



## ARTICLE

# Securing the Pandemic: Biopolitics, Capital, and COVID-19

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**ABSTRACT.** In this article, I consider the interoperation of twin contemporary governmental imperatives, fostering economic growth and ensuring biopolitical security, in the face of the COVID-19 pandemic. At a theoretical level, I thereby consider the question of the applicability of a Marxist analysis vis-à-vis a Foucauldian one in understanding state responses to the pandemic. Despite the apparent prioritization of preserving life over economic activity by governments around the world in this context, I will argue that the basic problem that COVID-19 posed for the state was one of sheer unknowability and that the fundamental motive for the governmental response was a concern for security in Foucault's sense, that is, ensuring a baseline predictability in the social field, upon which economic activity, like myriad other social activity, is premised. I argue that this drive for security motivated states to appeal to medical experts to determine the direction of their response, who in turn applied a default model of quarantine. While we cannot be certain that the medically-guided response was optimal in terms either of health outcomes or economically, I argue it served its essential purpose by providing a structured framework for social action in the face of the unknown. While this is vital for the maintenance of the basic coordinates of capitalist society, I argue it nonetheless cannot entirely be explained simply by an appeal to Marxist categories and instead requires Foucault's insights into the medicalization of society.

**Keywords:** biopolitics, capitalism, COVID-19, Foucault, Marxism, security

## INTRODUCTION

From its onset, the COVID-19 pandemic seemed to pit two distinct imperatives of contemporary societies against one another: economic interests seemed to run counter to the biopolitical imperative to keep people alive. I will here consider how this clash poses theoretical difficulties for two prominent perspectives in contemporary critical social analysis, namely Marxism on the one hand and the thought of Michel Foucault on the other. Marxism has, following its progenitor, Karl Marx, tended to cast capitalism as inimical to human health. Such a perspective struggles to account for the overwhelming willingness

of capitalist states apparently to subordinate economic growth to the protection of public health in the face of COVID-19. Foucault for his part tended to see biopolitics and capitalism as cooperating at the level of “strategies of power”; from this perspective, the conundrum is to explain how tension between these imperatives in the context of the pandemic could be resolved. The solution to this ought in turn to shed light on the general nature of the relationship between them.

The task of this essay will thus be, employing conceptual tools provided by Marxism and Foucault, to map the contours of the global COVID-19 response in order to understand it in its own right, as well as to draw inferences about the relationship between economics and biopolitics in contemporary societies. I will argue that governmental responses to the pandemic indicate a deep synergy of biopolitics and capitalist economics that can best be understood by employing Foucault’s concept of security.

### BIOPOLITICS AND CAPITALISM

The status quo ante COVID-19, particularly since the 2008 financial crisis, was an era of capitalist ascendancy. Over the preceding forty years, almost every state had increasingly focused on the goal of ensuring economic growth, even though paradoxically this period had actually been one of relative economic stagnation in much of the West. This reflected a tightening of the influence of capital over the state and a reassertion of the facilitation of capital’s insatiable pursuit of profit as the primary role of the state associated with the ideological hegemony of neoliberalism. This has even affected soi-disant Marxist states, foremost among them the People’s Republic of China, that have embraced nakedly capitalist practices explicitly as a means to drive economic growth. Indeed, Marxism in any form, even when entirely rejecting capitalism, is economic and hence oriented towards growth,<sup>1</sup> which is precisely the tendency that has allowed hybrid models like China’s to develop.

As well as being focused on economic growth, however, every contemporary state is also *biopolitical*. I mean this term specifically in Foucault’s sense: I will not here dwell on the diverse alternative conceptions of biopolitics emanating from other thinkers.<sup>2</sup> On Foucault’s conception, biopolitics involves two essential elements. Theoretically, it represents the use of biological knowledge in statecraft. Practically, it implies the use of demographic techniques in a broad sense to constitute a ‘population’ associated with a given state, in contradistinction to earlier forms of state which essentially controlled a territory, wherein people were within the purview of a state only by dint of being present there. The state constitutes the population as such by caring for people, in particular their health. The late modern, biopolitical state thus draws not only its strength but also its legitimacy from its capacity to keep its citizens alive and healthy.

Biopolitics has not historically found itself in conflict with capitalism. Both phenomena emerged in their mature form at approximately the same time, viz. the late eighteenth

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<sup>1</sup> On this convergent economism of Marxism and liberalism, see Michel Foucault, *Society Must Be Defended* [1997] (2003), 13.

<sup>2</sup> For a detailed survey of the history of varied uses of this term, see Thomas Lemke, *Biopolitics* (2011).

century, with biopolitics providing something useful to capitalism in the form of a stable society of healthy workers and consumers. The healthiness of the population and that of the economy are strongly correlated: in general, the economy requires a certain healthiness of the population (and more particularly of workers) and health requires a functioning economy (tax receipts power the health service and people with higher incomes are *ceteris paribus* able to maintain better health).

A Marxist might argue, however, that at a certain point a ‘contradiction’ between capitalism and biopolitics must heave into view, with capitalism only allowing workers to be so healthy, both because capitalists will not bear the costs of public healthcare beyond the point where it benefits them and because there are investments in industries that either cause ill health (e.g. junk food, cars, and firearms) or indeed depend on it (the healthcare industry itself). Thus, getting rid of capitalism could be expected ultimately to benefit public health by removing these limits to it. We might indeed perceive in the course of the class conflicts of the twentieth century in many countries a hard-won redirection of resources towards healthcare and away from capitalist profits in various ways and to varying extents, most obviously in the state-socialist economies of Eastern Europe, but also in the social democracies of Western Europe.

Karl Marx himself indeed had little to say about disease other than to note capital’s indifference towards it: ‘Capital therefore takes no account of the health and the length of life of the worker, unless society forces it to do so’.<sup>3</sup> There is an interesting contrast here with Engels, whose early solo work, *The Condition of the Working Class in England*, is singularly concerned with questions of health – but this is precisely in his later view not a view reflective of the common scientifically materialist viewpoint he and Marx would later develop.<sup>4</sup> The most proximal Marxist thinker in Foucault’s own orbit, his sometime-mentor Louis Althusser, himself had almost nothing to say about health and medicine, despite spending much of his life in medical institutions, other than to weakly – and even then in a manuscript published only posthumously – include the ‘medical apparatus’ in his listing of ‘Ideological State Apparatuses’ and point the reader in a footnote to Foucault’s then-emerging body of work.<sup>5</sup> Althusser’s recurrent references to Foucault’s early work on medical topics (by which I mean his first three books, which focused serially on psychology, madness, and medicine) might themselves be taken to testify to a need to supplement Marxist thought with something like Foucault’s own.<sup>6</sup>

However, the experience of the COVID-19 pandemic suggests not so much that Marxist understandings of the importance of health under capitalism require supplementation as that they are simply wrong, inasmuch as it apparently saw states disregard economic consequences in implementing measures to protect their populations from this novel disease. From a theoretical point of view, this might be taken to falsify Marxism, insofar as Marx

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<sup>3</sup> Karl Marx, *Capital 1* (1976), 381.

<sup>4</sup> Friedrich Engels, *The Condition of the Working Class in England* (1958). For Engels’ retrospective assessment of this text, see his Preface to the English Edition of 1892 appended in this edition.

