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COVID-19 AND THE GENEALOGIES OF BIOPOLITICS: A PANDEMIC HISTORY OF THE PRESENT

COVID-19 i genealogije biopolitike: pandemijska istorija sadašnjosti³

ABSTRACT: *In this paper we approach the COVID-19 pandemic through the genealogical analysis of biopolitics. We recognize two key discontinuities in the genealogy of biopolitics. First, we have the transformation of the “old biological regime” and the emergence of the gaze as a technology of power/knowledge. This was essentially the epoch of the birth of biopolitics, and the period when life “entered” the sphere of politics. We then note the emergent discontinuity in biopolitical technologies today, during the pandemic of COVID-19, as we are witness to the transformations of biopolitical measures on the global scale. We also recognize important lessons from the genealogy of biopolitics as a “history of the present”. During just one historical epoch, biopolitics emerged as the power over life. That was the period of the so called “epistemic break” and the emergence of life as the new dynamic force of productivity, power, trade, cities, urbanization, population, and capitalism. This is how the risk that was once the base of “life function” instability became the central problem of biopolitics. It is the same concern of biopolitics today, but in completely novel social settings.*

KEYWORDS: *biopolitics, COVID-19, genealogy, globalization, power.*

APSTRAKT: *U ovom radu je reč o genealoškom pristupu i analizi biopolitike u kontekstu pandemije COVID-19. Prepoznaćemo dva ključna diskontinuiteta u genealogiji biopolitike. Prvi je transformacija “starog biološkog režima” i pojava*

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pogleda kao tehnologije moći/znanja. U pitanju je epoha rođenja biopolitike, period u kojem je život postao briga politike. Zatim identifikujemo diskontinuitet u biopolitičkim tehnologijama danas, tokom pandemije COVID-19, s obzirom da svedočimo transformacijama biopolitičkih strategija na globalnom nivou. U radu, takođe, ističemo važne lekcije genealoškog istraživanja biopolitike: to je činjenica da je tokom jedne istorijske epohe biopolitika postala moć nad životom. I dalje, to je bio period takozvanog “epistemološkog sloma” i pojave života kao nove dinamičke sile produktivnosti, moći, trgovine, gradova, urbanizacije, populacije i kapitalizma. Tako je i rizik koji je bio osnov nestabilnosti “životnih funkcija” postao centralni problem biopolitike, što je slučaj i danas, ali u potpuno promenjenim društvenim okolnostima.

KLJUČNE REČI: biopolitika, COVID-19, genealogija, globalizacija, moć.

Introduction

The COVID-19 pandemic has clearly demonstrated how our everyday routine practices, well-established lifestyles, traditions, forms of interaction, and the functioning of institutions can change quickly and radically. It has also shown that social norms, especially those of *longue durée* which have an undisputed status, can be suspended in special social and political circumstances. The circumstances of this pandemic, which has so swiftly encapsulated the world, have opened up a series of crucial global concerns, the first among which being the issue of public health and the biopolitical institutions built in the last two hundred years to protect, multiply, and regulate the life of the *multitude*.

The ongoing pandemic has once again put to the test the patterns of *social solidarity*, *mutual aid networks*, and *support groups* (Quarshie, 2020), and unveiled the *frailty of human bonds* (Bauman, 2003) as well as new forms of *ignorance and exclusion* in the everyday life of the pandemic (Perng, 2020), where every human contact represents a potential threat and every other person becomes the *dangerous other*. This is not merely a pandemic of long-distance global geography, but a pandemic regarding the geography of our local and micro-social everyday life in which distances, spaces, breaks, and barriers are changing and being reestablished. In other words, a novel *differential geography* (Braudel, 1981: 31) is taking form, one which creates a new topography of affliction: infected or uninfected regions; hazardous or safe cities, neighborhoods, and streets; a cartography tinted in red, yellow or green.

As COVID-19 unraveled globally, scientists and experts from all fields hastily gathered around a common issue. Although the history of human civilization is deeply interwoven with that of infectious disease, the current health crisis is unprecedented insomuch that the world has never before been so deeply interconnected as it is today, and thus the novel (global) strategies of disease containment, regulation, and control represent uncharted and peculiar territory. But pandemics are not merely epidemiological phenomena; as Angela

Last (2020) put it, paraphrasing historian Katharina Wolff: “illnesses affect the individual, epidemics affect societies – every epidemic or pandemic leaves traces in social life, from legal changes to cultural practices”. Undoubtedly, public health experts and medical personnel are at the front lines of this pandemic, but they are not alone in their struggle against it. Geographers, sociologists, philosophers, historians and the like promptly joined the discussion table, attempting to unscramble and understand the circumstances of the crisis, its various facets and repercussions, offering a diverse agglomeration of opinions.

