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How Many People Need Die? The Real Alternative to Herd Immunity

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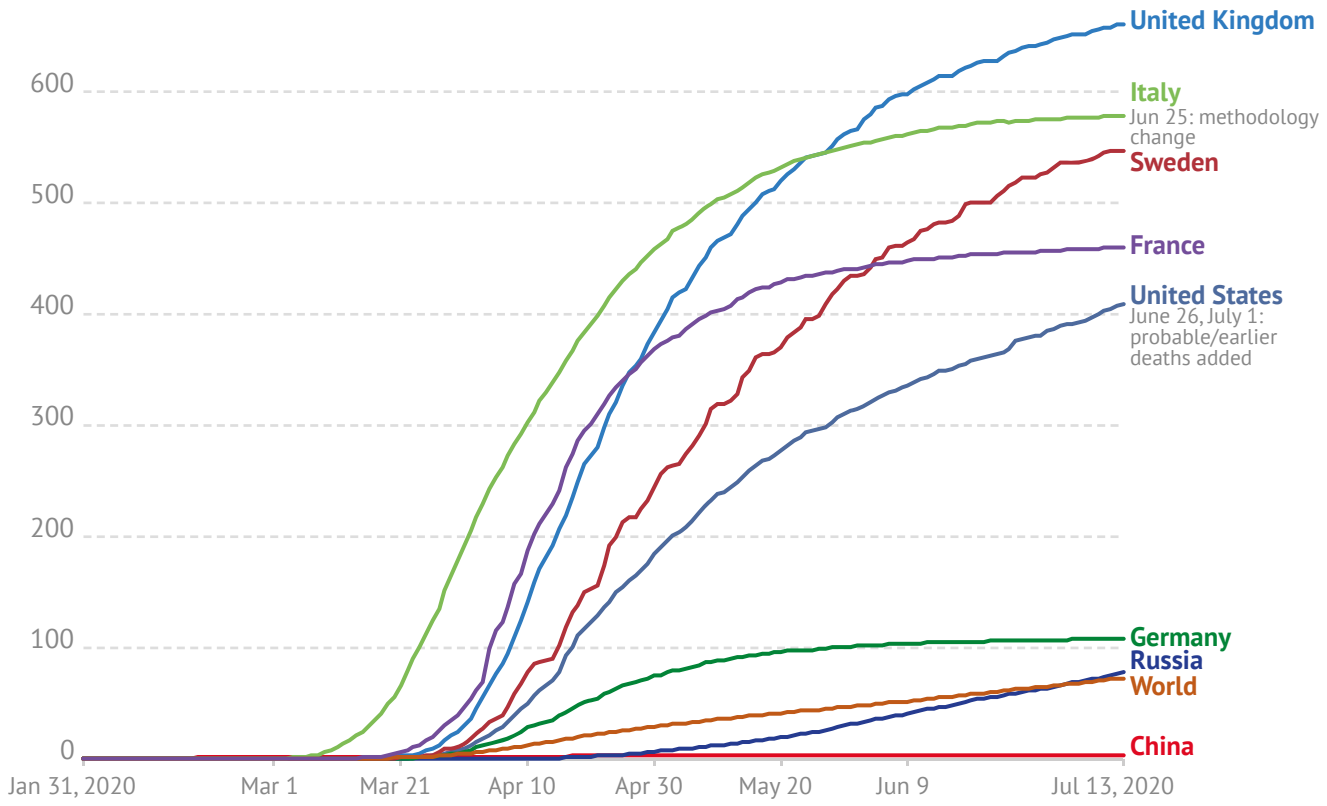
Introduction[1]

Why are some countries dealing with the COVID19 pandemic much better than others? The question is deceptively simple, yet the answers are highly contested. The difficulties, I will argue, arise from a misleading polarisation between allegedly 'authoritarian' and 'liberal' strategies. This has led to misinformed criticism of so-called 'lockdowns' on the grounds that they are unavoidably repressive which,[2] when coupled with demonstrably false claims that the danger from COVID can safely be disregarded,[3] has led to tragic results – as in the UK, top of the charts with 667 deaths per million at the time of writing, as figure 1 shows.

