

The Covid-19 Vaccines: A Latent Function for the Capitalist Social System

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ABSTRACT

It is very clear that the vaccines for Covid-19 are intended to function as a type of panacea for restoring confidence and reestablishing the social order. In this way, the Covid-19 vaccines will operate like therapeutics for cancer, diabetes, and other diseases because they do not address the social and environmental causes that increase susceptibility to these diseases, or in this case, the Covid-19 virus. The pervasive view that develops out of a highly fragmented bureaucratic social order is either unable or unwilling to connect medicine and healthcare with capitalist enterprise and the function they play in maintaining society. A holistic and critical perspective can situate the well-being of the individual in society. In this view, we would see how people are dehumanized by profit-generating industries that expose individuals to harmful conditions and chemicals on one side of the capitalist spectrum. To then, on another side, profit from providing therapeutics. To understand the system's logic, one needs to understand the manifest functions and the US capitalist social system's latent functions.

Keywords: COVID-19; COVID-19 vaccines; Capitalism; Functionalism; Inequality; The state

INTRODUCTION

The therapeutic response to Covid-19 is in keeping with an overall medical response to the byproducts of the market economy. Talcott Parsons work on functionalist theory is tremendously insightful in understanding the role of the health care industry in capitalist society [1]. Parsons viewed illness as potentially disruptive to the social system's equilibrium [2]. In this context, everyone in society is seen as having a role or function. For example, a physician's role is to treat 'sick' people, and the role of the 'sick person' is to get well so he or she can return to carrying out their obligations as a functioning member of society. Robert Merton (1957) argued that we should analyze social institutions to understand their role in upholding the social order [3]. If there is any cogency in this theory, we should apply it to the Covid-19 vaccine to understand functions of social institutions. In this case, the social institutions involve the institutions of the state and pharmaceutical corporations.

Following Merton's concept of manifest functions, we see the US state's institutions as playing a central role in socializing citizens to particular values and beliefs that support capitalism [3]. Part of this socialization involves the idea that the economy is natural and self-regulating and produces the conditions for equality and

democratic institutions, thereby masking the system of inequality and its skewed distribution of wealth and privilege. The latent functions or unintended consequences can be seen in twofold: that the conditions such as exploitation and usurpation and the mass consumption of manufactured products produce greater health risk for diseases. These diseases also serve a function by generating another market, a spinoff industry, to treat these diseases. For Merton, the sociologist's role is to analyze the function of these institutions [4].

The origins of viruses are said to be unknown. Yet, the spread of viruses such as the Covid-19 can be reduced by increased hygiene (washing hands) and following Personal Protective Equipment (PPE) protocols as is recommended by the World Health Organization (WHO) and the Center for Disease and Control (CDC). However, amid this outbreak, what has become more evident is that infections and mortality rates distributed unevenly. The elderly and people with underlining health conditions and comorbidities represent a high percentage of the mortality rates. It is true that with age, the human body experiences organs, tissues, and cells lose their function over the natural aging course of life. However, not all older people are equal. One could safely speculate with a high degree of certainty

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that it is the older poor person in nursing homes and other long-term care facilities who experienced higher rates of fatalities from Covid-19. Poor and working-class people are disproportionately likely to have poor health because of physical, psychological, and environmental factors related to their conditions. Also, poor and working-class people tend to have poor diets, live in unhealthy environments, and are over-exposed to toxic products such as tobacco, alcohol, and foods low in nutrients. As a result, they are highly susceptible to dying from a Covid-19 infection. The reason why infection and mortality rates are also high among ethno-racial populations is that they are disproportionately represented in the above categories.

The prevalence of diseases in society can serve as an indicator. How well society will do appears to depend on it. By all indications, the US has failed to contain a deadly virus such as Covid-19. As of December 21, 2020, according to the John Hopkins University and Medicine, Coronavirus Resource Center reports that the US has over 17 million infection cases and over 318,000 deaths due to Covid-19. It ranks 13th among nations with the highest, with 97 per 100,000 [5]. Except for Peru, all other nations listed with higher rates are either Western or Eastern European (e.g., San Mario, Belgium, Peru, Slovenia, Italy, N. Macedonia, Bosnia, Spain, Andorra, the UK, Montenegro, and Czech Rep). The one similarity with all of these nations is that they are all fully integrated into the world capitalist system.

