exporting the logics of deregulation, privatization, austerity, and personal responsibility for decades, neoliberal states now have to confront an obvious political reality; when the time comes for strong government action, robust welfare provisions, and wide social safety nets, as well as democratic politics and a united civil society bonded by public solidarity rather than a fragmented one driven by individual self-interest, neoliberal governance offers no satisfactory guidance for either statesmanship or public welfare. What needs to be asked is whether the inability of the neoliberal state to serve and care for its people can continue to be regarded as bad politics *ad infinitum*, or whether it is in fact time to start talking about the political failures of neoliberalism as instantiations of *structural violence*.

Structural violence refers to “the often-hidden ways that structures of inequality, such as poverty, racism, and discrimination, negatively impact the lives and well-being of affected populations” (Singer and Rylko-Bauer 2021: 8). A number of studies have pointed out that decades of neoliberal deregulation, privatization, and austerity have tended to hurt poor, deprived, and marginalized groups the most and that the pandemic has had a disproportionately negative impact on such groups (Stuckler et al. 2017; Bump et al. 2021; Peterson and Walker 2021; Woolhandler et al. 2021). As Mellish et al. (2020: 4) argue, such an empirical assessment of neoliberalism's inherent inequity should be taken to its logical conclusion; the negative effects of neoliberalism ought to be understood as forms of structural violence *because of* their disproportionate impact on the most vulnerable groups in society. Structural factors ranging from poverty and homelessness to unequal access to healthcare tend to accelerate COVID-19 morbidity and mortality rates (Ahmed et al. 2020), and not only is the pandemic revealing worldwide

structures of vulnerability but it is also effectively capitalizing on them (Manderson and Levine 2020: 368; Team and Manderson 2020). As Kabel and Phillipson (2021: 3) put it, the pandemic “intensifies other social catastrophes feeding on the ruins of structural inequality and the racism that condemns the marginalized to loss of agency, social apartheid and disposability” while also laying bare the necropolitics of neoliberalism, or “its power to dictate life and death undergirded by racialized, class, gendered and neocolonial logics.” As claimed by Lohmeyer and Taylor (2021: 629), however, it is not enough to point out all the various ways in which neoliberalism causes violence—we need to go a step beyond exposing neoliberal violence. What needs to be taken seriously is the idea that neoliberalism itself *is* violence, a governmental form of structural violence or, as Springer (2012: 136) puts it, an abusive form of government that facilitates “the abandonment of those ‘Others’ who fall outside of neoliberal normativity.”

When violence is built into the very structure of society through governmental institutionalization of policies that have visibly detrimental effects on segments of the population and cause mass harm—as with austerity measures or herd immunity—violence becomes not simply structural but *state-sanctioned*. This is why Kramer (1994) argued that structural violence is *state violence* and that it should be seen as a form of *state criminality* which must be brought within the boundaries of both criminological and public policy analysis. Arguably, then, a state crime lens should be applied when analyzing the fact that, in England and elsewhere, the pandemic did not strike at random but rather impacted some groups—elderly people, poorer groups, and ethnic minorities—harder than others and created a perfect storm of human rights violations that hit already marginalized groups the hardest (Richmond-Bishop and Bailey 2020; Whitehead, Taylor-Robinson, and Barr 2021). Deprived areas in the country—from Bolton and Rochdale to Liverpool—have seen infection rates becoming endemic because deprivation has been driving such rates, making already vulnerable communities more susceptible to COVID-19 (Caul 2020). Hence, a sound explanation of what went wrong in England demands a systematic analysis of the structural factors, inequalities, and vulnerabilities that intensified the impact of the pandemic for certain groups and geographical areas; Richard Horton aptly grasped the need for such a structural explanation when he wrote that:

The pandemic is not the making of a single coronavirus, but the combination of three epidemics: the virus, the chronic conditions that make people more susceptible to it, and a situation of deepening poverty and inequality. A single pandemic is too simple a narrative to capture this reality. What we’re faced with in Britain is a “syndemic” – a synthesis of epidemics ... [A] pervasive political indifference to inequality, combined with a decade of cuts to the most basic social

protections, has left our nation exquisitely vulnerable to the arrival of this virus. (Horton 2020: n/a)

The obvious barrier that needs to be overcome in this analytic context is that poverty, inequality, austerity, and so on, are not conventionally thought of as “crimes”. But this is at least partly due to a failure to define them as such by challenging judicial, state-approved definitions of crime.