Figure 1: DEATHS PER MILLION PEOPLE AT 13 JULY 2020



Source: European CDC – Situation Update Worldwide – Last updated 13 July, 10:40 (London time), Our World In Data https://ourworldindata.org/grapher/total-deaths-covid-19?country=USA~GBR

[1] *I am grateful for helpful comments and suggestions from Nuall ó Briain, Radhika Desai, Mick Dunford, Colin Gillespie, and Kees van der Pijl. In no way do I imply these authors endorse what is said here, and I take sole responsibility for all errors.*

[2] *Vanessa Beeley, 'Who controls the British Government response to Covid–19? Part One'. UK Column 22 April 2020.*

[3] *Martin Enserink and John Cohen, 'Fact-checking Judy Mikovits'. Science Mag May 8, 2020.*

Second, the polarisation has led to a serious misunderstanding of China's actual strategy, based on the widespread perception – boosted by the charged political atmosphere generated by US attempts to pin the blame for COVID on China – that China's 'authoritarian' political system has facilitated a highly repressive response to COVID which accounts for its success.[4] This is leading to further tragic results as countries reject both China's strategy, and its assistance.

I will clarify these issues by distinguishing two *strategies*: 'herd immunity' and 'zero transmission', the first describing the approach of the USA and Western Europe, the second that of China and several other East Asian nations.

I will also distinguish between two health care regimes: 'social' and 'monetised' systems. In the former, access to health care is a right: it is universal, extends into the care sector, and includes full material support for people who cannot work because of sickness – whether via the employer or the state. In the latter, it is a privilege, available only to that minority of the population that can afford it. The latter is typified by a profit-making medical industry whereas in the former, the state assumes general responsibility for health, including both R&D and the provision of pharmaceutical products.

China's response is best understood as 'zero transmission within a social health system' whilst that of the USA and Europe is essentially 'herd immunity within a monetised system'. Intermediate cases should, I propose, be diagnosed along these two axes. This will allow us to classify the data to yield socially and medically meaningful information.

Within a social health system, zero-transmission strategies not only save lives with no additional restriction of individual freedoms but can, should and hopefully will extend them. In contrast, herd immunity strategies are a threat to both life and liberty, above all in monetised health systems. In particular, unreflecting drives to return people to work, while sources of infection have yet to be eradicated, will deprive them, their families, and their elders, of the basic human right to life and health; this can only be imposed through major inroads into the power and rights of the workforce, historically the greatest guarantor of general civil rights.

So-called 'lockdowns' may feature as part of either strategy, but with entirely different consequences. Whether lockdowns are repressive therefore depends on whether the objective is to save money or lives – that is, whether just to minimise the impact of herd immunity strategies on health care facilities, or also to minimise the number of infections – and on whether the population is adequately supported to take the measures needed to prevent transmission.

Finally, I assess how we can combat pandemic threats whilst protecting and extending civil liberties. This frames the neglected dimension of the relation between legal and material rights within discussions about the possible post-COVID world.

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[4] See Jack Goldsmith and Andrew Keane-Woods. 'Internet Speech will never go back to normal'. The Atlantic, April 2020 and the response from Matt Taibbi, 'The Inevitable Coronavirus Censorship Crisis is Here.' Personal blog 30 April 2020.

Since we now clearly live in a world where pandemics are a recurring fact of life, all the above have consequences beyond the immediate threat from COVID19, meaning we must also address, in this way, the question 'what kind of world do we want to live in?'

Life, Liberty, and the Pursuit of Happiness: What Does COVID Change?

Current discussions, at the time of writing, are focussed on the notion that the principal strategic choice facing governments is between 'Lockdowns', generally identified with universal confinement in residential spaces, and some kind of poorly-defined 'Swedish' alternative with fewer state incursions on the freedom of the individual.[5]

However, I will show, suppressive lockdowns are actually a consequence of herd immunity strategies. They may, or may not, be employed within zero-transmission strategies, depending on circumstance. However, they are not the defining feature of the latter, and there is no necessity to implement them, within such strategies, in a suppressive way.

I do not deny that sacrifices, sometimes frightening and distressing, are a consequence of zero-transmission strategies. Being unable to attend family burials was a source of enormous grief to Chinese families facing the loss of a loved one. But those affected, heart-rending though the decision was, clearly had no interest in placing even more loved ones at risk of death. The cause of distress is the virus, not the measures employed to combat it, and this leads to an unavoidable if Benthamite conclusion: the fewer the infections, the less the distress.