LITERATURE REVIEW

Diseases and social ills as precursors to fatal covid-19 infections

When institutions of the state, which include large corporations impose market relations over the needs of society, they create the conditions for many segments of society to become highly susceptible to various social ills (e.g., high rates in crime, murder, suicide, mental illness), and susceptible diseases (e.g., heart disease, cancer, high blood pressure, diabetes, depression, anxiety, obesity, liver disease, and cirrhosis). These deaths are due to the normalization of formal bureaucratic rationality, which is driven by economic gain and profit. Consequently, the ordinary citizen has very little defense against the soft drink industry (obesity, diabetes); alcohol industry (high blood pressure, heart disease, stroke, liver disease; cancer of the breast, mouth, throat, esophagus, liver, and colon); tobacco industry (Chronic obstructive pulmonary disease (COPD) and lung cancer); sugar industry (obesity, diabetes); the Big Three US auto industry (pollution that causes lung cancer and respiratory diseases); and petrochemical industry (various cancers) that kill people at alarming rates every day in the US as well as around the world through the integration in the capitalist global economy. These billion-dollar corporations not only receive government subsidies (i.e., US taxpayer-supported) and generous tax breaks, but they are collectively culpable in the deaths of nearly 2 million people every year. For example, approximately 1,678,456 people died in 2017 (the latest figures available, my computations) from heart diseases, cancer, stroke, respiratory

diseases, and diabetes (Leading Causes of Death, 2017). Not listed in the 10 leading causes of death in the US is liver disease and cirrhosis, which also killed 41,743 people (included in the above total figure) (Chronic Liver Disease and Cirrhosis, 2017).

Considering exceptions from genetic predispositions, many of these deaths and injuries were preventable. However, since people live within a state-sanctioned social environment that places profits above human beings, their lives have become expendable for maintaining the social system. Pharma corporations have carved out a lucrative market, providing pharmaceuticals for all the ailments associated with the social system of capitalism. Polanyi (1944), a renowned political sociologist, cautioned against the dangers that occur when there is an unembedded market superimposed on society [6]. In this case, state and corporate elite elevate market relations above the interest of nature and human beings. The statistics in this context do not include all of the people diagnosed with the above-listed diseases. The most recent statistics illustrate that there were 1,688,780 new cancer cases in the US, ranked fifth in the world behind Australia, New Zealand, Ireland, and Hungary (Siegel et al., 2017). All these nations have something in common; they are all considered “high-income” nations (read: capitalist systems); and four out of these five emerged from white-settler states and colonies (however, Northern Ireland remains a colony), with Hungary being the exception, joining the capitalist world after 1989, and received a rapid injection of capitalism.

One can only imagine all the new heart disease cases, diabetes, and liver disease (e.g. cirrhosis). It is in these figures that one sees how many individuals develop compromised immune systems and high rates of comorbidity, and, who, over time with age, are incapable of fighting the COVID-19 virus. In fact, according to the CDC, which estimates from 2010-11 to 2019-20, that 12,000 to 61,000 people died in this period due to the annual influenza season. In the flu season 2017-18, approximately 61,000 people died. According to the CDC, the following people are at high risk for developing influenza-related complications: adults 65 years of age and older; pregnant women; residents of nursing home and other long-term care facilities; and Black persons, Hispanics, and American Indians or Alaskan Native persons. In addition, people who have underlying medical conditions including Asthma; Neurological and neurodevelopmental conditions; chronic lung disease (COPD and cystic fibrosis); heart disease; blood disorders (such as sickle cell disease); endocrine disorders; kidney disorders; liver disorders; metabolic disorders; weakened immune system due to disease or medication (such as people with HIV or AIDS, or cancer, or those on chronic steroids), and people who are morbidly obese. Oddly, susceptibility to a fatal outcome of influenza is roughly the same for Covid-19.