<sup>5</sup> Louis Althusser, *On the Reproduction of Capitalism* [1995] (2014), 160, 220.

<sup>6</sup> Louis Althusser, *Reading Capital* [1968] (1970) 45, 103.

explains politics via a theory of the state as a ‘disguised dictatorship’ of the dominant, capitalist class, who use the state as a means to further their interests, i.e. profits.<sup>7</sup>

The pandemic thus posed a serious challenge to my own theoretical fusion of Foucault’s insights with Marx’s.<sup>8</sup> In my view, despite sharply disagreeing with Marxism on particular points, such as economic theory, Foucault largely takes the insights of Marxism (such as the class nature of capitalist society) for granted as an established framework of understanding in his milieu that did not require restatement.<sup>9</sup> Still, Foucault’s contributions do amount to a rejection of any claim by Marxism to be total, and thereby of any reductivist form of Marxism that pretends to understand power solely by an appeal to economics. In practice, however, it is unclear that either Marx or any form of Marxism has really been quite so crass. Nonetheless, Foucault’s thought stands as a challenge to orthodox Marxism inasmuch as Foucault’s analyses seem to obviate the necessity even to consider the economic dimension of social phenomena at all, insofar as Foucault seems to be able to bracket this entirely in his work at times yet still produce a coherent analysis, something that has led to a consistent denunciation of Foucault from some quarters of Marxism.

The question here then is not so much whether Foucault and Marxism can be rendered entirely compatible without any friction or remainder – they cannot – but whether the politics of COVID-19 indicates the truth or applicability of one over the other, or whether an analysis can be reached that preserves at least the major insights of both approaches. Three years on from the initial declaration of the pandemic, I believe we can indeed now see deep synergy between the apparently economically masochistic, biopolitically attuned state responses to COVID-19 and the neoliberal nature of the contemporary state: even if the former did not immediately serve the objective of continuous growth in national GDP, they have safeguarded and promoted capitalist profit ultimately. In accordance with Foucault’s insights, I see this as having been arrived at not through some shadowy conspiracy but via a strategic coherence of competing social forces rearranging and reorienting itself as the pandemic developed.<sup>10</sup> In this, a Foucauldian analysis, far from falsifying Marxism, helps to explain how Marxist insights continue to apply.

I will argue that the emergency situation constituted by COVID-19 saw civil society (both people and bourgeoisie) look to states for protection, and states in turn defer to medical experts. These experts curated a societal intervention aimed at protecting the health of the population but which from the point of view of the state had as its ultimate aim not the health of the population per se so much as the maintenance of social order, pending a staged return to normality. In this, the biopolitical state has shown itself to have as its principal role the construction of certainty rather than the protection of life itself as such. In our capitalist societies, this role means the continuation rather than disruption of

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<sup>7</sup> The classic exposition of this is the first chapter of V. I. Lenin, *The State and Revolution* [1918] (1992), which in turn consists entirely of exegesis of Marx and Engels’ writings on the topic.

<sup>8</sup> See in particular M. G. E. Kelly, *Biopolitical Imperialism* (2015).

<sup>9</sup> For detailed discussion of Foucault’s variable relation to Marx and Marxism, see Mark G. E. Kelly, *Foucault and Politics* (2014), *passim*.

<sup>10</sup> Michel Foucault, *History of Sexuality 1* [1976] (1978), 92–95.

capitalism, since this is a major component of our social structure, if not its *sine qua non*. I will thus suggest that, while the politics of the COVID-19 pandemic are not fully explainable without a Foucauldian supplement to Marx, we can, through the application of Foucauldian analysis, see how Marx's insights remain applicable insofar as our societies remain primarily focused on economic wellbeing even at the expense of public health.

I will draw these conclusions from a preliminary survey of the contours of international governmental responses to the pandemic. I take the apogee of these to be the 'lockdown' measures adopted by most governments, which gave way in turn to something less extraordinary, mass vaccination, which nonetheless had some unprecedented features in its specific application to COVID-19.

### **POLITICIZATION**

With its initially alarming survival prognosis and uncertain epidemiology, COVID-19 triggered extraordinary biopolitical responses from almost every government in the world that were *prima facie* likely to crash their economies. In the course of March 2020, the month in which the World Health Organization officially declared there to be a pandemic, much of the world, encompassing 3 billion people, went into 'lockdowns': novel restrictions on individual freedom of movement.<sup>11</sup> While the precise restrictions varied from place to place, it was in all cases immediately clear that the economic impacts would be dire. Governments thus deliberately introduced measures to combat the spread of the disease in the full knowledge that they would cause economic recession at the very least. Given that most governments around the world treated the achievement of economic growth as an irrevocable goal, for them to wilfully sabotage their economies was surprising.

Governments did adopt initiatives to try to mitigate the negative economic consequences of the pandemic responses. I lack the space here to catalogue these in their international variety, although I will mention an indicative sample. Businesses forced to cease operations received payments to support them through this period. Larger retailers, such as the major supermarkets in the United Kingdom, or Walmart in the US, were deemed essential, hence exempted from locking down. Already-growing digital retailers – such as Amazon, app-based delivery companies, and content streaming services – experienced something of a bonanza as people stuck at home turned to them. The economy at large was bailed out via quantitative easing, pre-emptively repeating the measures adopted to deal with the Great Financial Crisis of 2008 (GFC), with central banks similarly further reducing interest rates, which had already been lingering at historically low levels since the GFC. As after the GFC, the new liquidity thus generated largely flowed into the coffers of the already-wealthy rather than the populace at large. Those made unemployed enjoyed temporarily boosted unemployment benefits, although they were still generally left worse off than when employed.

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<sup>11</sup> Linda Lacina, "Nearly 3 billion people around the globe under COVID-19 lockdowns," World Economic Forum. <https://www.weforum.org/agenda/2020/03/todays-coronavirus-updates/> (accessed June 29, 2023).

The pattern of the response here seems to suggest a relative unconcern with the economic situation of the poor in favour of the wealthy, but this nonetheless seems like something of an afterthought: while governments clearly favoured capital in various ways in this moment, this was only a supplement to a basic policy designed to protect lives of people in general. Thus, while the short-term economic damage was less than generally anticipated, governments took measures in the reasonable expectation of severe negative economic repercussions. Might this not imply, in the final analysis, that the protection of health was a more important priority for states than any economic consideration?

The principal reason for thinking there is no such implication is that the economic cost of refusing to take countermeasures in the face of the pandemic did not seem *prima facie* to be any less serious than taking them. That is, the uncontrolled spread of the virus stood to impact economies, both directly by incapacitating and killing people, and indirectly via a broader social crisis: experts predicted unstemmed contagion would lead to a dramatic wave of hospitalizations that could have quickly overwhelmed medical facilities and then led to ‘cascade failure’ of health systems, as infections among medical personnel and overloading of facilities meant ordinarily trivial medical emergencies would be impossible to deal with, and thus deadly, not to mention overwhelming the limited facilities in intensive care (particularly respirators) to keep the worst-affected COVID patients alive, meaning that COVID-19 itself would become far more deadly than it otherwise was. Uncontrolled spread compounded by health system failure could further be anticipated to produce widespread panic and indeed a form of voluntary lockdown, in which fearful citizens avoided contact with others by shutting themselves in their homes. This combination would conceivably have been worse, both for human health and for the economy, than a deliberate, limited, targeted and controlled lockdown.