The pandemic is thought by many to be revealing of the weaknesses in neoliberal global capitalism and contemporary consumerism (Harvey, 2020), as well as of the deficiency of certain government policies and healthcare systems (Butler, 2020; Davis, 2020). These elements are also related to a prominent voluntary solidarity that arises in times of crisis and uncertainty, one which comes “from below” and is a product of our intrinsic will for cooperation: “[T]he idea that voluntary organisations should pick up the slack left by a retreating state – one which is dedicated to reducing welfare spending and cutting public services – has remained” (Quarshie, 2020). Nancy (2020), too, delves into the question of this “communizing” virus, highlighting that it “puts us on a basis of equality, bringing us together in the need to make a common stand,” and emphasizing that the crisis calls for a reevaluation of “communism” as such, together with the Marxist notion of property. However, this begs the question – are we truly on a basis of equality? Certain authors would argue the contrary, that the circumstances around COVID-19 have reinforced the gap between social classes and that there is an inherent discrimination to this illness. Particular groups – essential workers,⁴ refugees, the homeless etc. – have undeniably been marginalized and “left to fend for themselves” (Christaens, 2020). As pointed out by Butler (2020): “[t]he virus alone does not discriminate, but we humans surely do, formed and animated as we are by the interlocking powers of nationalism, racism, xenophobia, and capitalism”.

With regards to essential workers and refugees however, a more hopeful perspective comes to light, too: there are those who anticipate that this pandemic will call for a relaxation of national immigration policies, and demonstrate how much, in fact, economies rely on so-called “unskilled” workers. Society is left somewhat reimagined after a disaster – these seemingly massive shifts are plausible. To illustrate this, Last draws a historical parallel with the plague: “Knowledge contracts and expands throughout history, because of events such as epidemics, wars, and migration [...] Indeed, what eventually helped Europe recover was in part an influx of Byzantine refugees” (Last, 2020). Similarly, Latour (2020) highlights that what we have been told was impossible – the sudden halt of a global economic system – has become a reality. He insists we use this opportunity to escape from “production as the overriding principle of

4 Essential work refers to “the work necessary to meet basic needs of human survival and well-being – food, health, safety and cleaning” (Jaggers, 2020). Essential workers are, in this sense, considered to be the people engaged in these industries. As there is often a mismatch between theory and practice, there are ongoing debates on what the range of “essential work” should truly encompass.

our relationship to the world” and, once the curves have flattened, reimagine society by becoming “globalization interrupters”.

The underlying consensus in most assessments of COVID-19 is that a health crisis of this magnitude has surely entailed many challenges and will most likely have lasting consequences for society, on both the local and global level. In just a couple of months, life as we knew it screeched to a halt, and the pervading imperative has become the protection of life itself: “Faced with the coronavirus, the majority of States have exercised strong sanitary and population control in order to prevent its spread; strictly speaking, actions are being taken to prevent a greater death toll” (Demetri, 2020). In this sense, many authors (Lorenzini, 2020; Ricco, 2020; Braiterman, 2020; Demetri, 2020, among others) turn to Foucault’s biopolitical thought as the most favorable and insightful explanatory scheme of the current global circumstances. It seems that other interpretations – such as Agamben’s reflection on the pandemic as “an exercise in the biopolitics of the ‘state of exception’”, or a mere justification for limiting freedom – have proven inadequate (Sotiris, 2020). Which of these conclusions, if any, will show to be accurate, and which social elements, structures, and orders will change, disappear, or (re)emerge, is yet to be seen.

We now find ourselves in a situation where half the global population has been advised or forced to stay in quarantine, and a compulsory curfew has been widely recommended or implemented. However, we also have the opportunity to instantaneously spread information concerning the number of confirmed cases and deaths, the dynamics of the pandemic, and the measures taken in attempt to contain it. The COVID-19 pandemic is still ongoing, and it is generating a string of political, social, economic, and even cultural challenges which are in accordance with the times and (global) society we live in.

In this article two significant aspects of the COVID-19 pandemic will be discussed: the first concerning a genealogical understanding of biopolitics, and the second regarding the hypothesis that, for the first time in history, we may speak of the globalization of biopolitical measures. Finally, we shall call into question the shift which can be expected at a global level – the shift from a pandemic to an endemic.