The question, I will argue, is whether zero-transmission measures are undertaken *consensually*, or *imposed*. This in turn depends on whether the society offers the necessary *social support* to affected individuals. These include public guarantees of livelihood, free access to treatment, and comfortable and safe environments for isolation if necessary – as was the case, for the most part, in China.

[5] *The actual record of Sweden, exalted as the paradigm of a liberal alternative and now 7th in world rankings of COVID-related deaths per million, is shown in figure 1.*

It is here that the centrality of a social health system comes to the fore. It offers all citizens, without exception, the right to protect themselves, their loved ones, their workmates, associates, and neighbours, from threats to health or wellbeing.

This is not a cultural or moral issue but a material one. In a genuine social health system access to health is free, universal, and part of a wider system of life protection including a decent livelihood and environment for sick, disabled, and elderly people. Care facilities are organised as part of the health system with the same standards of hygiene, staff protection, Protective Equipment provision, and so on, as hospitals and clinics. During pandemics, such material support extends to people who need to isolate. Under these conditions simple steps like public education, combined with universal access to professionalised care through clinics and hospital beds, are effective even with small resources as shown by quite poor countries like Cuba or indeed, Venezuela, which have been effective in combatting COVID.

Monetized health provision is inevitably accessible only to those with means to pay. In a pandemic, such a system gives way to repressive practices because those without the means to pay cannot isolate themselves without putting their livelihoods at risk. Monetized health provision – not pandemics – is also the real source of the distorting pressures of 'Big Pharma' because it creates corporate entities whose private needs, notably profit, constantly conflict with the social need for health.[6]

Monetized systems have particularly scandalous effects in sectors such as elderly care, which have been turned into lucrative profit-making ventures in which neglect is rife [7] precisely the victims are the least well placed to defend themselves politically and socially: their condition is a direct consequence of monetising the treatment of the vulnerable. in Toronto fatalities in the for-profit sector are said to have exceeded those in the public sector by a ratio of four to one.[8]

My case is that repression and loss of civil liberties are intrinsic to herd immunity strategies in monetized health systems but not zero-transmission

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[6] *See Klass, A. 1975. There's Gold in Them Thar Pills: An Enquiry into the Medical-Industrial Complex. Harmondsworth ; Baltimore: Puffin, 1975.*

[7] *Stephen Grey and Andrew Macascill, 'In shielding its hospitals from COVID-19, Britain left many of the weakest exposed' Reuters, 27th April 2020.*

[8] *Marco Chown Oved, Brendan Kennedy, Kenyon Wallace, Ed Tubb and Andrew Bailey 'For-profit nursing homes have four times as many COVID-19 deaths as city-run homes, Star analysis finds'. Toronto Star, 8 May 2020.*

strategies in social health systems. That is to say, they are inevitable for the first, but avoidable with the second. In countries like the USA with a highly monetized medical industry or the UK which has taken a wrecking ball to its public health system, drastic changes will be needed to correct these historical mistakes. But there is no alternative. Moreover, the task is not at all difficult economically: the obstacle is political.

This central aspect of post-COVID reconstruction should in fact be undertaken forthwith; the alternative is to add, to the misery already suffered by that large majority already denied access to health care, the further brutality of exposure without protection to deadly threats like COVD19.

What Is a Herd Immunity Strategy, and What Is the Alternative?

To take first herd immunity: this is a recognised medical term[9] whose defining assumption is that *infection confers immunity*. If this holds, and if infection transmits freely through the population, a point will be reached (estimated, for example at 65 percent of the population in the UK)[10] when the chain of transmission is broken by the immune contacts around any given case. This is less than 100% because, when the ratio of new cases infected by any existing case (the so-called 'Rt') falls below 1, the outbreak begins to 'die out' rather than expanding.[11]

Variants abound; a 'passive' herd immunity strategy, initially adopted by the UK government with catastrophic results, takes no steps to reduce transmission rates at all. What is poorly understood is that a herd immunity strategy can be combined with 'lockdown' and is not an alternative to it. This

