



ARTICLE

A Critique of Pandemic Reason: Towards a Syndemic Nosology

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ABSTRACT. The main objective of this article is to provide a critique of the pandemic strategy suggested by the World Health Organization (WHO) and implemented by various countries from March 2020 onwards in the wake of the coronavirus outbreak in Wuhan, China. Based on the theories of Michel Foucault, this critique aims to show that, in the first instance, the pandemic may be understood in terms of the art of governing human beings at the point of interaction between politics and medicine; secondly, in Foucauldian terminology, such interaction may be referred to as ‘nosology’, that is, a mechanism used to control the body of the population via authoritarian measures exercised in the name of the health of the population; thirdly, such a mechanism exercises its power by invoking a mechanistic truth about the SARS-CoV-2 virus which may be countered by an argument that takes a historical perspective on the virus; fourthly, the pandemic strategy may be opposed by a syndemic approach that takes into account interactions between emerging diseases such as COVID-19 and non-communicable illnesses, as well as the biological and socio-economic conditions that the well-being of the population depends on. In short, by providing a critique of the politics of truth about the pandemic, the virus, and health measures, the article aims to encourage a critical attitude that will challenge both the authorities and the truth they invoke to prevent the pandemic strategy being used as a mechanism for governing, given the predictions of the recurrent emergence of new viruses.

Keywords: SARS-CoV-2, COVID-19, nosology, pandemic, evolution, syndemic

INTRODUCTION

“If you had to entrust your body to someone, taking the risk of its being made better or worse, you would first consider most carefully whether you ought to entrust it or not, and would

seek the advice of your friends and relations and ponder it for a number of days..."

Plato, *Protagoras*

This article is an addition to the profusion of biopolitical research and analysis which has appeared in the wake of the outbreak of SARS-CoV-2 in Wuhan, China, at the end of 2019. Throughout 2020 and 2021, it might be said that the production of publications somehow correlated with the background against which discussions progressively adapted to the evolution of the virus and the development of the health measures which were gradually being implemented in a number of countries where science and medical knowledge play a socially relevant role and some of which consider themselves to be liberal, democratic states. A number of publications stand out in the context of these discussions, for example, *Coronavirus and Philosophers* (2020), which was followed by rebuttals in Spanish entitled *Sopa de Wuhan [Wuhan Soup]* (2020), and *Coronavirus, Psychoanalysis, and Philosophy* (2021), which selected and compiled the most important articles to date, as well as the responses to certain opinions. In a certain way, research and analyses adjusted in response to the experiences that they reacted to, based on their situation, that is, their biological and social conditions, not only their historical ones.

In general, the analyses devoted to studying the COVID-19 pandemic in biopolitical terms built on work by Foucault, both *The History of Sexuality* (particularly the last chapter, entitled 'Right of Death and Power over Life') and the course he taught at the *Collège de France* entitled *Society Must Be Defended* (specifically his class on the 17th of March 1976), when he identified the characteristic features that ushered in the 'era of "biopower"',¹ that is, the transformation of sovereign power that causes death and allows life into a type of power that causes life and allows death; the change of object that goes from the body of the subject to the body-machine and the body-species; linking the population to statistics and demographics; the emergence of regularization mechanisms or security measures interwoven with disciplinary mechanisms; the conflict with the environment and the effects on the population; the transition from a power of standardisation to one of normalization; and the process of the statisation of the biological. In this way, having identified the poles that constitute biopower as *the anatomo-politics of the human body* and *the bio-politics of the population*, Foucault warns "...this great bipolar technology – anatomic and biological, individualizing and specifying, directed towards the performances of the body with attention to the processes of life – characterized a power whose highest function was perhaps no longer to kill, but to invest life through and through".² Based on these transformations, successions and emergences of the different mechanisms of power, Foucault indicates the processes by which the management and administration of life from the 18th century onwards is carried out: increasing or decreasing birth and mortality rates; correlating diseases with epidemics-endemics; analysing the positive-negative factors of the environment – whether natural or artificial; promoting movement in cities; intervening in social medicine; linking resources and the market with the population; prioritising health and

¹ Michel Foucault, *The History of Sexuality* (1978), 140.