The biological ‘old regime’ and the genealogy of gaze

In order to better understand the issue at hand, it is important to go back in time and recognize, at least in basic terms, the genealogical lines of the development of biopolitical practices. If we adhere to Michel Foucault in this reflection, who was first to use the term *biopolitics* (and *bio-history*) (Foucault, 2000: 134, 137),⁵ then we know that it, in short, refers to a series of practices and technologies established by authorities in order to *protect the lives of citizens*. As is the case with panopticism, the notion of biopolitics, today more than

5 “This is the second of two lectures that Foucault delivered at the State University of Rio de Janeiro in October of 1974, both of them on the emergence of what is now known as ‘public health’” (Foucault, 2000: 156).

ever before, remains a Foucauldian notion. Academically speaking, it should be noted that there is an abundance of discussions and different perspectives on the matter. But we shall keep to the definition of biopolitics as *the power over the life of the multitude*. It is a power that has undergone a historically strategic transformation. This positive power is in the service of the production and protection of life, and no longer merely the power of the sovereign to take life (or the Agambenian *power over bare life*), nor exclusively a disciplinary form of power which controls and normalizes. Biopolitics is a large field of productivity of power over life – a politics with the goal of *protecting the lives* of the population. It should be said that this term is not used solely within social sciences and that it can denote various practices, from the domains of public policies related to health, migration, asylum, and disease prevention, to legal and political measures related to the development of biotechnology and medical research (Lemke, 2011).

In the genealogical approach, the question arises: when do politics become interested in life, and when does power “take over” *caring* for life? For this, according to Foucault’s research, we go back to the nineteenth century when the technologies of power that comprise biopolitics intensify: disciplining the body and regulating (managing) the population. But how does biopolitics work, who implements disciplinary and regulatory practices, and how is it done?

In the pursuit of following the changes in the attitude towards life and analyzing the *dispositif*⁶ of life management, it is necessary to locate the emergence of a new biological order historically, that is, *the break of the biological Ancien Régime*. In this respect, it should be mentioned that the eighteenth century represented a great and manifold turning point. It is the century when the plague “disappears” as a symbolic representation of infection-death: “It made its last spectacular appearance in the famous plague of Marseilles in 1720” (Braudel, 1981: 84). It is also the period during which the “European man” loses sight of scenes of mass death, and scenes of flourishing life are born: in cities and villages, in the economy, on other newly discovered continents. From the gruesome displays of epidemics emerge statistical displays of endemics; the discovery not of particular diseases of the individualized body or pandemically multiplied illnesses, but of regularities in the multitude; regularities of large numbers governed by the statistical measures of averages and standard deviations; modes and medians of the diseased social body; it is susceptible to one, but not to another; vulnerable to certain things, yet has become resistant to others. After all, the Europeans of today are the descendants of those who survived the plague, leprosy, malaria, and famine, all mass epidemics which made European soil apocalyptic. Our individual and collective lives are the aftermath of our surviving ancestors’ resistance to epidemics, but they are also the consequences of the biopolitical measures and regulations that have been shaped since the end of the eighteenth century.

Even if there is a game of large numbers at hand in the old biological order, until the eighteenth century, these are numbers that should be “made up” – “The

6 *Dispositif* as *apparatus, mechanism* (see: Agamben, 2009).

figures are few and not very reliable,” as stated by Braudel (1981: 34). Precise statistics and records are nonexistent. The old “numbers game” was turned into the “Weight of Numbers” (ibid: 31). It is a game of death that bears the face of a great epidemic – the plague, above all. All progress and growth, economic or demographic, is threatened by the game of great extinction. European cities of the old biological order found it difficult to recover from the plague. Afterwards, they were no longer the same cities. Houses, palaces, walls, squares, streets: these were the same old spatial structures. It is the people that were new – the survivors and those who had just arrived as foreigners. But after an epidemic, it was the economy and population that primarily needed restoring. The city gates were no longer closed to outsiders. They were to be opened as soon as possible to those from afar who had survived the disease. This is when every foreigner was welcome and the old prohibitions no longer applied. With them, they brought new skills, knowledge, art, tastes, spices, customs, languages, but they also embraced the precious urban freedom. Cuisines, customs, words and blood were to mix. Foreigners accepted the model of the police disciplinary-hygienic regime that was temporarily introduced in order to stop and control the disease, and it later grew into a *permanent dispositive of biopolitical regulation in the urban social life of the multitude* (Marinković and Ristić, 2019a: 39).