[9] *Wikipedia. 'Herd Immunity', Accessed May 1 2020.*

[10] *Kwok, Kin On, L. A. I. Florence, Wan In Wei, Samuel Yeung Shan Wong, and T. A. N. G. Julian. 'Herd immunity–estimating the level required to halt the COVID-19 epidemics in affected countries.' Journal of Infection 80(2020) e32–e33.*

[11] *Gillespie, Colin. 'Herd Immunity: Friend or Enemy'. Time One, April 2020. Since 65% is the point at which Rt falls below 1, more than this proportion may eventually be infected. For the purposes of this article, we optimistically suppose that the 65% threshold provides an estimate of total infections arising from a herd immunity strategy.*

is because its essence is to *accept that people are going to get infected*. Herd-immunity lockdowns are intended only to slow the speed of propagation – 'flattening the curve' – to reduce the burden on medical facilities or buy time to produce treatments and/or vaccines. There is no intent to prevent infection altogether. This has made the term 'herd immunity' unpopular, but it is the *de facto* policy of many countries, notably the UK[12] and the US.

By a 'zero-transmission' strategy, I mean one whose aim is to stamp out the infection as quickly as possible long before the unimpeded Rt falls of its own accord, by preventing it from spreading: the key is, as rapidly as possible, to get to the point where transmission ceases (hence 'zero-transmission') because it is not given the opportunity to transmit. It has two components, broadly speaking: containment and isolation. Both lead to policies whose aim is to *restrict movement* and *identify potential transmitters* as early as possible. Confinement is not an essential component of such strategies. The principal idea is to create *uninfected areas* and control movement into them and, conversely, to identify centres of infection and prevent movement out of them. The only restrictions required are then movement across boundaries; In the extreme case, preventing people from leaving a residence (lockdown) may apply but even then, the emphasis is on removing sources of infection from contact with uninfected persons; that is, preventing transmission.

Though superficially these extreme (and temporary) circumstances resemble the protracted, vacillating and painful processes under way in the West, they are actually very different, which is why in my view the term 'lockdown' should be either discarded or used with precision and care.

Worker Rights and the Economic Case Against Preventing Infection

Opposition to zero-transmission strategies focusses on two risks: economic and political. Economically, any measures that restrict movement or remove individuals from productive activity are 'pro-cyclical' – they will exacerbate tendencies to recession. They eat into demand, by restricting travel

[12] *Anthony Costello. 'Despite what Matt Hancock says, the government's policy is still herd immunity'. The Guardian 3 April 2020.*

or entertainment; even more dramatically they choke off supply if the result is that people cannot work.

I restrict my comments to two salient points: first, the capitalist world was lurching into recession well before the virus struck,[13] and second, recovery from recession requires a lot more than simply getting people back to work.[14] It requires major stimuli driven by state-led investment in infrastructure, social provision and new technology. These will have to be spearheaded by resource-decoupling and a massive expansion in new forms of consumption, driven by the creative economy. But these are precisely the measures on which liberal capitalism has systematically turned its back since 1974. The 'opening up' required is a return to public investment as a decisive instrument of policy, not a return to the 'normal' that created the mess we are in.

In the *absence* of such necessary measures, as now canvassed in the West, 'opening up' the economy will not restore employment or livelihoods the level required to provide for life and wellbeing. Any counterposition between the needs of 'the economy' and 'saving lives' is then utterly false: an untreated recession is as dangerous as an untreated infection. It kills by starving people, depriving them of work, making them homeless and ruining them with debt. To blame these outcomes on anti-COVID measures is to disguise their true cause.

A return to work without adequate protection against infection is therefore doubly foolhardy: it will not restore the economy, and it will kill more people because the unsanitary and dangerous conditions created by neoliberal cost-cutting practices have turned many modern workplaces into incubators,[15] graphically illustrated by the catastrophic conditions in the North American meat industry.[16] Indeed, a radical restructuring of the law governing safety at work, informed both by the risk to the workforce and the population as a whole, is the first order of the day in any post-COVID economic reconstruction.