This might seem to constitute an adequate answer for the Marxist, namely that governments were willing to countenance economically deleterious countermeasures simply because the economic prognosis for not taking these was even worse. However, any such calculation was uncertain: there was no immediately comparable case to draw on to conclude what the consequences either of locking down or not doing so would be. Even now, years after the fact, it is difficult to say exactly what the net impact of the lockdowns has been, be it on the economy, human health, or on society at large. While there are examples of societies that did not lock down, which one might therefore adduce as control cases, there are problems with doing so. I will discuss these cases’ peculiarities more below, in the section entitled ‘Paradigm’, but for now, it is enough to mention the basic difficulties in making inferences from them to the efficacy of particular measures. To take the case of a country that did not lock down that is closest in proximity to and most apt to be compared with many that did – Sweden – its economic performance, per capita COVID-19 death toll, and post-COVID excess death toll have all broadly been in line with those of other Western European countries, even if one can cherry-pick stark differences between its performance and that of particular other neighbouring countries: when it comes to COVID deaths, for example, Sweden had more than twice as many per capita as its less densely populated locked down neighbour Norway but significantly less than in more populous nearby developed countries like Britain and France that implemented

lockdowns.<sup>12</sup> The obvious inference, then, in relation to lockdowns would be simply that they were inconsequential, but this conclusion cannot be safely drawn for at least two reasons. For one thing, Sweden's pandemic experience did not occur in isolation but rather a broader context that included its neighbours' lockdowns, such that economic and health impacts in Sweden were affected by these.<sup>13</sup> Moreover, although Sweden did not formally lock down, in common with other countries that did not, it adopted various control measures short of a lockdown, and the population in various ways voluntarily limited its behaviour, such that the differences between the Swedish case and those of countries that formally instituted lockdowns, which themselves varied in their extent and severity, is not simply black-and-white.

The epistemic bottom line here, I am suggesting, is simply that it is not possible to say whether or not lockdowns were necessary or useful. This does not, however, imply that it was not a reasonable precaution to institute them nonetheless. Indeed, I will in effect claim that it was. My claim is rather that it was not an obvious decision to make from a purely economically interested point of view: there is no solely economic case for the a priori desirability. Instead, I will argue that they were implemented not as an economically rational response to a quantifiable economic threat but more as a response precisely to a situation of profound uncertainty that sought to deal with uncertainty itself as a threat to the economy and indeed to the operation of the state and society.

Given the uncertainty surrounding COVID-19, people in general were rationally motivated by the desire to avert a worst-case scenario, both because of their fear of the risks to the health of individuals and because of the fear of social consequences. Public opinion in early 2020 was overwhelmingly in favour of swingeing measures to stymie the spread of the virus.<sup>14</sup> A standard Marxist analysis here would pit a popular concern of ordinary workers for their own health against the desire of capitalists to keep the economy open and generating profits for them. It is far from clear, however, that capitalists were in general opposed to implementing lockdowns and similar measures, even if they may have been generally *reticent* in this regard. As individuals, capitalists were approximately as apt as anyone else to be concerned by the virus and its possible consequences (one might say that their wealth affords them access to superior health care and distance from the hoi polloi, hence affords them relative unconcern – but, contrariwise, the very wealthy are disproportionately aged, making them more vulnerable on average to COVID than the general population). Marx's comments noting the indifference of capital to the health of workers predate virology, but the infectiousness of disease was known before that, hence constituting a self-interested motive for concern with public health by capitalists ignored by Marx. Nonetheless, capitalists are always sensitive to impacts on their bottom lines. The net result was that business at large did not lobby for a particular solution: different

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<sup>12</sup> World Health Organization, "WHO Coronavirus (COVID-19) Dashboard," <https://covid19.who.int/?map-Filter=deaths> (accessed March 23, 2023).

<sup>13</sup> Howard D. Larkin, "COVID-19 Health Policies and Economies in Nordic Countries," *JAMA* 328:11 (2002).

<sup>14</sup> In the USA, clear majorities in March 2020 favoured all measures that would become the main planks of the 'lockdown' approach. Pew Research Center, "Views of how officials, public have responded to COVID-19," Pew Research Center. <https://www.pewresearch.org/politics/2020/03/26/views-of-how-officials-public-have-responded-to-covid-19/> (accessed June 29, 2023).

industries stood to be affected differently, and there was no consistent voice from the bourgeoisie actively demanding a particular course of action. Given the possible catastrophic downside risks of not locking down in the face of COVID-19, vested economic interests were willing to tolerate and even support lockdowns once they were proposed, particularly as openly opposing them would potentially be disastrous for their public relations. Thus the attitude of business fell within the gamut of popular opinion in either supporting or at least acquiescing to the antiviral regime, while perhaps tending, with the right-wing of public opinion, to be relatively wary of it.

Regarding the public, however, it does not seem either that popular pressure forced governments to adopt countermeasures in relation to COVID-19, given these countermeasures were relatively internationally uniform and thus do not seem to have varied regularly in accordance with the degree of popular pressure: where they did vary, this was for other reasons, as I will describe in brief below.

What we saw was, rather, capital and people motivated not so much to actively demand anything as to yield to the state as their protector. This is the general pattern one should expect in an emergency situation. Indeed, one of the points of having a state, in particular from a (neo)liberal perspective, is that it comes into play in extremis in situations where the simple logic of the market becomes inadequate: the neoliberal insight into market economics is precisely that the market is not in the last instance perfect or self-sustaining but always needs the state to keep it working.<sup>15</sup>

## MEDICALIZATION

The politicians who run governments were not the authors of the pandemic response, however. Rather, they in their turn deferred to medical experts. There are multiple reasons for this deference. Generically, politicians themselves lack the expertise to craft a response and thus must fall back on national plans and expert advice. In view of their relevant ignorance, politicians acting without expert advice would take on an enormous moral risk of responsibility for untoward consequences. Thus, government in this situation operated like any major contemporary organisational bureaucracy in following 'proper steps' such that management could not be determined to be legally liable for negligence regardless of the outcome. This is a form of 'risk society' response, but one which is more about mitigating risk of prosecution and reputational damage to individuals than to society at large, although the two things are not unrelated, inasmuch as the reason that politicians might be at risk if they did not consult relevant experts would be that this would be presumed to risk greater damage to others.

While there was popular pressure for a response, it was inchoate: the public did not independently demand particular measures. Insofar as they could do this, it could only be by rallying behind demands made by medical experts. These experts did already have considerable purchase in the public mind, through their wider purchase in society, as I will canvass in the section 'Medical Society' below. This in turn then meant that public

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<sup>15</sup> See Michel Foucault, *The Birth of Biopolitics* [2004] (2008).



pressure pushed governments in the direction they would likely have to take in any case, which is to turn to the medics. Unlike politicians, medical experts had a plan, and, regardless of the precise nature of the action they recommended, or how it was modulated, the very provision of that plan constituted a solution to the basic problem of uncertainty posed by the novel, threatening situation.