It was precisely these new bipolar *spatial strategies* that influenced the emergence of the order that Foucault called *disciplinary society* (Foucault, 1995: 193): from a disciplinary order of individual cell isolation (modeled on the “monastic cell”) (Foucault, 2015: 82; 92) to the regulatory spatial strategy of hygienic urbanism of the multitude. From then on, the event of disease spreading began to require strict spatial divisions, careful surveillance, and detailed inspection. The next population growth that stimulated the future dynamics of capitalist economy, revolutions, urban growth and new trade routes was also a consequence of those security dispositives and control regimes that were introduced as temporary to habituate to and prevent the disease (Foucault, 2007: 19–20). Stabilized life was more a consequence or effect of the hygienic-police regimes of what at that time were called *medical police – medizinische Polizei* (Foucault, 2007: 367; Marinković and Ristić, 2019b).

The notion of a *new biological order* corresponds to Foucault’s notion of *biohistory*, and that correspondence has one fundamental common theme: the establishment of *stability* over a long history of life instability illustrated through cycles of epidemics and famine. Finally, an acceptable definition of the old biological order was formulated by Robert Marks in the following words: “This balancing act of people fending off or dying from both macro- and microparasites – elites living off peasants, civilizations fighting off or losing to nomadic invaders, and germs multiplying inside of and then killing nomads and city dwellers alike – has been called our ‘biological ancien regime,’ or biological ‘old regime’” (Marks, 2007: 38).

Although the numbers are progressively more unreliable as we step further back into history, one simple numerical-demographic illustration speaks reliably enough about the great change of the old biological order. Only six centuries ago,

around the year 1400, the world's population numbered barely five percent of today's seven and a half billion people, or about 350 million. Around 1800, the population doubled (1400–1800) to about 750 million (Braudel, 1981; Marks, 2007). However, one must not forget the fact that this population of 350 million around 1400, as well as the population of 750 million around 1800, was spatially distributed as a differential geography. Out of a total of 60 million square miles of dry land on Earth, most people lived on only 4.2 million, that is, on only 7% of the total dry arable land. The rest are bodies of water, deserts, and ice (Marks, 2007: 24).

This was also an epoch during which the last great pandemics of the plague had ended. However, over Europe, illuminated by the Enlightenment, there was still a dark veil of fear which had the face of great wars and the plague. Leprosy had already disappeared. The wandering groups of lepers had for a long time been a faded scene at the end of the Middle Ages and what would be well remembered were spaces of division, of the great separation of the diseased: asylums and leprosariums. Those were heterotopias, separate and forbidden spaces of the others (Foucault, 1986), which had until then belonged to families, houses, towns, workshops, guilds, administrations, abbeys, and monasteries.

At the edges of the community, at town gates, large, barren, uninhabitable areas appeared, where the disease no longer reigned but its ghost still hovered... Once leprosy had gone, and the figure of the leper was no more than a distant memory, these structures still remained. The game of exclusion would be played again, often in these same places, in an oddly similar fashion two or three centuries later. The role of the leper was to be played by the poor and by the vagrant, by prisoners and by the 'alienated' (Foucault, 2006: 3–6).

The old biological order marked the domination of the biological over the social and historical, while the new biological order signifies the domination of the socio-historical (economic, political and cultural) over the biological. Although the plague has become a "common name" for epidemics moving in waves (such as diphtheria, typhus, cholera, various fevers, smallpox, flu, etc.), it has remained a symbol of great fear for growing European cities. Urbanization has become not only a spatial, but an essential regulatory issue of politics and police, medicine and hygiene, population and space – and thus, *biopolitics*. As Nikolas Rose writes: "Within the rationalities of medical police, the town was constituted as a fundamental site for the operation of medical reason and medical technique" (Rose, 2001a: 64).

The "old biological order", as Braudel said, would end at the end of the eighteenth century. "A biological *ancient regime*, a set of restrictions, obstacles, structures, proportions and numerical relationships that had hitherto been the norm" would break (Braudel, 1981: 70). And the very restrictions, obstacles, structures, proportions, numerical relationships, and norms would be different when the structure of daily life in European societies at the end of the eighteenth century was transformed from the dramaturgy of periodicity into the dramaturgy

of the constant surveillance routine. Punishment would be transformed into discipline.

