

Fox in the Henhouse

On Pandemics in the Planetary Domus

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Anarchists of anti-civ and pessimist leanings can often trace our worldviews back to moments of despair from seeing how pervasive denialism towards anthropogenic climate collapse really is. We came to recognize that this denial spans across the political spectrum; what right wing petro-Evangelist conspiracies deny outright, the greenwashed liberal/leftist sales pitches for “sustainable growth”, carbon caps and solarpunk cities deny in sublimating as just so many fixer-uppers. This denial is rooted in existential anxieties, papered over with a reflexive hubris: Humanity™ is the divine or evolutionary golden child, in the driver’s seat at the center of the universe, sovereign beyond ecological and thermodynamic limits. Whatever the consequences, everything taken for granted about modern life *must somehow* go on. This superiority complex helps reconcile the colonization and captivity humans have forced each other to live in over the last percent of their existence as normal, relying on the leviathan even more as it burns us up; a planetary accretion of oil fields, lithium mines, palm plantations, ghost nets, garbage heaps, border walls, data centers, death camps and factory farms.

The COVID-19 pandemic and its consequences mark a severe escalation of the same denial patterns.

Despite SARS-COV2 spreading so effectively through airborne droplets, six years of research has shown that COVID-19 is not primarily a respiratory disease. While acute symptoms of early strains aren’t as common, a 2026 study found as high as 1 in 6 infections lead to Long COVID.¹ Inflammation of the endothelium (the thin lining of blood vessels) brings a slew of knock-on effects; fibrinoid microclots formed to defend against the virus build up in the bloodstream, impairing oxygen uptake² and traversing all organ systems including the heart and brain. These microclots “represent a unifying pathway for the various symptoms of Long COVID”³ which range from cognitive impairment⁴ (brain fog) and postexertional malaise to hypertension⁵ and heart failure.⁶ Chronic inflammation from repeat infections can also lead to “a distinct form of acquired immunodeficiency” with parallels to HIV-AIDS “including immune dysfunction through T cell depletion and exhaustion, persistent systemic damage, and neurocognitive decline.”⁷ Each reinfection is a round of thromboinflammatory Russian roulette, taxing organ systems beyond repair and opening the door for other opportunistic pathogens. COVID has also been linked to cancer risk: according to a 2025 study, “incidence of new cancer diagnoses rose from 14.3 to 23.1

¹ Tian J, Azhir A, Decaro M, et al. Long COVID Persistence and Surveillance Gaps Across 58 US Hospitals. *JAMA Netw Open*. 2026;9(5):e2614909. doi:10.1001/jamanetworkopen.2026.14909

² Rogers, Stephen C et al. “COVID-19 impairs oxygen delivery by altering red blood cell hematological, hemorheological, and oxygen transport properties.” *Frontiers in physiology* vol. 14 1320697. 3 Jan. 2024, doi:10.3389/fphys.2023.1320697

³ Turner, Simone et al. “Long COVID: pathophysiological factors and abnormalities of coagulation.” *Trends in endocrinology and metabolism: TEM* vol. 34,6 (2023): 321-344. doi:10.1016/j.tem.2023.03.002

⁴ Serrano-Castro, P.J., Garzón-Maldonado, F.J., Casado-Naranjo, I. et al. The cognitive and psychiatric subacute impairment in severe Covid-19. *Sci Rep* 12, 3563 (2022). doi:10.1038/s41598-022-07559-9

⁵ “COVID-19 and the Heart: New Evidence Highlights Lasting Risks.” *World Heart Federation*, 30 Oct. 2025.

⁶ Lindberg, Pia, et al. “Long COVID and Risk of Incident Cardiovascular Disease: A Prospective Cohort Study Using the Multimorbidity Integrated Registry Across Care Levels in Stockholm (MIRACLE-S) Cohort.” *eClinicalMedicine*, vol. 94, 2026, article 103846. doi: 10.1016/j.eclinm.2026.103846.