² Foucault, *History of Sexuality*, 139.

longevity; encouraging and regulating population growth; establishing savings and pension funds; backing vaccination campaigns; encouraging or limiting migration, and so on. All these processes are framed within the fulfilment of the objective of biopower, which goes hand in hand “with an explosion of numbers and diverse techniques for achieving the subjugation of bodies and the control of populations...”³ According to this Foucauldian description of biopower, the sanitary measures aimed at stopping the spread and contagion of the virus imposed during the pandemic were analysed as new ways in which it was possible, in the first instance, to monitor individuals more extensively and more exhaustively;⁴ and secondly, to control populations via discourses and technologies of domination.⁵

In the same way, notably, various articles made use of other works by Foucault, such as his *History of Madness* (specifically the first chapter entitled *Stultifera Navis*), *Discipline and Punish: The Birth of the Prison* (at the beginning of the section dedicated to panopticism) and the course he taught at the *Collège de France* entitled *Security, Territory, Population* (particularly the classes of the 11th and 25th of January 1978), to somehow attempt an explanation of the pandemic strategy, as a form of government, in light of Foucault’s historical analyses of three infectious diseases that plagued Europe: leprosy in the Middle Ages,⁶ the plague, from the late Middle Ages to the 17th century,⁷ and smallpox during the 18th century.⁸ Based on these historical models, it was possible to analyse different situations, for example, that of the city of Perth, Australia, which can, as Foucault pointed out in *Discipline and Punish*, be *perfectly governed* by the establishment of sanitary protocols that would impose a form of COVID-style government extended beyond the threat of contagion.⁹ It has even been claimed that the smallpox model better describes the form of government adopted by both European governments and Western societies to combat the pandemic.¹⁰

Within this context of debate, the present article seeks to analyse the complex problem classified as a pandemic by the WHO in March 2020. The intention here is to provide a critique of the politics of the truth of that classification, as well as the health practices implemented and imposed by an alliance established between politics and medicine. Taking Foucault’s theories as its base, the article attempts to show that if the pandemic strategy may be considered to be a means of governing human beings, then what is needed is a critical attitude that not only uncovers the flaws and errors in the strategy but one that

³ *History of Sexuality*, 140.

⁴ See Danielle L. Couch, Priscilla Robinson, and Paul A. Komerassoff, “COVID-19-Extending surveillance and the panopticon,” *Journal of Bioethical Inquiry* 17:4 (2020), 809-814.

⁵ See Costas Constantinou, “Responses to COVID-19 as a form of ‘biopower’,” *International Review of Sociology* 32:1 (2022), 29-39.

⁶ Michel Foucault, *History of Madness* (2006).

⁷ Michel Foucault, *Discipline and Punish. The Birth of the Prison* (1995).

⁸ Michel Foucault, *Security, Territory, Population. Lectures at the Collège de France, 1977-1978* (2009).

⁹ See Laura Glitsos, “COVID-19 and the ‘perfectly governed city’,” *Journal for Cultural Research* 25:12 (2021), 1-17.

¹⁰ See Philipp Sarasin, “Understanding the Coronavirus Pandemic with Foucault?,” *Genealogy+Critique*. <https://doi.org/10.13095/uzh.fsw.fb.254> (accessed November 10, 2023).

can reveal a way in which the subject, by exercising the art of 'not being governed in this way' by this strategy, can question the truth and its effects on power, as well as question the power that invokes a truth, in this specific case, its nature and the effects on humans when infected by this virus. Similarly, when making a critique of pandemic reason, the article follows the same line of enquiry as that proposed by Foucault in 'Omnes et singulatum': *Toward a Critique of Political Reason*, whose assumptions may be listed as follows: 1) That Power, not being a type of substance, is a 'type of relations between individuals'¹¹ in which the freedom of an individual can be subjugated to power, as well as to the government: 'If an individual can remain free, however little his freedom may be, power can subject him to government'.¹² 2) That the government of human beings by human beings, by not implying instrumental violence, 'involves a certain type of rationality'.¹³ 3) If there is a rejection of or potential rebellion to every power relationship, then those who resist or rebel must question 'the form of rationality at stake'¹⁴ to discover how certain power relationships have been rationalized. 4) That the State has long been one of the 'forms of human government'.¹⁵ To summarise, making a critique of pandemic reasoning implies questioning the rationalization of certain power relationships whose purpose has been the government of human beings, at least in the liberal democratic Western states, during the global spread of SARS-CoV-2.