The most prominent indicator for Covid-19, influenza, and one must assume other lethal viruses is the presence of comorbidities. According to a new study conducted by FAIR Health, about half (51.71 %) of all patients who were diagnosed with COVID-19 had a preexisting comorbidity; the remainder (48.29 %) did not (see chart below). But although the two groups were roughly evenly divided among patients diagnosed

with COVID-19, their outcomes were vastly different among COVID-19 patients who died. Of deceased COVID-19 patients, 83.29 % had a preexisting comorbidity, while 16.71 % did not. As we will see below, one could argue that disease and social ills are precursors to fatal Covid-19 infection outcomes. Consequently, one should not be surprised to discover that the US, the wealthiest nation in the world—and for some in the US, “the world’s shining beacon”—has the highest cases and deaths from COVID-19, with 4% of the population and approximately 25% of all cases. The question is and should be what is it about the US capitalist society that makes large segments of their people so vulnerable to deadly viruses. Looking at the latest Organization for Economic Cooperation and Development (OECD) poverty rates of 2015–2019, the US has 17.4% of its people living in poverty, making it one of four nations of the 37 OECD member nations with the highest rates of poverty (Poverty Rate, 2015-2019) (Figure 1).

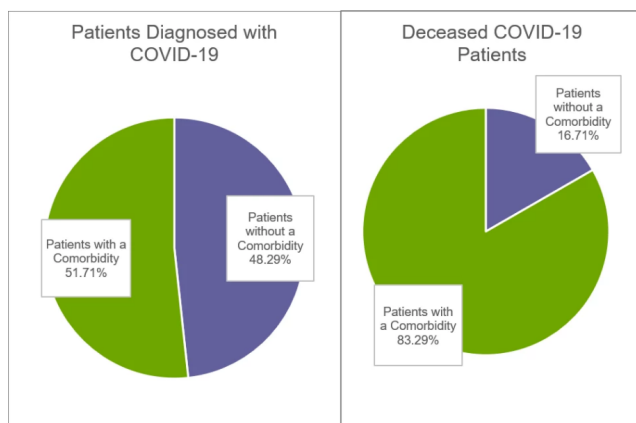


Figure 1: Distribution of patients with and without a comorbidity among all patients diagnosed with COVID-19 (left) and all deceased COVID-19 patients (right), April-August 2020 (Source FAIR Health).

Moreover, the US is plagued with social problems. Consider a population of about 323 million people; there are approximately 15,000 murders every year [7]. This figure grows to 66,500 (2017) deaths when you include suicide [8]. Murder is high in the US compared to similar high-income nations in the OECD [9]. For example, in a study that compared the US' violent death rate with that of other high-income OECD nations, it was found that men in the US are approximately nine times more likely to be homicide victims than their male counterparts. American women are four times more likely to be a victim of murder than their respective counterparts. The US total homicide rate was 5.3 per 100,000 compared to other high-income nations in the OECD, with the Czech Republic at 2.6 and Finland at 1.9, at second and third place. Even more disturbing is a look at the FBI UCR statistics from 2016, which reported 1,248,185 victims of murder and violent crime such as rape, robbery, and aggravated assault for that year (U.S. Department of Justice, 2016). It is challenging for many to look beyond the individual as a unit of analysis and examine the social structure in which these behaviors occur. The US capitalist state can socialize its ideology of the individual exercising their free will in society.

A political-economic system that only benefits a small number of individuals at the expense of the many will find it extremely difficult to reverse course. Wilkinson and Pickett's (2010) research illustrates how poor health and violence are more common in more unequal societies. Almost all social problems that are “more common at the bottom of the social ladder are more common in more unequal societies” (ibid, 18). Among 23 wealthy nations, the US has the highest health and social problems. This is operationalized as the following: low levels of trust; high rates of mental illness (including drug and alcohol dependency); low rates of life expectancy and high rates of infant mortality; high rates of obesity; low rates of educational performance in children; high rates of teenage births; high rates of homicides; and high rates of imprisonment (ibid., 18-19).