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[13] *Alan Freeman. 'The sixty-year downward trend of economic growth in the industrialised countries of the world' Geopolitical Economy Research Group, January 2019.*

[14] *Radhika Desai. 'Corona Virus: the Unexpected Reckoning.' Canadian Dimension, March 2020.*

[15] *Matt Shuham. 'COVID Case Count At Reopened Tyson Meat Plant Doubles To More Than 1,000'. TPM May 8, 2020.*

[16] *Gaby Galvin, 'CDC: Nearly 5,000 Meat Processing Workers Infected With COVID-19'. US News May 1, 2020.*

The Right to Health and the Political Case Against Zero-Transmission

The main opposition to zero-transmission arises from a mistaken understanding of the political risks. I do not deny that modern capitalism incubates many threats to freedom, nor should any aware person; these threats are, however, independent of how we deal with pandemics. A zero-transmission strategy, properly implemented, should *increase* freedoms by providing proper guarantees of the right to protection for the uninfected, safe isolation and treatment for the infected, and livelihood combined with rapid and reliable detection for everyone else. These rights should be universal, free, and mandatory for employers and governing authorities. A post-pandemic world should not only be seen as a freer one; it cannot exist otherwise. This is because, as we will discuss, zero-transmission policies can only be effective if they receive social consent, so the whole population takes part in implementing them. This is incompatible with repression.

Insofar as any of these rights call for restraint – whether imposed or voluntary – what is really required are the normal democratic defences against injustice and loss of liberty: they should be fairly implemented, should not require people to do impossible or life-threatening things, should offer legal protection against arbitrary or self-interested abuses, and should be confined to the minimum necessary.

The choice is not, therefore, between a fictitious authoritarian dystopia and an equally fictitious libertarian paradise, but between societies that take responsibility for halting the spread of infection, and those which do not.

This approach leads to two critical differences. The first is a different way of approaching the political choices involved. Asking potentially infected people not to enter zones that are free of infection is not a general threat to freedom provided they do not suffer in consequence. The focus on lockdown, necessary though it was in the circumstances, has obscured the wider fact that it was only one element in a much wider Chinese strategy in which a major, and possibly the principal element was restraint on movement.

This is especially clear in the province-by-province infection levels. In May 2020, Hubei's case total was 67,000 of which 49,000 were in Wuhan,

the capital. The next highest province, Guangdong, clocked in at 1,353, qualitatively lower. Preventing movement *out* of Wuhan or Hubei was, if anything, more decisive than the lockdowns *within* those places and elsewhere. This is not to say that containment is sufficient on its own; merely that since the inhibition of movement out of Hubei was by far and away the greatest single factor in preventing the spread of infection, there is a serious danger of misinterpretation if zero-transmission is reduced to confinement.

Constraint on movement – including the isolation of entire areas by preventing movement across their boundaries – is likely to be important for the relative success of South Africa which has implemented a complex system of travel within restricted areas, and at least a factor in the success of island states like New Zealand or Iceland. But preventing people from moving from one place to another is a very different thing from imprisoning them; not least, it is the basis of the entire passport, visa, and immigration system of most modern states.

Nor is isolation – removing persons who are either infected or at risk of infection from contact with others – an intrinsically suppressive measure, provided isolated persons get support, including medical attention, to ensure their well-being during isolation.

The essence of the strategy is not, therefore, the total restriction of freedom, but the planned rollout of containment and isolation policies which comprise a complex mix of different measures to be undertaken in different degrees in different places and at different times. Only if we approach the strategic choices in this way can we understand why countries as diverse as New Zealand, Venezuela and South Africa appear to be succeeding, thus far, in a limitation of the COVID-related deaths as significant as China's.[17]

To interpret containment and isolation as inherently anti-democratic is to misunderstand what is at stake. All societies restrict movement and all societies restrict dangerous activities; for example, nobody demands the right to drive on the wrong side of the road. People are not allowed to freely enter other people's property or walk around carrying bombs. Tickets are a universal control mechanism; airline travel is forbidden without proof of identity; and so on.

The primary questions are, first, where we allow people to travel, second what we treat as dangerous, and hence third, how we stop danger from travelling.

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[17] *At the time of writing, South Africa has 6139 confirmed COVID cases and 85 deaths per million inhabitants; China 58 confirmed cases and 3 deaths, USA 11782 confirmed cases and 433 deaths, and the UK, 4,341 cases and 667 deaths per million inhabitants.*

A strategy that guarantees comfortable and well-provided isolation for those at risk is very different from one which empowers petty officials to throw them in jail for simply being on the street at night, let alone excusing measures such as Facebook censorship, which have nothing to do with preventing infection.