In line with this method of critique and this type of research, the article does not deny that the virus mutated and proliferated throughout the world but rather questions the practices that derived from a truth about the virus, supported by a mechanistic version of both biology and medicine. In simplified terms, we take a mechanistic explanation to be one in which a single explanation of a phenomenon is formulated in such a way that it is presented as a universal or general explanation; in contrast, in our opinion, biological phenomena are historical phenomena, and therefore the explanations should not be universal explanations or generalizations but should be limited to the conditions and context in which the entities, in this case the virus and the infected person, are interacting. Although in many ways this scientific argument was accepted, it should be clarified that in order to exercise the art of not being governed in this way, as Foucault suggested, a subject must not accept a truth simply because an authority is saying it but must possess the necessary reasons for accepting it. Thus, the subject establishes a relationship with himself in correspondence with science, scientific argument and, in any case, with a discourse of truth. Hence, the critique made below describes the truth of the virus in historical terms, since a perspective of this type is necessary for the subject to have a truth available with which he can question both the authority and the imposition of certain measures derived from a mechanistic type of truth. In those countries where no other options were available to citizens, and in general when we talk about impositions and authoritarianism, we are

¹¹ Michel Foucault, "'Omnes et singulatum': Toward a Critique of Political Reason" [1979], in *Power. Essential Works of Foucault 1954-1984* (2001), 324.

¹² Foucault, "'Omnes et singulatum'," 324.

¹³ "'Omnes et singulatum'," 324.

¹⁴ *Ibid.*

¹⁵ *Ibid.*, 325.

referring exclusively to these contexts and not to those where the measures suggested by the WHO were criticized and rejected from the outset. Nor are we referring to contexts where pandemic measures were adopted in far more democratic ways.¹⁶ It follows that the subject can then exercise the art of not being governed in this way based on another scientific argument that will allow him to question the authority's certainty. Thus, this scientific argument with a historical perspective on the virus would open a window onto a different type of practice that would not, for example, be limited to containing the rate of contagion and mortality through vaccination – which took time to affect the population positively as was seen in 2020 and 2021 – but would require state governments to adopt another way of governing.

Now, if the pandemic strategy can be considered as a way to subdue and dominate individuals via control measures imposed on the population by Western countries governed by liberal democracies, it will be necessary in the first place to analyse the roles played by medicine and politics in designing these measures that are based on the mechanistic truth of the virus (here, we wish to stress that the statements made about the COVID-19 virus were generalized declarations that highlighted the virus's high rate of infectivity, lethality, and mortality, when from the outset the statistics on lethality or mortality showed that other variables were involved, such as chronic disease, age, the person's state of health, etc.), and second, to present the way in which the subject can demand from both medicine and politics an alternative approach in the face of an emerging disease such as COVID-19. It is therefore worthwhile recognising the existence of the interpenetration of medicine and politics, the Foucauldian term being 'noso-politics', and oppose the pandemic strategy (mechanistic vision) with the syndemic strategy (historical vision), as Richard Horton did. In this way, by recognizing the interpenetration and interaction of medicine and politics, as well as the existence of an alternative medical approach to treating diseases, the subject can not only resist the dominant effects of noso-politics but can demand, firstly, change in the medical model in charge of regulating diseases and, secondly, modification of the measures imposed by the policy, as well as improvement in socio-economic conditions and the social infrastructure that the general well-being of the population depends on.

Finally, the analysis presented here makes no attempt to point out the strategic errors of the pandemic model nor those made by the authorities that imposed it. Instead, given the warnings of an increasingly recurrent emergence of viruses – whether due to global warming, zoonotic contagion, or the destruction of the environment – it aims to show a different way for humans to relate to the virosphere and the diseases derived from it. This is achieved via a critical attitude – recognized by Foucault as a general virtue – to scientific knowledge in order to produce resistance against viruses, as well as against the authoritarian measures imposed by contemporary noso-politics.