This inequality translates into poor health and social ills that make many people in the US highly susceptible to diseases and viruses such as COVID-19. The despair that grows alongside such an unequal society creates fertile grounds for frustration, rage, alienation, anomie, and many psychological difficulties. By all accounts, these conditions constitute a state crime of omission because the state and its government have failed to protect the rights, health, and economic security of all people's needs within its given territory [10].

The measures required to mediate this situation consist of a functionalist perspective in terms of how the state's institutions are addressing the pandemic. According to Merton, we need to analyze the functions of the institutions. At this point, the institutions of the state are following the blueprint of the functionalist perspective. These institutions attempt to restore order to the equilibrium of the social system by administering Covid-19 vaccines. Interestingly enough, like Parsons' description of the physician's role and the role of the “sick person,” the covid-19 infected person must be treated with pharmaceuticals so that he or she can return to carrying out their obligations as a functional member of society. However, because of this disruption to the system, and the reduction of a public sector, the US state recruited pharma corporations. As a result, Pfizer, Moderna, BioNTech, GlaxoSmithKline, Johnson & Johnson, Merck, Moderna, Novavax, Sanofi, AstraZeneca have received millions of dollars in their efforts to develop vaccines. This effort is called Operation Warp Speed, which includes a partnership with the Department of Health and Human Services (HHS), the CDC, the National Institutes of Health (NIH), the Biomedical Advanced Research and Development Authority (BARDA), and the Department of Defense (DoD). Pharma corporations such as Johnson & Johnson, Merck, and Pfizer are listed as three of the top five pharma corporations in Fortune 500 (2019).

Understanding the role of institutions of the state (i.e., the executive branch, HHS, CDC, NIH, BARDA, and DoD) and their coordination with pharma corporations reveal that their collective aim is to restore the social order, as was established in the pre-era period. It stands to reason, that just as the producers of disease and social ills have immunity from liability, the pharma corporations such as Pfizer and Moderna should also have immunity from liability if something unintentionally goes wrong with their vaccines. What is clear is the connection

between high levels of disease and social ills related to social inequality, serving as precursors to the Covid-19 virus infections and fatalities. Rather than developing comprehensive projects that can improve everyone's immunity in society, they choose a more expedient and more profitable measure – i.e., vaccines.

As a result, the concept of a public health system is questionable. Society has been made too reliant on the private sector for not only essential equipment and services (such as PPE, testing, ventilators, and now vaccines) but health care [11]. What should appear quite evident is the conflict of interest. After all, pharma corporations answer to their shareholders and are legally mandated to hold their interests above the public. The shrinking and redirection of resources to the private sector and coercive organizations such as policing agencies, Homeland Security, and the military has reduced such agencies' capacity like the Center for Disease Control, Health and Human Services, and National Institution of Health to detect and remedy diseases and viruses.

Some implications

A modified functionalists view can illuminate the functions of the institutions and their coordination with the profit-generating corporations [12-14]. They are equally responsible for exposing individuals to harmful conditions and toxic chemicals on one side of the capitalist social system [15,16]. To then, on another side, profit from the misery inflicted on people by providing therapeutics. To understand the logic behind the social system of capitalism, one needs to realize that there are many latent functions to its manifest functions. And that they are all connected to maintaining the social order and ensuring and discovering ways to profit [17-20].

CONCLUSION

Most importantly, the institutions of the state and their coordination of corporate interests are committed to the continuation of the system of capitalism. And in so doing, they are already quite versed at accepting the human cost of capitalism, as was illustrated with the various social ills and diseases listed above. The most vulnerable segments of the population, the worker and the ethno-racially oppressed (which are disproportionately, the working-class, and poor), have little or no defense against the state-sponsored peddlers of toxic products, exploitation, and polluted environments, making them highly susceptible to the COVID-19 virus. And as long as there is more profit to be made from treating people with pharmaceuticals than in enacting public policies that address the etiology of diseases and social ills (such as raising the health and immunity of all people within a society), the role of the

institutions and corporations will remain the same. When one considers this interpretation of the functionalist theoretical framework, we should understand how social institutions such as the institutions of the state and pharma corporations all function to uphold the social system of capitalism, which elevates profit over people.

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