Politicians did seek to modulate pandemic countermeasures in various ways that accorded with their interests, which included mollifying their publics. One might cite here the near-exception of the United Kingdom, which initially followed a “herd immunity” approach without lockdown but dramatically changed course as cases spiked. Recently leaked WhatsApp messages of former UK Health Secretary Matt Hancock reveal an obsession with managing appearances determining specifics of the pandemic response.<sup>16</sup> Democratic politicians’ pandering to their electorates nonetheless worked with the raw material of medical recommendations. It is no coincidence that both some of the weakest and most extreme responses were conversely found in relatively undemocratic states, where politicians felt able to ignore medical advice to a much larger extent.

The expertise of the medical authors of pandemic responses was, for their part, limited to disease. They did not, significantly, have expertise in the social and economic dimensions of implementing disease control measures on a national scale. Indeed, given the unprecedented nature of the lockdowns – at least in recent history – no one had entirely adequate expertise or knew fully what they might entail. The medics – and more specifically virologists and epidemiologists – who crafted the response knew how viruses spread between people and through populations (although, in point of fact, they did not and could not yet fully understand exactly how COVID-19 spread). By contrast, experts who had insight, for example, into negative consequences that might occur when people ‘shelter in place’ for long periods, such as social psychologists, were neither consulted nor heeded when they did issue cautionary pronouncements.<sup>17</sup>

The medical experts prioritized averting an anticipated negative event – cascade failure in health care – over caution in relation to possible negative social and economic ramifications of their countermeasures. It is reasonable to suspect that their knowledge of the consequences of disease vis-à-vis their relative inability to predict the downside risks of broad social countermeasures might have contributed to this bias. It seems likely that a different set of experts would, in accordance with their different expertise, have made different recommendations.

However, the medical experts did not ignore only unquantifiable or spiritual problems outside their ken: rather, the response they crafted produced consequences deleterious to people’s health. These included mental illness, increased alcohol consumption, sedentary behaviour, deferred surgical operations and diagnoses of diseases, and reduced attendance at hospital emergency departments of patients with non-COVID conditions. To some extent, these consequences were unforeseeable or at least unforeseen, and it would also be true to suggest that unrestricted spread of COVID might have been presumed to lead

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<sup>16</sup> Jacqui Wise, “Leaked Messages Reveal Casual Policy Making—and Love for Whitty,” *BMJ* 380 (2023).

<sup>17</sup> For example, Giada Pietrabissa and Susan G. Simpson, “Psychological Consequences of Social Isolation during COVID-19 Outbreak,” *Frontiers in Psychology* 11 (2020).

to the same phenomena on a perhaps even greater scale, but nonetheless I think it is true to say that there was scant consideration given to downside risks even of a distinctly biomedical nature in relation to pandemic response policies.

The lack of consideration of downside risks applies to all COVID-19 countermeasures, including mass-masking (e.g. the social and psychological consequences of mask-wearing for all kinds of social interaction, most notably in educational and childcare settings) and to the accelerated approval of vaccines. The latter is particularly noteworthy because the need for rigorous testing of new medications to guard against the risk of side effects is a standard axiom of contemporary ethical medical practice. Given that the vaccines in question employed novel mechanisms, not testing them sufficiently to assure their longer term safety was stratospherically risky: it meant that the possibility that this vaccination programme would do more harm than good could not be excluded. Yet, the medical establishment stood foursquare behind it, insisting on the safety and efficacy of the vaccines and pillorying any, including those within it, who demurred.

It remains unclear to what extent COVID-19 itself has harmed our populations vis-à-vis the extent of damage of countermeasures adopted to prevent it harming our populations, let alone what would be the case without those countermeasures. We know only that there have been significant excess deaths in the post-COVID era. Attempts have been made to differentiate deaths from COVID versus those caused by the countermeasures by subtracting from the number of excess deaths those certified as having been caused by COVID directly, which indeed in most countries does leave a very significant number of excess deaths not explained by the direct impact of the virus.<sup>18</sup> However, inasmuch as the certification of the cause of death is an opaque art that is never entirely accurate, it is not possible to exclude that COVID-19 itself is not implicated directly in all excess deaths.<sup>19</sup>

For my purposes here, in any case, this matters only insofar as it accentuates the epistemic difficulties posed by the pandemic: even if one could show that mitigation measures were more damaging than doing nothing, this would not in itself imply that the decisions were not reasonable based on the information available at the time. Decisions are necessarily made on the basis of incomplete information. My point rather is that this information did not itself point decisively in the direction taken. Even the inherent biases of medical experts do not explain their willingness to override contradictory medical considerations: the oft-invoked 'evidence' and 'science' were insufficient to justify the action taken. Thus, more needs to be said to explain what was done in, in particular, the clear bias towards action of all involved. Like the economic case for the COVID-19 response, I will argue that the public health case ultimately is not a rational one based on empirical knowledge of various possible scenarios so much as a defensive reaction against the unknown as such.

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<sup>18</sup> Weijing Shang, Yaping Wang, Jie Yuan, Zirui Guo, Jue Liu and Min Liu, "Global Excess Mortality during COVID-19 Pandemic: A Systematic Review and Meta-Analysis," *Vaccines* 10:10 (2022).

<sup>19</sup> Cf. David Armstrong, "The COVID-19 pandemic and cause of death," *Sociology of Health & Illness* 43:7 (2022). Attempts have also been made to suggest that the countermeasures are responsible by comparing Sweden, which did not employ lockdown measures or mask mandates and has relatively few excess deaths, with other countries. However, the most direct comparator for Sweden, its neighbour Norway, which did lock down and mandate masks, has a near-identical low level of excess deaths.

## SECURITY

As David Armstrong notes in relation to the way that COVID is assigned as a cause of death, there is a significant tendency in medicine to elevate the significance of the “unnatural.”<sup>20</sup> One might suggest that this, in the form of a perception that COVID-19 constituted an unnatural disruption, causes medical experts to obsess about it rather than being concerned about the converse impact of amelioration efforts. Such an action bias is what we might, in describing the day-to-day behaviour of an ordinary person, call “panic,” in which, in fear of an unknown quantity, one acts incautiously in a way that is apt to cause other harms. Panic does not imply actual harm occurs but only a certain indifference to harm from other sources due to the focus on the initial danger. Panic generically occurs not only in proportion to the scale of a threat but also to the lack of knowledge or information about what to do in the face of it, thus in a situation where action is clearly required but an established response is lacking. The most acute problem posed to governments by COVID-19 was not so much the disease itself as the lack of a predetermined response to it.

States had anticipated the sudden emergence of a novel pandemic and attempted to prepare for that eventuality, but their planning did not encompass the now-familiar extraordinary responses adopted in the face of COVID-19. Rather, their plans envisaged what amounted to modulations to social normality: streamlining intake and increasing capacity at hospitals, monitoring the spread of disease and issuing health advice to citizens while prioritising the development and distribution of vaccines.<sup>21</sup> While all of these measures were employed in 2020, there was no prior contemplation of lockdowns or mask mandates. The simple reason for this lacuna is that planning was generally for a novel influenza strain, presumed to be less infectious and/or lethal than COVID-19 was initially understood to be in 2020, or else developed in direct response to coronaviruses like SARS-CoV and MERS-CoV that were more deadly than COVID-19 but also much less infectious.