To do this, the article is divided into the following sections: *1. Not being governed in this way*: taking up the dispute between Giorgio Agamben and Jean-Luc Nancy regarding health control measures at the start of the pandemic. In this section, we seek to make

¹⁶ For a comparative study of the way in which pandemic measures were adopted, see Nico Steytler, *Comparative Federalism and COVID-19: Combating the Pandemic* (2022).

relevant a type of critical attitude capable of opposing the government of the body carried out by politics and medical institutions; 2. *Critical attitude and the art of governing*: starting from the relationship that Foucault identified between the art of governing human beings and the critical attitude, the section points out that an interaction between political and medical government took place during the pandemic, imposing authoritarian measures in the name of health. Agamben raised a critical voice against this, denouncing this novel form of the art of governing human beings; 3. *Politics and medicine*: going back to Foucault's historical analyses of health policy in the 18th century, the section describes the interpenetration between politics and medicine as *noso-politics*, in charge of controlling the body of the population in the name of health by means of authoritarian measures; 4. *Noso-politics and the virosphere*: given that contemporary *noso-politics*, understood as the art of government, invoked a mechanistic truth about the SARS-CoV-2 virus, the section presents a scientific discussion of the virus and proposes a historical perspective that makes it possible to problematize the pandemic strategy; finally, 5. *Noso-politics, syndemic, critique*: in the same way that Agamben affirmed that the epidemic, or at least, the pandemic, was an invention, the section symmetrically presents the way in which, based on a scientific-medical argument and asserting a critical attitude, Richard Horton stated that COVID-19 was not a pandemic but a syndemic, attempting not to be governed by a medical model that failed to take account of interactions between emerging diseases and non-communicable illnesses, as well as the biological conditions and the socio-economic inequalities of a population. In summary, based on all these theoretical-historical elements, the article aims to provide a critique of pandemic reasoning that allows subjects to see clearly the exercise of power by the contemporary *noso-political* mechanism, which uses authoritarian measures – whether the state of exception, confinement, quarantine or social distancing – to restrain the bodies of both the individual and the population. Similarly, it aims to promote a critical attitude through which the subject, by establishing a relationship between himself and scientific knowledge, can exercise the art of not being governed in this way and confront an authority.

NOT BEING GOVERNED IN THIS WAY

During the spread of the coronavirus and its numerous mutations, there were also discussions around it that changed opinion about the life-saving measures that various states implemented. Many opinions were considered 'critical', but there were some – conspicuously that of Giorgio Agamben (2020) – which the media deemed scandalous.

Undeniably, it was the scandal that stood out most in the opinions that opposed Agamben's critique of the state of exception and authoritarian health measures for being excessive and worrying, for example, "Faced with the frenetic, irrational and entirely unfounded emergency measures adopted against an alleged epidemic of coronavirus..."¹⁷ These counter-opinions turned the critique into a scandal to the extent that the scandalous facet actually suppressed the critique, while the counter-opinions were shown to suppress

¹⁷ Giorgio Agamben, "The invention of an epidemic," *European Journal of Psychoanalysis*. <https://www.journal-psychoanalysis.eu/articles/coronavirus-and-philosophers/> (accessed November 10, 2023).

the scandal. Consequently, what may be noted in this relationship is that critique and scandal cannot go hand in hand, and that there cannot be something like a scandalous critique or a critical scandal, because it would be considered an oxymoron in itself and from the outset. This polarity even became evident in the camps of Agamben's defenders-detractors; of followers who sought, on the one hand, to defend society *from Agamben* and, on the other, to defend Agamben from society.¹⁸

Here, while there is nothing to add to this debate, it is important to go back to an image that came out of the discussion; the image of two friends who, at a distance and through the medium of writing, meet again not only to assert their opinions but to show the importance of friendship in times of crisis despite their not sharing the same ideas. While opinions were proliferating at the beginning of the pandemic, Jean-Luc Nancy wrote a counter-opinion on February 28, 2020, where he pointed out an oversight, a lack of attention and an error in Agamben's arguments regarding the virus and the illness, which can be considered to be more 'like a diversionary manoeuvre than a political reflection'.¹⁹ After making this comment warning of the scandal, Nancy shared a memory that interweaves friendship with the danger of dying:

I mentioned that Giorgio is an old friend. And I apologize for bringing up a personal recollection, but I am not abandoning a register of general reflection by doing so. Almost 30 years ago doctors decided I needed a heart transplant. Giorgio was one of the very few who advised me not to listen to them. If I had followed his advice, I would have probably died soon enough. It is possible to make a mistake. Giorgio is nevertheless a spirit of such finesse and kindness that one may define him -without the slightest irony- as exceptional.²⁰

Both Nancy's recollection and his commentary on Agamben's argument about a crisis evoke one of the primordial images of philosophy, repeating the story with a very specific difference. The meeting between Agamben and Nancy in written media very subtly recalls the introduction to the dialogue *Protagoras*, in which Plato presents the young Hippocrates waking Socrates because he wants Socrates to go with him to visit the sophist who has arrived at the *polis*, since he not only wishes to give him all his money but also wants to be trained by him. Surprised more by young Hippocrates' passionate wish than by his visit, Socrates asks him the following question:

Then are you aware what you are now about to do, or is it not clear to you? I asked.

To what do you refer?

¹⁸ For this controversial fact, see Lukas van den Berge, "Biopolitics and the Coronavirus: Foucault, Agamben, Žižek," *Netherlands Journal of Legal Philosophy* 1:49 (2020), 3-6; Tim Christaens, "Must Society be Defended from Agamben," *Critical Legal Thinking*. <https://criticallegalthinking.com/2020/03/26/must-society-be-defended-from-agamben/> (accessed November 10, 2023).

¹⁹ Jean-Luc Nancy, "A Viral Exception," in *Coronavirus, Psychoanalysis, and Philosophy*, ed. Fernando Castrillón and Thomas Marchevsky (2021), 30.

²⁰ Nancy, "A Viral Exception," 30.

I mean your intention of submitting your soul to the treatment of a man who, as you say, is a sophist; and as to what a sophist really is, I shall be surprised if you can tell me. And yet, if you are ignorant of this, you cannot know to whom you are entrusting your soul, -whether it is to something good or to something evil.²¹

Guided by Socrates' words, the young Hippocrates confirms that he cannot say what a sophist's knowledge is, far less as to whether he can make a disciple an expert.²² Seen in this way, Socrates asks the following: 'are you aware upon what sort of hazard you are going to stake your soul?'.²³ Taking the soul to be more valuable than the body, Socrates rebukes the young Hippocrates:

...would you omit to consult first with either your father or your brother or one of us your comrades, -as to whether or no you should entrust your very soul to this newly-arrived foreigner; but choose rather, having heard of him in the evening, as you say, and coming to me at dawn, to make no mention of this question, and take no counsel upon it- whether you ought to entrust yourself to him or not; and are ready to spend your own substance and that of your friends, in the settled conviction that at all costs you must converse with Protagoras, whom you neither know, as you tell me, nor have ever met in argument before, and whom you call 'sophist', in patent ignorance of what this sophist may be to whom you are about to entrust yourself?²⁴

If we take this classic scene from philosophy in order to compare it with the memory of Nancy confronting Agamben, it might be said that Agamben had adopted the role of a Socrates who wanted to advise Nancy, in the role of the young Hippocrates, to avoid the risk of entrusting his body, rather than his soul, to the doctor, who might be the contemporary sophist in disguise. The distance between them and historical uniqueness of these cases highlight their specificity since the problem no longer turns on the sage in relation to the soul but on the doctor in relation to the body. However, unlike Socrates, who accompanied the young Hippocrates to engage in dialogue with the sophist, Socrates' opinion actually changing as a result of the conversation,²⁵ Agamben merely advised Nancy not to listen to the doctor. Perhaps Agamben's opinion would have changed if, as Socrates did with the young Hippocrates, he had accompanied Nancy to the doctor to talk with him.

In this historical comparison, there are two important things that emerge in its uniqueness: 1) that, just as Socrates warns of the risk of entrusting the care of the soul to a stranger, Agamben anticipates the risk of the doctor taking care of the body; 2) that the risk no longer comes from the sophists but from the doctors. Consequently, in the case of Agamben-Nancy, it is no longer, as in the case of Socrates-Hippocrates, a question of a government of the soul by the sophist but of a type of government applied to the body by

²¹ Plato, "Protagoras," in *Laches, Protagoras, Meno, Euthydemus*, ed. T. E. Page (1952), 103.