Simultaneously, through a lit space, the gaze had to penetrate the bodies, the mind, opinions, intentions, movements, and desires: “It’s also the areas of darkness in man that the century of Enlightenment wants to make disappear” (Foucault, 1980: 154). The technology of panoptical surveillance wanted the gaze to be placed inside the being. Its optical exterior was only an instrument which would acquire the form of the interior, as two things were at play here – “the gaze and interiorization” (Foucault, 1980: 154). Not only that, but the two principles of the gaze as power/knowledge arose: visible and unverifiable (Foucault, 1995: 201).

The moment when the technology of visibility gained the form of the optics of the interior, it became untestable – in the Panopticon one could never confirm the presence of the gaze. This gaze did not have a temporal timetable of appearing and disappearing, of presence and absence. It was constantly present, not only at the level of the optics-mechanics matrix, but also at the level of the interior-optics-psychology matrix. Once it was shifted inside, there was no need for real surveillance, for the optics of the exterior. The panoptic aim had been achieved – the external surveillance had been interiorized, turned into self-preserving discipline, a self-regulative order. It was also an inversion of space and time, an inversion of practices and statements. For practices were no longer penal – they were surveilling and disciplining. And the statements were no longer inquisitorial-exploratory – they were increasingly investigative. These were no longer statements that “wandered” across the juridical field. They were now discourses of the sciences on man. Finally, a civilization of representation, as Julius (1831) called it, inverted into the civilization of surveillance.

The disciplinary diagram acted in two ways: sanitarily and through the police. However, the measures were different. If the measure against leprosy was separation – permanent partition without any disciplinary, medical, or hygienic interventions – then the disciplinary diagram of the plague was segmentation (Elden, 2003: 243). But such a model of the disciplinary diagram is established temporarily, just until the infection passes. Subsequently, in order to renew life, a regulatory safety dispositive must be enacted, one that will reestablish the balance of biology-economics-health through its practices. It is a dispositive that no longer refers to an epidemic, but to an *endemic*. This was possible only with the permanent police, and not the temporary sanitary militias. As Osborne observes: “Above all, epidemics are a matter of police” (Osborne, 2001: 33).

For the new, regulatory safety dispositive, different measures will apply as opposed to the disciplinary diagram. Instead of temporary disciplinary-surveillant measures, the emergence of regulation meant the implementation of permanent police jurisdiction: the first being the number of people, upon which the strength of the state depends; the second being the necessities of life, referring not to life itself but rather what enables it (that is, “the disciplinary police of grain”); the third is the issue of health (“the medical police”) and hygiene (as a health regime of the multitude): constant ventilation, clean space and air, and the control of miasmatic places (such as slaughterhouses, foreigners as potential

disease carriers, hospitals, cemeteries, dark alleys, landfills); the fourth is the concern for what people do, for their professions, occupations, their travels, and in relation to this, the fifth is the provision of constant circulation, food supply, the flow of people, goods, services, production, and trade: "circulation is a privileged object for police" (Foucault, 2007: 325). All of this exists in the first police manuals and systematic studies of the eighteenth century which bear the generic name *Polizeiwissenschaft*.

A vital lesson from *the history of the present* (Foucault, 1995: 31) of biopolitics is that *illness*, only during this one historical period, began to be understood as a *population phenomenon*:

These were illnesses that were difficult to eradicate and that were not regarded as epidemics that caused more frequent deaths, but as permanent factors which – and that is how they were dealt with – sapped the population's strength, shortened the working week, wasted energy, and cost money, both because they led to a fall in production and because treating them was expensive. In a word, illness as phenomena affecting a population. Death was no longer something that suddenly swooped down on life – as in an epidemic. Death was now something permanent, something that slips into life, perpetually gnaws at it, diminishes it and weakens it. (Foucault, 2003: 243–244).

In this regard, the issue of regulatory power and biopolitics is not an issue of epidemics, but of *endemics*. It is about the form, nature, spread, duration, and severity of diseases that prevail in one population. These become, more or less, matters of "permanent factors" and problems: the workforce, spending, distribution and allocation of resources, economic costs, political challenges, etc.