A country with the social capacity to restrict movement by popular consent has no need to extend policing; if people are convinced it is a bad idea to travel or leave quarantine, and believe testing is in their best interests, they will comply of their own free will and deal with miscreants just as they already deal with anti-social behaviour. This suggests an explanation for Venezuela's success:[18] with 418 confirmed cases and 4 confirmed deaths per million inhabitants at the time of writing, a country under economic and military siege, confounding the predictions of Western sources,[19] has clocked up one of the world's best achievements in defeating the pandemic. It is very reasonable to suppose that a population already accustomed to great privation imposed by the USA's illegal sanctions, and mobilised to resist invasion and provide mutual social support, will implement measures that protect the population from COVID in a consensual way, and this supposition is more credible than the counter-claim that Venezuela is misreporting on an implausibly massive scale.[20]

Indeed, the highly significant issue of social consent is surprisingly absent from the heated discussion of suppression: nobody regards stopping at traffic lights, picking up litter, or refraining from spitting in public as a constraint on freedom. These are just sensible rules of conduct: people may disregard them or be irritated by them but only a tiny minority regards them as a threat to liberty. A measure that people agree with is not suppressive, almost by definition. Consent is also the lowest-cost way to implement sensible rules, and most likely to succeed.

The key point, however, is that people need to be *able* to comply. Zero-transmission is thus intrinsically more suited to the defence of personal freedom if it includes guarantees that people can protect themselves without loss of livelihood. If it is implemented in a suppressive way, then the problem is not the strategy itself, but the manner of doing it.

In contrast the drive to 'open the economy' with no protection is a license for employers to kill large numbers of people by forcing them to work in unsafe conditions, and to create pools of infection which will then

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[18] *Maria Paez Victor, 'Despite the siege, Venezuela controls the coronavirus', Counterpunch April 24 2020.*

[19] *Cristina Valencia, William Rhodes 'Venezuela is least equipped for virus', Reuters April 15, 2020.*

[20] *Andres Oppenheimer 'Under pressure of COVID-19, Venezuela a ticking time bomb waiting to explode'. Miami Herald April 29, 2020.*

kill innocent civilians, with no legal consequence for what should actually be judged criminal and murderous behaviour.

The confusion between consensual and authoritarian approaches to implementation leads to a strange but worrying coincidence of attitudes between libertarian left critics of zero-transmission strategy, motivated by legitimate fears that it can be used to justify a large extension of the suppressive tendencies already inherent in modern capitalism, and the very forces that are driving these tendencies, such as the bases of Bolsonaro and Trump who are leading the charge to force employees into unsafe work.

Freedom in a Time of COVID

What is actually required, then? First and foremost, what steps can concretely protect not just against pandemics, but about the real risk that they will trigger, or be used as the excuse for, infringements on individual rights and the abuse of state power? The first part of the answer may be trite, but it cannot be forgotten: empower working people. Working people have been the primary defenders of virtually all advances in civil liberty from the Chartists to Martin Luther King; the first task is to cement in place a series of rights, in the face of threats of infection, which if implemented would provide solid guarantees of liberties for all.

The Australian Trade Unions,[21] to take but one example, have laid down a set of clear conditions for return to work which amount to a social plan; not only do they call for the right to refuse unsafe work but for generalised and mandatory and paid sick leave, for its extension to carers, for the right of those with child care responsibility to work part-time, share the load, and receive an adequate income. The point is that even simply spelling out obvious worker rights, required for a safe return to work, poses the need for a systemic change.

To this we should simply add all those conditions which guarantee that poor, vulnerable and working people have full access to protection. This can only be achieved by demonetising health and care and placing pharmaceutical research under state control. The solution to the pressure caused by Big Pharma's thirst for profits is, simply, to remove the possibility of making profit from the provision of health products. The purpose is quite simple: it is to make access to health, and livelihood, a right instead of a privilege. Under these conditions, there is no need at all for containment and isolation to be threatening to life, repressive, or long-lasting.