⁷ Salamon, Spela, et al. “COVID-19 Is ‘Airborne AIDS’: Provocative Oversimplification, Emerging Science, or Something in Between?” *AJPM Focus*, 2025, article 100458. Elsevier, doi:10.1016/j.focus.2025.100458

per 1000 person-years when comparing the pre-pandemic to the COVID-19 period.⁸ This cascade of secondary effects is part of why estimates of the death toll are hard to pin down; while the WHO reports 7 million confirmed deaths worldwide since 2020, other estimates of excess deaths put the total as high as 18.2 million.⁹ Though vaccination remains important for immune response and reducing symptom severity, it has limited effectiveness since the omicron strain¹⁰ against long COVID or asymptomatic transmission. Add to this false negatives from “diagnostic sensitivities below 30%” in rapid antigen test kits.¹¹ The overall picture is one where, without accessible treatments or a massive overhaul of HVAC systems, wearing N95/KN95 respirators when in crowded indoor spaces remains the only reliable way to protect oneself and others from the risk of disabling and even fatal long-term health complications.

The COVID Memoryhole

If mentioned at all these days, COVID is portrayed as a singular anomaly which faded back into flu season after the WHO declared an end of emergency in 2023. Yet even the WHO maintains that COVID still constitutes a global health threat, persisting in chronic symptoms that can affect all organs.¹² How have these ongoing risks been ignored, denied and suppressed by so many so quickly?

(Hyper)normalization is a potent response to societal trauma, which with COVID-19 rippled well beyond the immediate health impacts. An inhuman strike wrought havoc to worker-consumer normalcy and was met by the ruling class with mass layoffs and rent surges. Quarantine separated the dying from their loved ones and disrupted shared grieving as the death toll skyrocketed. Generations of young people dealt with mental and social debilitation from isolation, increased rates of domestic violence¹³ and untreated neurological damage from early SARS-COV2 exposures, including in the womb.¹⁴¹⁵ Stochastic terror campaigns scapegoated immigrants as threats to national hygiene. Lockdowns preventing access to anything but work obfuscated the root problems while worsening healthcare delays, food insecurity, and substance

⁸ Trimarco, Valentina et al. “The COVID-19 pandemic increased the incidence of newly diagnosed cancers: evidence from a large cohort study in Southern Italy.” *BMC medicine* vol. 23,1 399. 1 Jul. 2025, doi:10.1186/s12916-025-04237-1

⁹ COVID-19 Excess Mortality Collaborators. “Estimating Excess Mortality Due to the COVID-19 Pandemic: A Systematic Analysis of COVID-19-Related Mortality, 2020–21.” *The Lancet*, vol. 399, no. 10334, 2022, pp. 1513–1536. doi:0.1016/S0140-6736(21)02796-3.

¹⁰ Yan Xie, et al. “Postacute Sequelae of SARS-CoV-2 Infection in the Pre-Delta, Delta, and Omicron Eras.” *New England Journal of Medicine*, vol. 391, no. 6, 2024, pp. 515–525. doi:10.1056/NEJMoa2403211

¹¹ Høeg, Tracy Beth, and Vinay Prasad. “Rapid antigen testing for COVID-19: Decreasing diagnostic reliability, potential detrimental effects and a lack of evidence to support continued public funding of community-based testing.” *Public health in practice (Oxford, England)* vol. 6 100451. 23 Nov. 2023, doi:10.1016/j.puhip.2023.100451

¹² World Health Organization. “Post COVID-19 Condition (Long COVID).” *World Health Organization*, 26 Feb. 2025, [https://www.who.int/news-room/fact-sheets/detail/post-covid-19-condition-\(long-covid\)](https://www.who.int/news-room/fact-sheets/detail/post-covid-19-condition-(long-covid))

¹³ Piquero, Alex R et al. “Domestic violence during the COVID-19 pandemic - Evidence from a systematic review and meta-analysis.” *Journal of criminal justice* vol. 74 (2021): 101806. doi:10.1016/j.jcrimjus.2021.101806

¹⁴ Weiner, Susan et al. “The COVID generation: the neurodevelopmental consequences of in-utero COVID-19 exposure.” *Brain, behavior, and immunity* vol. 133 (2026): 106238. doi:10.1016/j.bbi.2025.106238

¹⁵ Plastic in Utero, meet Covid in Utero.

abuse.¹⁶ Riots in the US, France, Belarus, Nigeria, Tunisia, Guadeloupe/Martinique, Myanmar, Thailand and elsewhere found kindling in COVID-induced recession and governance crises. For all the ferocity of these revolts, their limits provided states with valuable training data for crisis management and exposed the systemic catch-22s of uprisings to come.