Faced with a disease that was not immediately entirely knowable and which threatened concatenating effects on society which were themselves unknowable, the most urgent need was to protect or create a framework of known variables within which social actors could operate. Governments, capitalists and ordinary people all desire predictability. Our societies run on it (just-in-time logistics being a particularly clear example of this, as well as a vulnerability exposed by the pandemic). Even the most disenfranchised citizen wants the coordinates of our economies – services, goods, prices, the legislative framework – to remain relatively stable so as to allow them to make decisions with some idea of what the implications will be. At an opposite extreme, even those who apparently profit

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<sup>20</sup> Ibid.

<sup>21</sup> See, for example, the UK Department of Health & Social Care, ‘UK pandemic preparedness’, GOV.UK. <https://www.gov.uk/government/publications/uk-pandemic-preparedness/uk-pandemic-preparedness#uk-pandemic-preparedness-plans> (accessed June 29, 2023) or the US CDC, ‘National Pandemic Influenza Plans’, Centers for Disease Control and Prevention. <https://www.cdc.gov/flu/pandemic-resources/planning-preparedness/national-strategy-planning.html> (accessed June 29, 2023), or the World Health Organization, *Pandemic Influenza Preparedness and Response* (2009), which at its most critical point unsurprisingly simply defers to national plans.

from instability, such as traders in exotic financial derivatives that go up when markets go down, need things to move only within limits: hedging only works to an extent, and when enough things go wrong simultaneously, the entire financial system itself is placed in jeopardy. This need for predictability in the face of unknown quantities is what, for Foucault, essentially gives rise to what he designates “security”: “the management of . . . open series [that] can only be controlled by an estimate of probabilities.”<sup>22</sup>

Foucault problematizes security in his 1978 Collège de France lectures. This concept here displaces that of ‘biopolitics’ – so prominent in his publications and lectures of 1976, but used only once in the 1978 series<sup>23</sup> – as his term for the politics germane to the population as such.<sup>24</sup> This does not imply any change of substantive position on Foucault’s part, however, so much as a change of conceptual focus. Foucault still began the lectures with a declaration of his intention to turn his attention to ‘bio-power’,<sup>25</sup> and he would go on to invoke biopolitics as such in the title of the following year’s lecture series.<sup>26</sup> Rather, he problematizes security as integral to biopolitics: even if he does not spell out exactly how the two things are related, it is nonetheless clear enough that the health of the population is intimately connected to its security. What the concept of security provides is a hinge for joining biopolitics to the concept of ‘government’ that dominates Foucault’s thought in these last years of the 1970s.

Foucault’s understanding of ‘security’ is fundamentally a matter of the calculation and management of risk on a probabilistic basis. I am suggesting that this requires limits to be placed on risk. Our society can deal with the extent to which illness, for example, is inherently aleatory where it concerns any given individual, as long as the rate of illness at a societal level remains within regularly circumscribed limits. All I mean by this, in concrete terms, is that, for example, our society copes with the variable existence of illness and its waves as long as it does not overwhelm the overall provision of medical care. This is precisely what COVID-19 threatened to explode. It is also precisely something that no downside risk of pandemic counter-measures threatened in the same way: no matter how bad the results of some of these might be – even if they on aggregate are worse than the damage they prevented – they do not threaten to overwhelm our contingency management.

Without baseline predictability, we risk social chaos, which in itself entails not only economic collapse but threatens human life in ways that are impossible to predict,

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<sup>22</sup> Michel Foucault, *Security, Territory, Population*, [2004] (2007), 20. The question of security is never dealt with by Foucault in great detail. It is of course invoked eponymously in this lecture series, *Security, Territory, Population*, and Foucault does discuss it there to some extent, but, because Foucault’s lecture series were named in advance, the titles reflect Foucault’s preoccupations before he wrote the lectures. Accordingly, it is in his preceding Collège de France lecture series, *Society Must Be Defended*, that Foucault discusses security more than anywhere else. For a wide-ranging study of the theme of security in all its various historical senses, one might read Frédéric Gros, *The Security Principle* (2019). Gros, however, does not cover the notion of security I am working with here, that of security as predictability, at all.

<sup>23</sup> Foucault, *Security, Territory, Population*, 120. In a footnote here it is indicated that, in Foucault’s manuscript for the lecture, this sole invocation of this concept in this series is couched in scare quotes.

<sup>24</sup> *Ibid.*, 11.

<sup>25</sup> *Ibid.*, 1.

<sup>26</sup> Foucault, *The Birth of Biopolitics*.

precisely because we are dealing with prospects beyond our ability to cognize in their unpredictability. Since COVID-19's primary threat to predictability seemed to be the possibility it would overwhelm health infrastructure, a major component of our self-regulating social system, the first priority of the response was to protect that infrastructure. In Britain, the slogan "protect the NHS" (National Health Service) thus became the centrepiece of public communication to explain the necessity of the COVID lockdown, achieving equal billing with saving people's lives, itself the purpose of the NHS. If hospitals are overwhelmed, how can people do any of the things they normally do which run some risk of a trip to the emergency department? How can I drive or work when incurring relatively minor injuries might see me die waiting to see a doctor? This threat was sufficiently grave that it licensed governments to undertake normally unconscionable restrictions on personal liberty and economic activity. It is here, I would suggest, that the circle of economic sacrifice for economic salvation is squared.

### PARADIGM

While this answers the question of the willingness of – and indeed necessity for – governments to adopt a dramatic, decisive and potentially damaging response to the pandemic, it does not explain why almost all governments adopted such similar measures. It is important for my purposes to explain this in order to deal with objections that the ubiquity of these responses indicates that in fact it was empirically obvious that they should be undertaken or, indeed, that it was conversely the result of a global conspiracy. Against such alternatives, I will suggest that the reason for the similarity of the response lies in the existence of entrenched medical power in our contemporary society, as analysed by Foucault.

In particular, it is striking how few countries forewent lockdowns entirely, considering the expense and difficulties that these entailed. There was no explicit global coordination of the near-universality of lockdowns: the World Health Organization (WHO), which had responsibility for coordinating international pandemic response, never advised countries to lock down, even though it did later caution countries about the risks of lifting lockdown measures prematurely and did prompt countries to introduce "stricter measures" than it then deemed to have occurred when they introduced lockdowns.

Countries that forewent lockdowns fall into several categories, but they all had peculiarities that explain their divergence. Sweden is effectively a category unto itself, inasmuch as it was the only developed country to forego lockdowns entirely and did so for the unique reason that its government determined it did not have the constitutional power to effect one.<sup>27</sup> Japan, South Korea and Taiwan avoided formal lockdowns because their populations voluntarily complied with – and indeed to some extent communally enforced

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<sup>27</sup> Lars Jonung, 'Sweden's Constitution Decides Its COVID-19 Exceptionalism', Working Paper 2020:11, Department of Economics, School of Economics and Management, Lund University (2020).