Calling State Crime by its Name

Over fifty years ago, the Schwendingers (1970) argued that imperialism, racism, poverty, and other structural problems could, in fact, be understood as crimes by rejecting legalistic definitions of crime and relying instead on moral criteria of social injury and human rights principles. This is a viable analytic approach often used by state crime scholars (see for instance Barak 1990; Green and Ward 2000; Michalowski 2010) and one which makes it possible to conceive of public health failures during the pandemic and their neoliberal underpinnings as state crimes and instances of state-initiated or state-facilitated mass harm. From a critical criminological point of view, the fact that UK cabinet ministers have been found by the Royal Court of Justice to have acted unlawfully on a number of occasions since the start of the pandemic (Chakelian 2021) is one of the few pieces of positive news to have been broadcast since the start of the pandemic; at the very least, news of this kind lends support to the view that the traditional criminological focus on crimes of the street can obfuscate the extent to which those in power and positions of authority engage in unlawful or demonstrably harmful conduct. The same can be said of more recent news about a High Court ruling that the COVID-19 “VIP lane” used by the Government to preferentially hand out COVID-19 contracts to certain firms was in breach of the obligation of equal treatment and was, therefore, illegal (Siddique 2022). It should be borne in mind, however, that ministers and government officials breaking the law are only the tip of the iceberg in a broader culture of organizational deviance and structural violence that often causes serious harms which are not, however, formally recognized by law. As Gordon and Green (2020) argue, for instance, austerity measures that starved the NHS of necessary resources are not technically unlawful, yet the fact that they led to mass suffering in the pre-COVID-19 era as well as to unnecessary deaths during the pandemic should make us wonder whether austerity can, in fact, be considered a criminal policy.

In their contribution to a Special Issue of the *State Crime Journal* (Vol. 10, No.1) on the COVID-19 pandemic, Gordon and Green (2021) further elaborate on this idea by developing the concept of *government under-reach*. This is a concept that denotes forms of governmental intervention “designed to implement certain kinds of deregulation and austerity measures that have led to the evisceration of

welfare policies and the erosion of the social safety net” (2021: 4). According to Gordon and Green, government under-reach is a structural form of violence perpetrated by governments to advance their organizational and political visions—and it amounts to state criminality. Arguably, government under-reach is the chief crime of choice of the neoliberal state. Since states define what constitutes criminal conduct within their jurisdictions, it would be foolish to hope for neoliberal states to bring themselves to court for causing mass harm through austerity. But civil society has the power to define state actions as deviant in accordance with moral standards and international norms of conduct (Green and Ward 2004). The fact that vocal government supporters made calls to temporarily suspend the regime of austerity and embrace socialism during the pandemic to save the liberal free-market and avert socialism in the long-run (Evans-Pritchard 2020) indicates that even those with a favourable view of neoliberalism understood that fully neoliberalizing a country’s response to a public health crisis would have been reckless and negligent. Boris Johnson himself felt the need to broadcast a message at the end of March 2020—while self-isolating with COVID-19—to openly say one of the least neoliberal things imaginable; “there really is such a thing as society” (Guardian News 2020).