²² Plato, "Protagoras," 105.

²³ "Protagoras," 105.

²⁴ *Ibid.*, 107.

²⁵ See "Protagoras," 255-257.

the doctor. Thus, both Nancy's decision to undergo a heart transplant and Agamben's decision to advise him not to – which correspond to the fact that Nancy is in favour of health control measures and Agamben advises against them – pose a problem that might be analysed via what Foucault called a 'critical attitude'.

THE ART OF GOVERNING AND THE CRITICAL ATTITUDE

Between the opposing poles of scandal and critique, one of Agamben's defenders-followers stated the following: 'Let's hope that critical voices like those of Agamben will prevent us from accepting current emergency measures and biopolitical practices and policies as business as usual'.²⁶ In this hopeful statement, what is evident is the relationship established between prevention and the *critical voice*, at the very least, a critical voice that warns us about accepting this or that measure, this or that practice. This critical voice, seeking to warn, encourages or tries to produce a critical attitude in the listener, at least as seen from the perspective of Foucault, for whom the fact of not accepting this or that measure, this or that practice, implies the art of not being governed in this way. Given that Agamben is a specialist on the work of Foucault, such a connection would not be unexpected.

Now, to analyse the question in terms of critique and the art of not being governed in this way, it is worth setting out what Foucault presented at the French Society of Philosophy on May 27, 1978. Regarding the question: 'what is critique?', Foucault explained that, between Kant and polemical-professional activities, there has existed, in the modern West (15th-16th century), 'a certain manner of thinking, of speaking, likewise of acting, and a certain relation to what exists, to what one knows, to what one does, as well as a relation to society, to culture, to others, and all this one might name the "critical attitude"'.²⁷ Similarly, he affirmed that this critical attitude is specific to 'modern civilization',²⁸ just as it exists only as an instrument (as the means for a truth), a subordinate function (to philosophy, science, politics, etc.) and as an imperative 'related to virtue'.²⁹ In short, Foucault tried to analyse the critical attitude 'as virtue in general'.³⁰

According to Foucault's history of the critical attitude, it is worth noting the way in which Christian pastoral care displayed an art of governing human beings based on the idea 'that every individual, whatever his age or his status, from the beginning to the end of his life and down to the very details of his actions, ought to be governed and ought to let himself be governed, that is to say, be directed toward his salvation, by someone to whom he is bound in a total, and at the same time meticulous and detailed, relation of obedience'.³¹ The direction towards salvation, as suggested by Foucault, must fulfil a triple relationship with truth: 1) understood as dogma; 2) related to a way of knowing; and 3) linked to a reflective technique 'comprised of general rules, particular kinds of

²⁶ van den Berge, "Biopolitics and the Coronavirus: Foucault, Agamben, Žižek," 5-6.

²⁷ Michel Foucault, "What is Critique?" [1978], in *What Is Enlightenment? Eighteenth-Century Answers and Twentieth-Century Questions*, ed. James Schmidt (1996), 382.

²⁸ Foucault, "What is Critique?," 382.

²⁹ "What is Critique?," 383.

³⁰ Ibid.

³¹ Ibid.

knowledge, precepts, methods of examination, of confession, of interviews, and so forth'.³² Finally, Foucault points out that the direction of consciousness, called *techné technôn* by the Greek church and *ars artium* by the Roman church, 'this was the art of governing men'.³³

Although this art of governing was restricted to the cloistered existence of the church and to certain spiritual groups, Foucault affirms that there was 'a veritable explosion of the art of governing men',³⁴ above all from the sixteenth century onwards, with the following characteristics: 1) the shifting of religious focus and 'an expansion into civil society';³⁵ 2) the reduction in various domains: 'how to govern children, how to govern the poor and beggars, how to govern a family, a house, how to govern armies, how to govern various groups, cities, states, how to govern one's own body, how to govern one's own mind'.³⁶