– de facto lockdown measures, couched legally as mere advice.<sup>28</sup> Some territories (two western states of Brazil, some western states of the USA, and the country of Iceland) can be said to have avoided the need to lock down due to their low population densities. Certain one-party states' refusal to lock down (Belarus in Europe, Nicaragua in Central America and Tanzania in Africa, the latter influencing also the response of its small neighbour Burundi) can be attributed to a lack of concern about the sentiments of their populations or of other states.<sup>29</sup> Lastly, there was the perverse case of Uruguay, a country that adopted early stringent measures which were so successful it felt no need to introduce a full lockdown, which then resulted in loss of control and spiking cases (although its total death toll remained lower than that of neighbouring countries).

I have argued that governments had to act in the face of the uncertainty of the pandemic to produce security. Authoritarian societies perhaps required such action less than others because they generate security through measures not available to liberal democracies, just as lockdowns were not available to Sweden due to its liberality. Although this might explain why certain countries forewent lockdowns, however, it does explain the ubiquitousness of lockdowns elsewhere.

The determination of the form of the pandemic response as lockdown might be described as 'overdetermined', in the sense developed by Sigmund Freud and applied to political analysis by Althusser,<sup>30</sup> meaning that there are multiple factors pointing in this direction, any one of which might have been sufficient by itself to explain it. There was an absence of any obvious alternative, an obvious efficaciousness (we can say a priori that reducing the circulation of people reduces the circulation of the virus, since people are its vectors), an effect of political mimesis by which countries follow one another's public policy examples, and a fear among political leaders of being found wanting when having not done what other countries did: how could a government explain to its populace that they have suffered mass death or health system failure because their government failed to do what every other government did?

Despite this overdetermination, the ubiquitousness of these measures must nevertheless be considered remarkable given the predictability of resistance to such swingeing restrictions on people's *modi vivendi* (even if, in the event, immediate pushback was generally muted). That is to say that, even though there was a signal lack of any alternative and many mutually reinforcing motivations for lockdowns, the possibility of popular

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<sup>28</sup> M. Jae Moon, Kohei Suzuki, Tae In Park and Kentaro Sakuwa, "A Comparative Study of COVID-19 Responses in South Korea and Japan: Political Nexus Triad and Policy Responses," *International Review of Administrative Sciences* 87:3 (2021).

<sup>29</sup> Belarus, according to official figures, had the lowest COVID-19 fatality rate in Europe. While many have alleged that this is because the government falsified the figures, Belarus also officially has the most hospital beds per capita of any nation in Europe except Monaco, which might also have influenced the outcome positively. Nicaragua has by far the lowest rate of reported COVID-19 deaths of any country in the Americas – while some have cast doubt on these figures, Nicaragua is less authoritarian than Belarus and consequently these figures have greater credibility. Nicaragua's idiosyncratic alternative to lockdowns was door-to-door educational visits by "health brigades." Tanzania and Burundi recorded some of the lowest death rates in Africa and the world respectively.

<sup>30</sup> Sigmund Freud, *The Interpretation of Dreams* (1999); Louis Althusser, "Contradiction and Overdetermination," in *For Marx* (2005).

reaction against them on the streets or at the ballot box posed a significant countervailing factor to introducing them. There are also some associated negative public health effects, mentioned already above.

Conspiracy theorists have tended to conclude from their apparent underdetermination by the virus alone, along with their transnational ubiquity, that the COVID-19 control measures were the aim in themselves, with the novel coronavirus serving only as a pretext to introduce measures that states already longed to implement, in effect averring that COVID countermeasures were really driven by shadowy political cabals. Such objections might indeed have a Foucauldian flavour, referring to Foucault's writings on discipline and panopticism – one thinks in particular of Giorgio Agamben's writings on this topic.<sup>31</sup>

Such interpretations, however, are in my view falsified by the enthusiasm of governments for ending lockdown restrictions. The overall pattern worldwide has been consistently for both governments and peoples, after an initial phase of relative enthusiasm for restrictions, to become eager to end them. An acute case in point would be Australia, which inadvertently on multiple occasions eliminated COVID-19 entirely from its shores, at great cost, through lockdowns and contact tracing but then deliberately adopted a bipartisan policy of reopening its international borders and hence reintroducing COVID-19 once it reached a certain level of vaccination (although, in the event, most of the country accidentally became reinfected with the virus ahead of that planned reopening). International observers often focus on the fact that Melbourne, Australia's second largest city, spent longer in cumulative lockdown than anywhere else on earth, and hence think Australia's COVID suppression measures exceptionally draconian, but in fact, for most Australians, the relative absence of COVID-19 from the country meant they had to endure almost no COVID-19 restrictions during the second half of 2020 and through 2021. Despite this relative absence, Australians overwhelmingly supported reopening the borders in order to end the one major restriction all Australians did continually face, viz. on international travel.

The primary reason for the quasi-universality of the pattern of global governmental responses to COVID-19 lies, I would suggest, not in conspiracy so much as in the tendency of expertise towards consensus. Foucault is often cited in relation to academic consensus, specifically with his insight that particular *epistemes* in any given discipline and in any particular historical period determine what kind of things may be said.<sup>32</sup> However, it is more apt here to refer to Thomas Kuhn's sociological insights about the way in which scientific disciplines in practice enforce a broad conformity of views around particular 'paradigms'.<sup>33</sup> While the world may be divided into different political and hence socio-medical jurisdictions, medical knowledge is organized now on a global basis that ensures a conformity of opinion – which is not to say that all doctors agree, only that, as Kuhn describes, no matter how many dissenters there might be, the dominant consensus will marginalize them. This is to say that the key to understanding the uniformity of

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<sup>31</sup> Giorgio Agamben, "L'invenzione di un'epidemia," *Quodlibet*. <https://www.quodlibet.it/giorgio-agamben-l-invenzione-di-un-epidemia> (accessed 27 November 2023).

<sup>32</sup> Michel Foucault, *The Order of Things* [1966] (1989).

<sup>33</sup> Thomas Kuhn, *The Structure of Scientific Revolutions* (1970).

governmental responses to COVID is to understand that it was relatively uniform in delegating decision-making to medical experts, who were in turn effectively of a single mind. One might also suggest that there is a kind of global paradigm for governmental knowledge too that experts in the art of government themselves tend towards.

### MEDICAL SOCIETY

This answer leads us in turn to the questions of why the delegation of decision-making to medics was itself so internationally invariant and where the medics' paradigmatic response comes from, given the novelty of the situation they confronted.

Aside from the mimetic contagion of responses from one government to another, the answer to the first question is that medical authorities already had a stable position of power within all modern societies prior to the pandemic. This power is far from total under normal circumstances. This pandemic saw politicians take up science then not as an automatic response but as a last resort in a situation where they could not find ready answers from their preferred ideologies and think tanks. Indeed, I am suggesting that it was precisely because the way forward was so uncertain, not only from a public health point of view but also from a purely economic one, that scientists were able to come to the fore: if there had been a clear and simple pay-off of human lives for material profit, it would at least have been possible to advocate or surreptitiously manoeuvre to trade lives for money. Our society after all routinely ignores scientific health advice to engage in policy that is dangerous to the point of endangering all life on earth, from allowing pollution to allowing rampant climate change, or, more mundanely, allowing general access to alcohol, motor vehicles and, in some countries, guns. In all these cases, a combination of economic interests and popular (albeit always to some extent manufactured) political pressure prevents the public health science from determining policy. COVID-19, by contrast, posed a situation in which economic theory, elite plutocrats, and popular opinion had no clear pre-prepared solution and which, moreover, threatened not only lives but the fabric of our social mechanics. In such a situation, the state must step in to guide the situation but itself lacked a clear logic for dealing with the emergency. Medicine offered one. This logic was, however, unavoidably inadequate to the complexity of the public health role it was called upon to fill, meaning that advocates with a medical background offered guidance without knowing with certainty what effects it would ultimately have in terms of public health. This did not matter, however, from the point of view of states, whose aim was not to produce a more positive health outcome per se so much as to produce security. The reliance on medical advice moreover only ever meant to be a temporary, emergency measure: once the dangerous unpredictability passed, governments would return control to the private sector and markets, and were indeed always explicit that this return to pre-COVID normality was their medium-term goal.