While some commentators were puzzled by Johnson’s use of such anti-neoliberal rhetoric—arguing that there was no rational basis for it (McLachlan 2020)—it is possible that Johnson realized, at least to some extent, that an outright neoliberalization of the UK pandemic response would have amounted to political and governmental absenteeism. Not using such a rhetorical stratagem would have made it easier for the political opposition to talk about a negligent abdication of the Government’s duty to govern and care. In the last instance, it would have enabled the Government’s political critics to launch accusations of government under-reach. Nevertheless, rhetoric and action are two different things, and the Government ultimately did “under-reach” by proposing and trying to implement herd immunity plans. The Government did try to partially neoliberalize its pandemic response when, on the 27th of March 2020, it invited tenders for PPE from private contractors. What is more, the Government had already undermined its pandemic preparedness when, in 2012, it passed the Health and Social Care Act, fragmenting and privatizing its healthcare system and removing responsibility for the health of UK citizens from the Secretary of State for Health in what was fundamentally a neoliberal restructuring of the NHS.

What prevents us, then, from talking about the Government’s pandemic response not just as a neoliberal failure but also as a deliberate attempt to neglect the health of UK citizens? As Glover and Maani (2021) make clear, we should not be deceived by the Government’s introduction of furlough schemes, the provision of additional funds for the NHS during the pandemic, and other initiatives

that, on the surface, seem to point to the end of the neoliberal state and to a revival of the welfare state in the UK. Though the argument cannot be fully elaborated here, it has been shown quite convincingly that the Government's approach to the pandemic has relied heavily on privatization and outsourcing, has built on the neoliberal defunding and fragmentary restructuring of public health and has, ultimately, accelerated the neoliberalization of health, care, and social services in the UK (Abbasi 2020; Blackburn 2020; Davies 2020; Geoghegan 2020; Pollock, Clements and Harding-Edgar 2020; Duncan 2021). When searching for incontrovertible evidence of governmental neglect and negligence during the pandemic in England, one would have no choice but to look back at proposals to implement herd immunity plans. Herd immunity plans are arguably the clearest example of government under-reach since the start of the pandemic—the most deliberate attempt to neoliberalize pandemic responses and turn the neglect of the health and wellbeing of entire sections of the population into official state policy.

Reflecting on the neoliberal neglect of health and wellbeing during the pandemic in England, Sim and Tombs (2021) claim that the Government should be held accountable for *social murder*, or forcing segments of the population to endure social conditions which inevitably generate avoidable, premature deaths. Though using the word “murder” may seem hyperbolic, Abbasi (2021) shows why it actually makes sense to entertain the possibility that this is, in fact, the correct term to use in this context:

How could “murder” apply to failures of a pandemic response? Perhaps it can't, and never will, but it is worth considering. When politicians and experts say that they are willing to allow tens of thousands of premature deaths for the sake of population immunity or in the hope of propping up the economy, is that not premeditated and reckless indifference to human life? (Abbasi 2021: 1)

If social murder describes well the outcome of the Government's failed response to the pandemic, so does the concept of *social death* (Gonzalez Arocha 2020). While social murder can be understood as a lack of political attention to social determinants and inequities that exacerbate the pandemic, social death can be said to refer either to the opposite of well-being (Králová 2015) or to the effect of social practices and policies—like solitary confinement, for instance—that render a person or group of people humiliated, excluded, or dominated “to the point of becoming dead to the rest of society” (Guenther 2013: xx). Social murder and social death are structural forms of violence precipitated by the state for the sake of advancing certain organizational goals—such as propping up the economy during crises (Gordon and Green 2020).