If this explosion of the art of governing human beings, which may be categorised as governmentalization, raises the question of *how to govern*, Foucault raises a prior question: 'How not to be governed?',³⁷ which does not imply the fact of not wanting to be governed and not wanting to be governed at all but rather 'How not to be governed *like that*, by that, in the name of these principles, in view of such objectives and by the means of such methods, not like that, not for that, not by them'.³⁸ Foucault thus suggests that it is possible to place the critical attitude in opposition to the explosion of the art of government and governmentalization: 'Against this, and like a counterpoint, as a way of suspecting them, of challenging them, of limiting them, of finding their right measure, of transforming them, of seeking to escape these arts of governing or, in any case, to displace them, as an essential reluctance...'.³⁹ Thus, after the shifting, reduction and multiplication of the arts of governing, there arose in Europe what Foucault defined as 'the art of not being governed so much',⁴⁰ characterized as: 1) a form of general culture; 2) a moral and political attitude; and 3) a way of thinking. It should be noted that between governmentalization and critique there is, as Foucault suggests, a bundle of relationships between power, truth and the subject, given that the first movement is related to the way of 'subjugating individuals in the very reality of a social practice by mechanisms of power that appeal to a truth',⁴¹ while the critical attitude would be the 'movement through which the subject gives itself the right to question truth concerning its power effects and to question power about its discourses of truth'.⁴² Lastly, critique, defined by Foucault as voluntary inservitude or

³² Ibid.

³³ Ibid.

³⁴ Ibid., 383-384.

³⁵ Ibid., 384.

³⁶ Ibid.

³⁷ Ibid.

³⁸ Ibid.

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ Ibid., 386.

⁴² Ibid.

reflective indocility, has as its function the 'desubjectification in the game of what one could call, in a word, the politics of truth'.⁴³

Based on the above presentation of Foucault's historical analysis of critique, it may be said that (just like the voice of Socrates warning the young Hippocrates of the risk he ran by entrusting his soul to a stranger, a sophist, someone who governs souls) Agamben's critical voice encompasses the critical attitude, understood as the art of 'not being governed in this way'. In consequence, he opposes the state of exception being used, on a regular basis, to govern populations politically and medical authorities being used to govern bodies as biological entities. In this sense, as a correlate of Foucauldian analyses, one may note one more form of shifting and reduction of the art of government carried out during the pandemic. In this way, by raising his critical voice against these forms of government, Agamben pointed out the way in which individuals are subjected via mechanisms of power (the state of exception and medical authorities) that invoke a truth. Regardless of which mechanism of power it was, the truth argument invoked a biological threat with catastrophic consequences. As regards the shifting and reduction in the art of government that Agamben identified, it is necessary to make a clarification with respect to the art of government by means of the medical authorities since they were the ones who noticed the biological threat that would then become a political risk. It will be important to analyse the medical authorities to identify the reason behind the alliance between politics and medicine in the specific case of the pandemic and which, in their interaction, produced the possibility of gradually dictating the state of exception in countries around the world.

POLITICS AND MEDICINE

It is worth noting that if the state of exception was used as a form of government during the COVID-19 pandemic, it was, as Agamben noted, above all for *reasons of public health and safety*.⁴⁴ Thus, in some way, the interaction between politics and medicine, between the state of exception and the disease caused by a virus, became evident. Furthermore, in its historical uniqueness, the disease offers a new justification for deciding a state of exception: 'It is almost as if, with terrorism exhausted as a cause for exceptional measures, the invention of an epidemic offered the ideal pretext for scaling them up beyond any limitation'.⁴⁵ If we agree with Agamben, perhaps it should be noted that it was not the invention of an epidemic or a pandemic but rather the production of a very specific art of government that led to politics interacting with medicine, to the state of exception of the virus and disease, with the objective of governing human beings, in the dimension of the body of the population and in the dimension of the body of the individual, both with global scope.

⁴³ Ibid.

⁴⁴ Giorgio Agamben, 'The invention of an epidemic,' *European Journal of Psychoanalysis*. <https://www.journal-psychoanalysis.eu/articles/coronavirus-and-philosophers/> (accessed November 10, 2023).

⁴⁵ Ibid.