To an extent, no doubt, it is simply natural to turn to virologists and epidemiologists in the face of a viral epidemic. However, to explain why this approach was so ubiquitous, it is necessary to refer to medicine's pre-existing social purchase. Armstrong notes the development in the course of the twentieth century of 'surveillance medicine', diffusing



out from the hospital through the social body, following individuals throughout their lives and anticipating and intervening to prevent rather than passively await the arrival of illness at the medical institution.<sup>34</sup> Foucault casts the result as a situation in which ‘there is no longer anything outside medicine’.<sup>35</sup> The interventions to combat COVID-19 built on this ubiquitous surveillance to extend medical control. This extension was natural once medical expertise was empowered: quarantining people, masking them, spacing them from one another and vaccinating them simply represents the application of well-established medical practices to the social body at large, in a way that indeed has historical precedents that stretch to before the beginnings of modern medicine. That it is so natural to virologists, epidemiologists and immunologists goes some way to explaining the lack of consideration they gave to its downside risks. While surveillance medicine is attuned to “risk factors” as far as the generation of illness is concerned, this implies only the attempt to progressively eliminate the “lifestyle” factors that cause disease, not any appreciation that attempts to intervene in population health might reflexively cause health problems.

While lockdowns were new to most who experienced them, at base they represented the return of old, crude methods. Foucault notes that ‘since the end of the Middle Ages’,<sup>36</sup> there has existed a principle that, in the case of a plague, ‘all people must stay in their dwelling in order to be localized in a place. Every family in its home and, if possible, every person in his or her own room’.<sup>37</sup> Indeed, outside of mainland China at least, COVID-19 lockdowns have been less onerous than this historic model inasmuch as there was no systematic monitoring of stay-at-home orders but rather only a piecemeal enforcement applied to people who appeared in public places, and some monitoring of particular infected individuals. Lockdowns thus represented a resort to an historically established practice that simply has not been much needed in recent decades, but which has nonetheless continued to determine the broad orientation of modern medicine towards infectious disease, its paradigm. From a medical point of view, we might even say that the lockdown is the default state of society: it begins by isolating the patients as individuals and only after allows the palliative of movement where it deems it medically permissible. For Foucault, the ‘two major models for the control of individuals in the West’ begin in the procedures developed in the Middle Ages for respectively corralling lepers in distinct spaces and monitoring plague victims in their own houses.<sup>38</sup> In this regard, modern power was medical from its inception. Foucault indeed suggests that ‘One might argue in relation to modern society that we live in the “open medical States” in which medicalization is without limits’.<sup>39</sup>

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<sup>34</sup> David Armstrong, “The Rise of Surveillance Medicine,” *Sociology of Health & Illness* 17:3 (1995).

<sup>35</sup> Michel Foucault, “The Crisis of Medicine or the Crisis of Antimedecine?,” *Foucault Studies* 1 (2004), 15.

<sup>36</sup> Foucault, “The Birth of Social Medicine,” 144.

<sup>37</sup> *Ibid.*, 145.

<sup>38</sup> Michel Foucault, *Abnormal* [1999] (2003), 43 ff. For a detailed discussion of Foucault’s distinction here, see Mark Kelly, “What’s In a Norm? Foucault’s Conceptualisation and Genealogy of the Norm,” *Foucault Studies* 27 (2019).

<sup>39</sup> Foucault, “The Crisis of Medicine,” 15–16.

From the point of view of medicine, the world is an unruly mess that is normatively undesirable, which is to say abnormal. Medicine today has acquired a general mission to normalize reality. As Foucault has it, 'Today medicine is endowed with an authoritarian power with normalizing functions that go beyond the existence of diseases and the wishes of the patient'.<sup>40</sup> This of course has been further extended in the course of the pandemic response, including in novel directions, such as censorship: the expansion of medical power in response to COVID-19 has dovetailed with increasing censoriousness in our society that characterizes 'disinformation' (a term that is applied in practice with some indifference both to deliberate attempts to misinform people and to sincerely held beliefs at variance with the expert consensus) as 'harmful' and hence makes the control of speech a matter of medical necessity. I am thinking in particular in this regard of the censorship latterly applied on social media to content questioning the COVID-19 vaccines.<sup>41</sup> This has turned a Kuhnian paradigm in medical knowledge into a more broadly enforced social norm. This enforcement has of course been well-meaning, inasmuch as COVID countermeasures were themselves understood to be life-saving, and measures such as lockdowns and vaccination lose their efficacy if the information environment leads people to disbelieve in them. However, as Foucault notes, medicalization itself produces popular resistances.<sup>42</sup>

We can also see in the COVID-19 response perhaps a continuation of a tendency, identified by Foucault, for medicine to become unmoored from health outcomes. Foucault alleges that twentieth century medical expansion failed to improve the health of the population. He refers specifically to the discovery of antibiotics and creation of the NHS: although any number of individuals can attest to being saved from death by these, they did not increase overall population health.<sup>43</sup> Indeed, for Foucault, this mid-twentieth century is marked precisely by a shift of medical focus towards the needs of the individual rather than the health of the population as a whole.

Foucault suggests the reason for this plateauing of population health is that the major measures necessary to socialize and modernize health care had already been taken by the beginning of the twentieth century. He thus suggests that newer interventions tend to kill as much as to cure, for example, the invention of anaesthesia allowed surgeons to conduct procedures that were previously impossible but are also very risky, with uncertain long-term prognoses. Although it is still too early to say with anything like definitive certainty, there is a possibility that the COVID-19 interventions have followed a similar pattern. Foucault specifically warns about the harmful potential of genetic manipulation in particular,<sup>44</sup> which might be said to be operative in the case of the COVID-19 mRNA vaccines and their understudied side effects.

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<sup>40</sup> *Ibid.*, 13.

<sup>41</sup> Yaffa Shir-Raz, Ety Elisha, Brian Martin, Natti Ronel and Josh Guetzkow, "Censorship and Suppression of Covid-19 Heterodoxy: Tactics and Counter-Tactics," *Minerva* (2022).

<sup>42</sup> "The Crisis of Medicine," 16.

<sup>43</sup> *Ibid.*, 17.

<sup>44</sup> *Ibid.*, 10.