Even notions such as *democide* and *politicide* may be applicable to the Government's response to the pandemic, despite the fact that they are more commonly used to designate government-sponsored mass killings in genocidal settings and that using them in this context risks diminishing their theoretical value. The point is not that over 175,000 COVID-19 fatalities in England (as of September 2022) amount to extermination but that many of them classify as *deaths by government* as defined by Rummel (1994). Even if the kind of "killing" in question cannot easily be categorized as a "purposive act" or "purposive policy" expressly designed to cause death, the Government's failed response to the pandemic has led to unnecessary deaths through reckless indifference to human life and it may, for that reason, still fit a broad definition of democide. Boris Johnson's infamous claim that he would rather see "bodies pile high" than declaring a third lockdown (Elgot and Booth 2021) was a clear example of neoliberally inspired democidal thinking. Similarly, implementing herd immunity plans early in the pandemic reflected neoliberalism's democidal and pathological willingness to value "profit over people" and to sacrifice human life for the sake of the economy. It is this very democidal and pathological tendency at the political intersection of disaster capitalism, emergency capitalism, and neoliberalism that has engendered discussions about necropolitics and necrocapitalism in both the global north and global south (de Jesus 2020; Darian-Smith 2021; Jagannathan and Rai 2021).

It could be argued that countries attempting to neoliberalize their pandemic responses at the beginning of the global public health crisis induced by COVID-19 by implementing herd immunity plans—England, the Netherlands, and Sweden being the first among them—run a criminal experiment in *epidemiological neoliberalism* (Frey 2020). Delaying lockdown measures and proposing herd immunity as a solution to the health crisis at a time when little was known about the virus was not just bad policy or bad science—as many argued (see Boseley 2020a, 2020b); it was the logical thing to do for countries whose politics and policy arenas have been contaminated by neoliberalism for decades. Herd immunity is the logical outcome of neoliberal rationality taken to its extreme of "laissez-faire social Darwinism" (Frey 2020). The point of using the phrase "laissez-faire social Darwinism" is not to vaguely and subtly liken neoliberalism to Nazism or the mishandling of the pandemic to the Holocaust. Rather, it is an effective terminological reframing of the situation that aims to emphasize how the neoliberalization of pandemic responses via herd immunity plans and other means pertains to a broader political-economic system of legalized structural violence against the most vulnerable groups in society—those whom the unregulated neoliberal economy of death and disease subjects to violence through its laws of natural selection. As Frey (2020) put it, herd immunity plans are a manifestation of neoliberalism's *biological warfare* against the poor and disadvantaged—an argument that, as

Mills et al. (2020: 1) suggest in a commentary on structural violence in the Gaza Strip during the pandemic, can be extended to the victims of neo-colonialism and neoliberal globalization's neglect of vulnerable peoples worldwide; as a people burdened by poverty, institutionalized oppression, and military occupations, Palestinians in Gaza are experiencing victimization not from "an inevitable bio-medical phenomenon" but from "a preventable biosocial injustice rooted in decades of Israeli oppression and international complicity in the struggle for the health, fundamental rights, and self-determination of all Palestinians."

Just like democide, the notion of politicide also has some analytic utility in this context. Politicide refers to "the promotion and execution of policies by a state or its agents which result in the deaths of a substantial portion of a group" where, unlike in genocides, the victim groups are defined not as much by their ethnicity, nationality or religion but primarily "in terms of their hierarchical position or political opposition to the regime and dominant groups" (Harff and Gurr 1988: 360). The concept of politicide can help explain why the burden of death and illness due to COVID-19 in England and elsewhere has not been shouldered equally amongst sections of society and why people living in socioeconomically deprived areas have been twice as likely to be killed by the virus (Devlin and Barr 2020; Stafford and Deeny 2020). As a "transnational political project aiming to remake the nexus of market, state, and citizenship from above" (Wacquant 2010: 213), neoliberalism is an elitist political ideology—indeed the ideology of the 1%—that declares war on the poor themselves rather than on poverty, treats the poor and disadvantaged as undeserving and blames them for their own poverty and misery (Monbiot 2016). The poor and those at the bottom of socioeconomic hierarchies more broadly are a main *political enemy* of the neoliberal state—hence they are neglected, humiliated, and left behind.