Another important lesson from the history of the present of biopolitics is the recognition of *life* as a notion at the intersection of the old and new biological order: "Life emerges in the passage between natural history and biology, that is, in the epistemic break which occurs around 1800" (Muhle, 2014: 80). Life "blossomed" with man, no longer as a "frozen depiction", but as a new dynamic force of productivity, power, capitalism, trade, cities, population, and urbanization. The risk inherent to instability so becomes a central problem of biopolitics (Rose, 2001b), as do capitalist economics and politics. We have also seen that during the eighteenth and nineteenth centuries, with the development of urban structures and the problem of industrial work (that is, with the development of demography), questions arose about the population – the conditions they endure, their habits, diet, natality and mortality rates, and pathological phenomena (such as epidemics, endemic diseases, and mortality in children). Therefore, during the eighteenth century, in addition to the body as one pole of the power over life which is constituted by discipline, the other pole of that power had been constituted – the population. This body-species, i.e. the population, was to be managed through a whole series of interventions and practices of regulation, which Foucault called *a biopolitics of the population* (Foucault, 1978: 139; 2007). And it is through the population that the regulatory

technology of power/knowledge determines the formation of the morphology of society – that great discovery of the eighteenth century.

COVID-19 and the globalization of biopolitical measures

Throughout history, pandemics have had significant medical, but also demographic, social and economic consequences. The medieval plague was not caused by a virus but by bacteria, while the “Spanish flu” was a viral infection that mostly took the lives of young people. The dynamics and waves of pandemics have differed, and their consequences are still being debated in various scientific contexts. The last great epidemic that daunted Europe was the so-called “Hong Kong flu” in the late 60’s of the twentieth century. In the past decades, the Ebola virus, MERS, and SARS have also reared their ugly heads. However, they were not of a global scale. The last global contagion was the so-called “Spanish fever” or “Spanish flu” which appeared at the end of the First World War and spread to the farthest reaches of the Earth. Historical estimates vary, but it certainly extinguished tens of millions of lives: “The Spanish flu infected one in three people on earth, or 500 million human beings. Between the first case recorded on March 4, 1918, and the last sometime in March 1920, it killed 50–100 million people, or between 2.5 and 5 percent of the global population” (see: Spinney, 2017). This pandemic was significantly different from the current one in its medical (epidemiological) and social components: “The fear is similar, but the medical reality is not”.⁷

In terms of biopolitical and other consequences of the global pandemic, they are different for one simple reason – the world was not as globally interdependent as it is today. In addition, some of the previous pandemics have confronted countries and even entire regions of the world with similar medical, sanitary, hygienic, legal, and even biopolitical normative measures. But today we stand witness to the fact that, along with the progress of medicine and the development of a stronger technological and communicational infrastructure, *global* biopolitical strategies are imminent.

In recent months, the COVID-19 pandemic has brought profound social, economic, and political changes across the globe – ranging from the imposition of a state of emergency and measures designed to completely or partially restrict movement, travel and mobility, the flow of goods, changes in the health and legal system, all the way down to the (suspension) of many everyday cultural practices. “Never in the history of humanity have such drastic interventions into the lives of populations occurred in the name of health on such a scale and in such a short period of time” (Caduff, 2020). But new forms of social connection, interaction, and solidarity (or asymmetric solidarity) have also emerged. We have learned from the media that in some countries, such as Hong Kong or China (De Kloet et al., 2020; Caduff, 2020), the coronavirus has activated new

7 See: <https://www.nytimes.com/2020/03/09/health/coronavirus-is-very-different-from-the-spanish-flu-of-1918-heres-how.html>

biopolitical mechanisms that rely heavily on digital mobile technologies. Some of the methods applied by the governments of the aforementioned countries, which collect data and monitor the population's compliance with (self) isolation guidelines, include locating people and the continuous surveillance of their movements using GPS technologies, the mandatory use of mobile phone applications, digital self-diagnostics or wearing electronically monitored wristbands. Other countries, such as South Korea, Hungary, and Serbia (see: Pešić, 2020), have applied more authoritarian methods and biopolitical strategies (more sovereign than bio-regulatory) – whether it is in the processes of testing or through restricting movement and introducing emergency situations and/or states of emergency. “In Kenya, the police enforced a coronavirus curfew using teargas and excessive force against presumable violators of lockdown law. In Bangladesh, the government created a special unit to monitor social media and arrest people for spreading ‘misinformation’ about the virus” (Caduff, 2020).

We know that well before the appearance of COVID-19, “a process of global mutation was already underway”, and that “we are still in the throes of the transition from a written to a cyber-oral society, from an industrial to an immaterial economy, from a form of disciplinary and architectural control to forms of microprosthetic and media-cybernetic control” (Preciado, 2020). In a text about COVID-19 and Globalization, Jan Blommaert (2020) writes that the COVID-19 crisis “is a textbook example of contemporary globalization processes”, and he lists the arguments in favor.