How could medicine have become unmoored from its basic business of improving human health? The simplest and shortest answer, supplied by Foucault himself, is marketization: “the human body has been brought twice over into the market: first by people selling their capacity to work, and second, through the intermediary of health.”<sup>45</sup> Foucault here likens medical marketization to the basic dynamic of capitalism itself, explicitly as a doubling of the process of exploitation identified by Marx. The basic idea is obvious enough: markets drive medical procedures on a competitive basis, not on the basis of improving human health. How can this apply though to the creation of the NHS, which ostensibly made medicine public and hence went in the opposite direction? We can understand this, I think – although the issue is ultimately too complex to fully elaborate here – in the way that left-wing Marxists have sought to understand the Soviet Union, namely, on the basis that formally non-capitalist systems nonetheless retain hierarchies and markets in a way that lead to something like profits being extracted by bureaucracies and apparatchiks. While patients do not directly pay the NHS, it is nonetheless a bureaucratic behemoth that is hungry for resources and pays many of its senior employees, most notably the doctors, but increasingly also bureaucrats, handsomely with public funds. New and more medical procedures mean *ceteris paribus* more funding. We can also refer to the straightforward and increasing interpenetration of public health with private commerce. This is an endemic problem in such systems, most basically in the way in which public healthcare pays private pharmaceutical companies and other suppliers. Foucault is unequivocal that this is in fact the most important vector through which medicine has been marketized: ‘Those who make the biggest profits from health are the major pharmaceutical companies’, not doctors.<sup>46</sup> It is accordingly the pharmaceutical industry that has increasingly captured medicine: witness the increasing capture by pharma of regulatory bodies in recent decades and the increasing pharmaceuticalization of health care.<sup>47</sup>

This entirely accords with the pattern of the COVID-19 response, which culminated in a massively expensive pharmaceutical quasi-solution. While vaccination was touted as a panacea, its explicit promise only ever extended to greatly increasing the survivability of the virus and to some extent slowing transmission, while the ongoing mutation of the virus ensured indefinite revaccination would be necessary. Simply lessening symptoms of COVID-19 in itself was enough to end the public health crisis by greatly reducing the danger of cascade failure to the health system, hence ending the emergency from the point of view of security, even though the virus remains globally endemic.

The solution of vaccination tied together every stakeholder: it offered a basis for ordinary people to resume normal life, to governments who wanted to restore economic normalcy, and to medics whose dream is to inoculate disease out of existence. From the point of view of the Western pharmaceutical industry, exactly the opposite aim was fulfilled:

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<sup>45</sup> *Ibid.*, 16.

<sup>46</sup> *Ibid.*, 18.

<sup>47</sup> Liza Vertinsky, ‘Pharmaceutical (Re) Capture’ *Yale Journal of Health Policy, Law and Ethics* 20 (2021), 146; John Abraham, ‘The Pharmaceutical Industry as a Political Player’, *The Lancet*, 360:9344 (2002); John Abraham ‘Pharmaceuticalization of Society in Context: Theoretical, Empirical and Health Dimensions’, *Sociology* 44:4 (2010).

their expensive, novel, patented medications would not end the pandemic but rather require indefinite further doses. Importantly, moreover, this was a neoliberal solution: it was furnished by the market and could allow markets to resume normal operation.

## CONCLUSION

My analysis of the politics of the COVID-19 pandemic has thus now schematically employed a Foucauldian analysis to reach Marxian conclusions, ones that Marx himself and indeed later Marxists fail themselves to provide a framework adequate to reach (although there are any number of Marxist thinkers not mentioned here whose thought might provide further relevant analytical insights). The vaccination program itself implies a confluence of the interests of capital with those of the working class unanticipated by Marx, not least because in his day healthcare had yet to become a major industry and source of profits. What Marx did anticipate is the implicated move of capitalism from profiting from surplus value extraction to rent seeking, which is what the pharmaceutical profit model primarily amounts to inasmuch as it is based on ownership of intellectual property rather than the production of the product per se. The resultant health-industrial complex can be expected to prioritize profitability over benefits to its consumers, particularly when one considers the possibility that 1. more efficacious but less profitable/patentable remedies might be disfavoured and 2. there are systemic incentives not to cure profitable diseases. Indeed, this motivational structure is a classic case of a situation where capitalism requires regulation and other state interventions in order to save capitalism itself from the possible consequences of allowing its rapacity to go unchecked, in this case specifically by harming public health.

For all that Marxism seems able to capture the basic coordinates of the pandemic response, it does not seem fully adequate to explicate what we have seen since 2020, even when alloyed with some Foucauldian insights. Rather, we need a full appreciation of the extent to which strategies of power in contemporary society, while always needing to be integrated into capitalism, are not reducible to class or economics. Foucault identifies multiple dynamics with relative autonomy in relation to the economy, even if they ordinarily serve it, which allow the state to temporarily diverge from the aim of capital accumulation. These are, namely, in the current context, biopolitics, security, and medicalization. Commentators often miss the extent to which Foucault intended “bio-politics” to designate the hybridization of the science of biology with politics (not least because Foucault himself is far from punctilious in insisting on this point).<sup>48</sup> It is no accident that we have seen a systematic genuflection to ‘the science’ and ‘the experts’ in this pandemic, and it is because science and scientific expertise are genuinely important forces in modern societies.

This all has implications in two apparently contradictory directions. On the one hand, the Marxist suspicion of the bourgeois state seems somewhat exaggerated in light of this:

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<sup>48</sup> Indeed, Foucault is never fully explicit about this derivation but consistently draws the connection: Foucault, *History of Sexuality 1*, 139; *Society Must Be Defended*, 250; ‘The Birth of Social Medicine’ in *Power: Essential Works of Michel Foucault* Vol. III, 137.

while there is good reason to be critically suspicious of the motives of the state, keeping people alive is nonetheless one of its real missions, not merely for hypothetical reasons but categorically. On the other hand, we ought to be suspicious of the medical state precisely because its care for our lives is in itself a means of controlling us. From Marx's perspective, looking after workers' lives is part and parcel of the proletarian cause against an uncaring exploitative bourgeoisie. From Foucault's perspective, however, systems created to care for us are far from politically benign or even neutral but rather have their own logics and intentions which we might find necessary to resist, and these work not only when they fail to promote but can actually work through the production of positive health outcomes. With Foucault, however, I do not mean actively to promote the resistance of any particular mechanism of power, however, still less to enjoin a paranoid opposition to all power, but rather to offer a dispassionate and descriptive analysis that might potentially serve to inform political action.

While there is critical potential in this analysis, like Marx's own analyses, it also points to a certain inevitability and even desirability of what has taken place within the logic of our social system. The health of the population in a biopolitical society requires the stability of the state. With neoliberal governmentality, it also requires the health of the market since this is the organising principle of society and state. So securing state and economy is always already in the interests of public health. While negative vaccine reactions have been the tragic fruit of a pandemic response that showed indifference to such consequences, attempts to derive a systematic lesson from these politically tend towards a libertarian individualism that ignores the needs of society at large, as well as the costs of inaction. The conspiracy theoretic view of COVID-19 imagines the status quo ante as a kind of state of nature which has been artificially distorted by state interventions, when in fact it was already artificially constructed and maintained. While medicalization, neoliberalism, and even capitalism itself as such are susceptible to critique, governmental response to the pandemic was overdetermined by these and could only have been different given significantly different social coordinates, as indeed applied in certain specific countries.

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