For what concerns the notion of genocide, it might not be as analytically relevant in a British context, but it has been used in neoliberal countries with large non-white and Indigenous populations like the US and Brazil to highlight the sheer neglect of such populations by governments during the pandemic (Mullin and Martínez 2020; Finchelstein and Stanley 2021). It needs to be acknowledged that because state crime, democide, politicide, and genocide are terms conventionally used to describe forms of mass harm carried out not just *by* the state but *in the name of* the state (Balint 2011), it is problematic to use such labels in the context of the failed governance of COVID-19; were 135,000 people in England killed "in the name" of the Government? No. But many such deaths were preventable as well as caused by negligence, neglect, and government under-reach and, if we follow Green and Ward (2004: 2) in defining state crime as "state organisational deviance involving the violation of human rights," we might be able to get to the point where asking questions about state accountability in relation to the

governance of COVID-19 becomes a reasonable endeavour. In particular, we need to ask questions about *public health rights* and make sure that statutes on *public health crimes* are introduced as a matter of urgency; as Scheffer (2020) noted, there is currently no such a thing in law as a public health crime—only “malpractice”—but public health malpractice may, following the disastrous mishandling of the pandemic in countries like England and the US, rise to the level of a *crime against humanity* as defined in the Rome Statute of the International Criminal Court (ICC).

Concluding Remarks

The pandemic has revealed that, all too often, the state, its agencies, and its representatives can be a key locus of mass harm. This is the time to turn away from our pedantic obsession about street crime and focus our criminological efforts on crimes in high offices and crimes of the state. Such a shift is necessary because (i) the practical objective of criminology must be that of reducing the amount of harm and suffering in the world (Sutherland, Cressey and Luckenbill 1992: 15), and because (ii) if we had to pinpoint “the *forces motrices* of extreme suffering” (Farmer 1996: 280, italics in original) in a COVID-dominated world, we would have no choice but to mention the failed public health responses of various states and the structural violence that made such failed responses worse for disadvantaged groups. Moreover, we would have to admit that a lot of unnecessary suffering precipitated by the pandemic actually originates in social structures “characterized by poverty and steep grades of social inequality, including racism and gender inequality” (Farmer 2004: 307) and that an analysis of such structures must inform our understanding of *the social machinery of oppression* in the 21st century.

In an attempt to investigate the nexus between public health crises, failed neoliberal governance, and state crime, this article first showed how the mishandling of the COVID-19 pandemic has been exacerbated by neoliberal logics and neoliberal violence, to then attempt to apply a state crime lens to the neoliberalization of the governance of COVID-19. If, on the one hand, the pandemic has openly exposed both the structural flaws of neoliberalism and its inability to adequately handle public health crises, on the other hand COVID-19 has—so far—failed “to rock the deep structures of the neoliberal ideology” (Briggs et al. 2020: 844). That said, the catastrophic impact of the pandemic has stimulated “the political imaginations of citizens of neoliberal states” (van Barneveld et al. 2020: 139) and prompted some to ask whether we are, in fact, moving toward the twilight or even the end of neoliberalism—or at least toward the subversion of its pervasive influence through the promotion of collective notions of care (Ross 2021). In this article, I showed that, if we are serious about overcoming neoliberalism, we first

need to change the way we talk about it, and that one of the most effective ways of stimulating “the political imaginations of citizens of neoliberal states” is that of awakening their conscience to the connections between public health failures, structural violence, and state criminality.

The COVID-19 pandemic has prompted calls for the prosecution of neoliberal leaders like Boris Johnson, Donald Trump, and Jair Bolsonaro, and has opened our eyes to the reality of organizational deviance and state criminality. Because of the numerous failed responses to the current global public health crisis, debates around the imperatives of public health justice in a globalized society are the order of the day. We need to keep alive the hope that the pandemic will assist us in creating the conditions for a more unified and solidary international community by bringing us together through mutual aid and common interest and by further undermining the hegemony of neoliberal globalization and its destructive impact on our health and wellbeing.

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