[21] *Australian Confederation of Trade Unions. Pandemic leave, WHS reforms needed before workers can return.*

A rights-based approach also allows us to broach the issue of censorship, which is in reality not primarily that of the right to speak (though this must be defended) but of the much broader right to information, specified in the Universal Declaration of Human Rights. A general right to information should provide guarantees that citizens will not be deprived of the means to make informed decisions. In general, attempts to deal with 'misinformation' about COVID by deleting or removing posts deemed to be such are not only injurious to the right to information, but counterproductive: to the mind turned against accepting anything from official sources, even when it might be true, censorship merely counts as 'proof' that there must be something to hide. As noted earlier,[22] *Science Mag* has surgically dissected the acclaimed (or accursed, depending on viewpoint) 'Plandemic' movie.[23] Does it not make more sense to demand of the distributors of Plandemic that they should give their readers access to this critique, than to feed the suspicions of their audience by censoring it?

The cure for the virus of mis-information is the antibody of correct information: to be precise, alternative information. The right in question is access to sufficient information that citizens can make informed decisions. Indeed, if the newspapers as well as social media were merely compelled by law to publish both sides of the story when carrying state-driven diatribes against Russia, China, or Venezuela, the whole world of information would be a lot better off. Does the same principle not apply to COVID? Informed consent is the heart of democracy; too many countries which make play of a claim to the democratic mantle, having sold their souls to the devil, are now throwing their hearts in for free.

Again this is a question of rights, not imposition. Imagine for example if a family losing a loved one had the right to sue a social media or newspaper outlet which had suppressed information which could have saved her or him, how changed the world of media would be. Equally the framework for dealing with the very real threat from hate speech, Islamophobia, racism, anti-Semitism and so on is that of criminal law: such material should be banned not when it is simply 'false' or 'fake' or violates some mystical paralegal 'guideline', but when it incites or provokes illegal actions, notably violence and discrimination, against sections of the population who have the right to be protected by the law.

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[22] *See footnote 3.*

[23] *We cannot reference this precisely because it is continually being removed from social media sites, whereon it simply pops up somewhere else.*

But we next have to consider where the actual threats to such human rights come from. Active though some governments have been, the most sweeping censorship in the world today arises from the rights accorded to unaccountable for-profit organisations, extending from the mainstream media into the whole gamut of social media, to decide what is fit for the public to see. A provider of information, confronting a Facebook, Twitter or Youtube ban, has almost no rights: they cannot see the evidence, confront the accuser, appeal, seek judgement before a court of equals, or claim redress for damages or unfair practice.[24]

Mark Zuckerberg has greater jurisdiction over what the individual can see, in a supposedly free society, than the most audacious absolutist monarch. Metternich himself would stand aghast with jealousy at his powers.

How can this be combatted? By placing the activities of private, corporate information organisations within the framework of law. The law does not reduce to policing: it should also be the protector of the rights of the citizen. It should not be up to a private corporation to judge what a citizen should, or should not see. It should be up the law to judge whether the private corporation is acting in the interests of the citizen, and it should be the right of the citizen to bring suit, before the court of the law, when a private concern acts to hurt those interests.

I finish with a story, which may illustrate the point and has stayed with me, since I heard it, in 2001 in Argentina, with the debt crisis at its height. A young girl was admitted to hospital with an infection; not caused by any particular agent, but by malnutrition, poverty, all the 'social diseases' of the indigent. The hospital treated her for the 'infection' – actually just an enzymic imbalance caused by deprivation – and put her back outside, where she died. Her parents then sued: the hospital, they said, had failed in its duty of care. I cannot remember the outcome of the case but I still feel that when we are confident that any such trial will find in favour of the defendant, we will finally be living in a just society.

The question to face, in creating a pandemic-free world, is: who is in the dock?

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[24] Some examples among many: Akram al-Wara. 'Facebook deactivates dozens of accounts of Palestinian journalists and activists'. Middle East Eye 6th May 2020; 'SouthFront's YouTube channel is banned'. SouthFront website May 2, 2020 (which reports that over 153,000 YouTube subscribers were deprived of access without warning, appeal or reason given); 'Twitter Erupts After 2,000 Pro-Venezuelan Accounts Are Deleted', Venezuelanalysis Feb 4th 2019.

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