Herd Disposability

SARS-CoV-2's capacity for immune evasion, waning protection, asymptomatic transmission and reinfection means that mass exposure cannot provide a clean collective shield. Instead it produces recurring rounds of reinfection, disability, and death. The people most exposed since its onset have been those compelled to keep working, those confined in prisons and detention centers, and those warehoused in nursing homes and long-term care facilities. COVID does not simply "find" the vulnerable; it moves through the institutions that capital and the state have already built to discipline labor, racialize expendability, isolate dependency, and manage surplus life. Herd immunity is less a scientific endpoint than a political fantasy of disposal, where risks only apply to a containable immunocompromised minority.¹⁷ On top of this rhetoric further normalizing that disability is a marker for acceptable loss, it's a comforting lie for the temporarily-abled; COVID-19 is a pandemic of *mass disablement*, where each reinfection compounds the risk.

One way of ideologically acclimating to disposability is by treating illness and health as ontological conditions. Crunchy organicism rhymes with Calvinist theology in a shared conviction that the Elect simply do not get sick. The litany of fitness, dieting and supplement fads pushed by the influencer industrial complex operate less like attempts at healing than as proofs of one's underlying salvation from worldly decay. Wearing masks never seemed to accrue the same consumer zeal; self-flagellation wins out over mild inconvenience, likely because a signpost of either actively being sick or else being one of those vulnerable to "just the flu" isn't very marketable for fantasies of ontological exemption.

Fears of vaccination campaigns ushering in totalitarianism, from Alex Jones to Agamben, fizzled out in a desolate "post-pandemic" landscape with truly the worst of everything: *all* of the biometric surveillance, and none of the masking, vaccinating, testing, reporting, treatment or paid sick leave. The pandemic's long-term utility to the ruling class turned out to be less a pretext for states of emergency than as one more externality to cull surplus populations, as ICE detention centers and extermination zones in Gaza starkly demonstrate. Viruses and bacteria are as integral to concentration camps as the guards and perimeter fences. Aside from disease providing the thinnest biopolitical margin of plausible deniability for the killing, genocide is more often than not unfeasible at scale without relying on a menagerie of microscopic fellow-travelers to do most of the dirty work.

Whatever SARS-COV2's circumstantial benefits for ruling class factions, pandemics are a recurring feral outgrowth that exceeds any anthropocentric reassurances of conspiracy theory. The

¹⁶ Taylor, Heather L et al. "The unintended health effects of US COVID-19 lockdowns: a systematic review." *Health affairs scholar* vol. 3,11 qxaf208. 30 Oct. 2025, doi:10.1093/haschl/qxaf208

¹⁷ Unfortunately some of the loudest voices in chronic illness communities are complicit in perpetuating this narrative from below, by framing masking as a gesture of vicarious allyship on behalf of a fetishized sick Other rather than committed risk assessment by and for everyone. I certainly feel anger with mass apathy towards disabled people. But leaning into an identity politics that prioritizes grievance recognition over substance underestimates a virus that renders notions of any riskless "healthy" majority incoherent.

same hubris undergirding climate denialists and green tech reformists unites competing COVID conspiracies (that it's a Big Pharma hoax, a bioweapon, or a side effect of vaccines) with less paranoid adoptions of the back-to-normal imperative. Similar narratives accompanied the AIDs pandemic, the 1918 "Spanish" Flu, and the Black Death. All these schemas exist to reinscribe a spectacle of control; fantasies of human mastery compensate for the cytokine storms and clogged arteries of actual humans. Something deep-seated about modern life cannot reckon with being habitually outwitted by brainless undead RNA packets. The last six years have demonstrated how readily *Homo economicus* will bury awareness of a pandemic to keep the death machine trucking. All this has been followed by a parodic mishandling of hantavirus, a horrific Bundibugyo Ebola outbreak, and the looming threat of future pandemics: H5N1, rapidly evolving antibiotic resistance in wastewater, and novel pathogen strains emerging from glacial and permafrost melt. No one should be surprised that mass denial and apathy towards COVID has definitively set the tone for how many other forms of disposability we are all expected to acclimate to going forward.

Feral Pathogenesis

In an article titled "Your Immune System is Not a Muscle",¹⁸ Rachel Thomas describes the Old Friends hypothesis in immunology: certain pathogens that share long coevolutionary relationships with humans (mostly parasitic worms and bacteria) can play a commensal or even beneficial role to immune health. She contrasts these with zoonotic crowd infections, which emerged so evolutionarily recently and evolve so rapidly that human immune systems cannot sync up, contributing to allergies and autoimmune diseases. Zoonosis occurs when pathogens evolve to infect and spread between new host species, as SARS viruses did from bats, likely through another mammalian intermediary,¹⁹ to humans. Crowd infections rely on large congregations (herds, flocks, colonies, cities) of hosts to spread, persisting through continuous reinfection or zoonosis.