In the first place, he notes that we can identify one of the “crucial features of the globalization process”, that is “the ways in which issues change when they become mobile”. In other words, “a public health crisis in Wuhan, China, has become an entirely different kind of issue elsewhere in the world: an economic one”. Moreover, the public health crisis spread globally and introduced different biopolitical measures that varied across different parts of the world, but all had one thing in common – the protection of the life and health of the population. Seemingly, there is no dilemma – millions of lives have been saved thanks to various biopolitical measures. However, substantial analyses and comparisons are yet to come, especially since some countries, such as Sweden or the USA, introduced a somewhat more “liberal” approach when it comes to restricting the mobility of people. Secondly, we have had the opportunity of seeing how mobility is a key factor in addressing the crisis in several ways. Analyses of the epidemic and different measures were usually focused on the mobility of people, both on the local and global scale. Contemporary “modes of human mobility – intensive business and leisure activities” were particularly important. Measures on a global level needed to include different types of mobility and contact restrictions, and to simultaneously reduce the potential spread of the contagion. That way, “the fabric of contemporary global activity networks is affected” (Blommaert, 2020). Finally, the cultural effects are undeniable. There is a “stampede worldwide towards adjusted behavior”; the emergence of behaviors and habits that are being named “a new normal”, with globally circulating guidelines “for washing hands, protecting others when you cough or sneeze, avoiding public places and

transport when you're unwell, and so forth"; furthermore, behavior is moralized: "obviously ill people in public are quickly accused of being 'irresponsible'" (Blommaert, 2020). Attached to all of this, or "a big engine behind all of this", are the media. So far, the COVID-19 pandemic has been configured as a global crisis, a scare and a disaster, and is "consequently consistently framed as such in familiar (and globalized) genres of the 'live updates' and 'breaking news' type". There is "a mass supply of information of all forms and shades, and we get it on a global scale" (Blommaert, 2020).

That is precisely why the way we inform ourselves about this pandemic on a global scale is quite different than before. The World Health Organization has not only highlighted the health risks of COVID-19, but has "labeled the situation as *infodemic*, due to the amount of information, true and false, circulating around this topic" (Pulido et al., 2020). Social media and online sites have become "the primary platforms from which to disseminate false and misleading information" (Pulido et al., 2020; Lazer et al., 2018), and "the presence of fake-news found and distributed in online settings is increasing over the years" (Vosoughi et al., 2018). This pandemic is not an exception. On the contrary, it has confirmed "the need for speed" of global information spreading during an emergency, both in positive and negative ways.

These arguments in favor of recognizing the global spread of contagion, information, measures, behaviors, and consequences, still do not imply that the globalization of biopolitics is necessarily at work. However, this does open the question of the need for the development of global biopolitical strategies. There are already articles that evaluate the global "dynamics between body, geopolitics and affect" or "biopolitical nationalism", arguing that the COVID-19 pandemic "stirs up strong nationalist and localist sentiments" and that in different places people (decision makers) often pride themselves with "containing the virus more effectively" (De Kloet et al., 2020) than others. This is in part because one of the most important biopolitical measures was – like in most pandemics up until today – quarantine. After the pandemic broke out, global news channels and agencies reported that "more than 3.9 billion people, or half of the world's population, have now been asked or ordered to stay at home by their governments to prevent the spread of the deadly COVID-19 virus" (Sandford, 2020). Aside from this and the fact that quarantine as an old but effective biopolitical measure has saved lives around the world, according to Carlo Caduff, there is still very little discussion "about the costs and consequences of extreme measures" (Caduff, 2020). Some research has already demonstrated the psychological impact of being in quarantine (Brooks et al., 2020). But the "failure to consider the impact of extreme measures that have become the norm in many places in the COVID-19 pandemic has been stunning" (Caduff, 2020: 2). Although there is more and more talk about the "new normal" (COVID-19: 'new normal')⁸ as a strategy of adaptation to pandemic everyday life, it is more likely the case that

8 See: WHO: <https://www.who.int/westernpacific/emergencies/covid-19/information/covid-19-new-normal>

this is a new (biopolitical) normativity based on novel discipline that has its normative dispositives and sanctions.

Finally, it seems justified to contemplate the possibilities of emerging global biopolitical strategies. States are increasingly choosing between different measures, from minimal social security to disciplinary and regulatory power/knowledge technologies, all for the purpose of the struggle against “the invisible enemy” – a virus. We are also witnessing how the notions of public health and security are transforming. Of course, it remains to be seen how the situation will unfold and to hope, among other things, for a vaccine to be discovered soon.

The key biopolitical shift that is expected is that from a global pandemic to a global endemic, which the world will have to learn to live with and (with the help of biopolitical mechanisms) keep under (endemic) control, as was the case with all other mass diseases. Even though biopolitics in periods of epidemics and pandemics activates its restrictive normative-sanitary, normative-hygienic, normative-medical, and normative-spatial mechanisms of public health protection only temporarily, its strategic action is embodied in the constant control of endemic situations which are often imperceptible in the background of our dynamic everyday lives.

Attempting to predict which biopolitical measures will settle as everyday practices and what they will include in practical terms is a futile endeavor. It will certainly not exclusively be a matter of disease localization and measures applied to just one part of the world or a couple of regions. It is now a question of *biopolitical strategies* that will inevitably be set up on a global level. And among other things, that means that the current pandemic confronts us with various challenges in a biopolitical sense. The economic consequences, no matter how negative, will certainly “activate” various stratification mechanisms and deepen the social gap between classes. This has turned out to be a constant in almost all previous (global) social crises. And moreover, the changes will certainly be palpable when it comes to the (non)functioning of certain healthcare system models, as we have already seen that public health policies have different outcomes in different healthcare systems. The neoliberal invasion of the public sector and public resources will have to be radically reconsidered, and this will be especially pertinent to models of health system privatization. Additionally, numerous security challenges – and related, more or less justified social fears – activate measures and dilemmas of the relationship between privacy and health, global solidarity and globalized prevention measures, and in this respect, we may potentially expect the introduction of new hygienic-sanitary and political practices of surveillance and control.

When the curves that epidemiologists so often mention steady, when they do flatten – the global pandemic will become a global endemic. It will, as it has in similar cases, become a “seasonal regularity” placed under biopolitical control. It will develop established rhythms, curves, numerical and statistical relationships and, hopefully – it will be predictable. Taking all of this into consideration, it is certain that we may expect the creation and implementation of global biopolitical strategies, which will sooner or later be incorporated – as political mechanisms of *care for life* – in all relevant global, but also local and regional institutions.

Conclusion

Although the COVID-19 pandemic represents a great global disruption in the daily lives of billions, in this paper we have tried to indicate that there is a “history of the present” of such biopolitical situations. Epidemics of smaller and larger proportions have broken out and subsided for thousands of years – it is “normal”. They have taken both few and many lives. COVID-19 started off as a global pandemic threat, it will end up as a globally controlled endemic – and it will be a “new normal”. On one hand, using a genealogical approach, we have managed to delve into and examine recurring encounters with pandemics of various kinds throughout history, as well as the emerging biopolitical mechanisms (and regulatory practices) that have been established as power over life since the late eighteenth century. On the other hand, the COVID-19 pandemic has characteristics that are not entirely biological, i.e. genetic, but rather social, economic, and political. As stated earlier in the text, never before in human history have these various biopolitical measures permeated people’s lives so rapidly – both in the analog sphere of life, and in the digital one. The applied biopolitical practices of the COVID-19 pandemic seemingly do not differ much from those initiated before the birth of biopolitics – in the plague epidemic in the fourteenth century: isolation, police surveillance, segmentation, restrictions and prohibitions on movement, discipline and punishment, and bans on entering and leaving cities. What was too quickly defined as a “new normality” has been proven to be more of a “new normativity” that disciplines and has its sanctions. However, the digitalization of biopolitical measures and media arbitration between illness and life are historically new phenomena. In this regard, many questions remain open: Will the struggle for the life and health of the population – as has happened in the fight against terrorism – legitimize and make acceptable new biopolitical practices of surveillance and control that pervade deeper into privacy? Will the fight against the pandemic (or future pandemics) legitimize access to private data? Will the “digitalization of power over life”, justified by new public health policies, dissolve the boundaries between public and “digitally private”? And will the future “digitalization of public health policies” after this pandemic require new registrations, databases, movement records, and documentation, and who will oversee and manage this data – politicians or “experts”?

Nevertheless, we are facing a global biopolitical challenge which demonstrates how, in the future, the power over the life and health of the population will increasingly include technologically and digitally mediated surveillance and control measures, which in turn will deconstruct privacy as we have – for perhaps even less than a century – known it.

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