Zoonotic transfer is two-pronged: habitat destruction enables transfer through contact with wild animals in hinterland economies (poaching, wet markets) and exodus migrations of vector species. These same habitats are also cleared for agribusiness, whose facilities, domesticates and laborers form the perfect petri dish for zoonotic pathogens to evolve in overdrive. Rob Wallace's *Big Farms Make Big Flu* describes how factory farms' scalable genetic monocultures effectively become production lines for industrial-strength contagion. But capitalism is the 500-year intensification of a 10,000-year old ecological template with the same intrinsic problems; what James C. Scott coined in *Against the Grain* as the "late Neolithic multispecies resettlement camp",²⁰ characterized by stratified, sedentary, captive populations of labor-livestock-crops. Plagues join the ranks of Pests, Weeds and Barbarians as feral exploiters of this agro-pastoral setup. Where the domus protects captive populations behind its walls and extirpates would-be predators outside, zoonotic crowd pathogens fill the vacuum to exploit a surrogate-predatory niche from within. This ecology is highly unstable; hyper-successful crowd contagions can trigger collapse and dispersal, imposing genetic bottlenecks if not wiping out their host populations completely. Each

¹⁸ Thomas, Rachel. "Your Immune System is Not a Muscle." *Rachel.fast.ai*, 13 Aug. 2024, <https://rachel.fast.ai/posts/2024-08-13-crowds-vs-friends/>

¹⁹ Pekar, Jonathan E., et al. "The Recency and Geographical Origins of the Bat Viruses Ancestral to SARS-CoV and SARS-CoV-2." *Cell*, vol. 188, no. 12, 2025, pp. 3167–3183.e18. Elsevier, doi:10.1016/j.cell.2025.03.03

²⁰ James C. Scott. "The Late Neolithic Multispecies Resettlement Camp: a Perfect Epidemiological Storm." *Against the Grain: A Deep History of the Earliest States*, The Anarchist Library, 2017.

plague that civilization survives selects for increased tolerance to external crowding and internal inflammation. This tolerance does not translate to improved overall lifespans or quality of life; what matters for domestication²¹ is extracting the most energy from laboring bodies, and replenishing the total population of laborers²² through patriarchal control over reproduction. Where hunter-gatherer and mixed horticultural lifeways rely on mobility, dispersal, group fissioning, and fostering of biodiversity to ward off both the state and crowd disease, life inside the now-planetary domus is locked into a pathogenic death spiral.

Ableism as Death Denial

The Hobbesian wager that captivity protects captive and captor alike against wild nature's struggle for survival proves, in the long run, to be a ruse; every attempt at mastery over life ends up selecting for what defies it. The accursed share of predation, parasitism, disease and death is never done away with or even contained, only accumulated and redistributed across space and time. The structural incentives of rulers and subjects to maintain narratives of mastery and security override proportional responses to danger. Death denial mechanisms protect the continuity of individual and societal selfhood at bodily expense, opening fertile niches for a stratum of the biosphere that is invisible, inscrutable, and often catastrophically dangerous. Ableism is a primary method of death denial; sickness and disability are living testaments to bodily decay, the great leveler, an awareness which must constantly be repressed for civilization to reproduce itself. Maybe cosmologies beyond this form of life would rediscover some means to bear mortality, fear danger, grieve and care for each other, without compensatory fantasies of mastery, servitude and scapegoats. Or maybe not. The paradox of disability is in embodying both the oldest form of organized human oppression and the excess cruelty that shadows all life, long before this oppression's beginnings and long after its abolition. This paradox remains a thorn in the side of every utopia.

²¹ Maybe the question of whether grains and livestock domesticated humans as much as the other way around needs to include microbes; both zoonotic infections, and particularly the gut microbiome. The shift to agricultural diets brought about a gastrointestinal colonization and reduction in bacterial diversity mirroring the fixed-field monocrops outside.

²² James C. Scott. "A Note on Fertility and Population." *Against the Grain: A Deep History of the Earliest States*, The Anarchist Library, 2017.

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