If this interaction of politics with medicine during the COVID-19 pandemic that Agamben criticizes can be considered an unprecedented event, it can then be analysed in terms of what Foucault called *noso-politics*. However, it is worth considering the clarification that Foucault made in this regard:

No doubt there is no society which does not practice some kind of ‘*noso-politics*’: the eighteenth century didn’t invent this. But it prescribed new rules, and above all transposed the practice onto an explicit, concerted level of analysis such as had been previously unknown. At this point the age is entered not so much of social medicine as of a considered *noso-politics*.⁴⁶

Thus, the complicity that Agamben denounced between the mechanisms, instruments and institutions of politics and medicine can be recorded during the age of reflective *noso-politics* that, while the 21st century did not invent it, it did indeed impose new rules throughout the pandemic from its outset, in addition to acquiring a new spatial reach that transcended national borders and territory. In order to indicate the relevance of the new rules of contemporary *noso-politics*, the main relevant characteristics of eighteenth-century *noso-politics* that Foucault identified in his analysis *The Politics of Health in the Eighteenth Century* are as follows: 1) The organization of *noso-politics* does not necessarily correspond with the mechanisms of the state, given that ‘Health and sickness, as characteristics of a group, a population, are problematized in the eighteenth century through the initiatives of multiple social instances, in relation to which the state itself plays various roles’.⁴⁷ In this way, according to Foucault, a collective management of health and disease emerged because health became ‘a priority for all, the state of health of a population as a general objective of policy’.⁴⁸ Thus, the health and physical well-being of the population became objectives of political power, which sought ‘how to raise the level of health of the social body as a whole’.⁴⁹ Furthermore, Foucault explained that, unlike state apparatuses, power apparatuses ‘take charge of “bodies”, not simply so as to exact blood service from them or levy dues, but to help and, if necessary, constrain them to ensure their own good health. The imperative of health: at once the duty of each and the objective of all’.⁵⁰ 2) Society reorganizes itself to function ‘as a milieu of physical well-being, health, and optimum longevity’.⁵¹ This operation was the police’s responsibility, made up of a set of mechanisms, regulations and institutions ‘to ensure order, the properly channelled growth of wealth and the conditions of preservation of health “in general”’.⁵² In this way, on the one hand, Foucault identified that in the 18th century, the health and physical well-being of the population became a political objective that could only be fully met through police mechanisms and, on the other, that medicine acquires a sudden importance that would

⁴⁶ Michel Foucault, “The Politics of Health in the Eighteenth Century” [1976], in *The Foucault Reader*, ed. Edited by Paul Rabinow (1984), 274.

⁴⁷ Foucault, “The Politics of Health in the Eighteenth Century,” 274.

⁴⁸ “Politics of Health,” 275.

⁴⁹ *Ibid.* 277.

⁵⁰ *Ibid.*

⁵¹ *Ibid.*

⁵² *Ibid.*

redefine noso-politics in the following terms: 'The new noso-politics inscribes the specific question of the sickness of the poor within the general problem of the health of populations, and makes the shift from the narrow context of charitable aid to the more general form of a "medical police", imposing its constraints and dispensing its services'.⁵³

Foucault adds that the transformation of noso-politics occurred not so much because of the fostering of the *workforce* but because of the 'economico-political effects of the accumulation of men',⁵⁴ in accordance with the following elements: 1) the population appears 'as an object of surveillance, analysis, intervention, modification, etc.',⁵⁵ based on demographic growth, the development of the means of production and the emergence of power mechanisms aimed at controlling them; 2) what Foucault calls a technology of population is configured, based on 'demographic estimates, the calculation of the pyramid of ages, various life expectations and levels of mortality, studies of the reciprocal relations of growth of wealth and growth of population, various measures of incitement to marriage and procreation, the development of forms of education and professional training';⁵⁶ 3) the body, both that of individuals and that of the population, acquires new features, which Foucault identifies by pointing out that bodies are 'more or less utilizable, more or less amenable to profitable investment, those with greater or lesser prospects of survival, death, and illness, and with more or less capacity for being usefully trained';⁵⁷ and finally, 4) the biological traits of a population, as Foucault suggests, become the object of economic management, as well as of a mechanism 'which will ensure not only their subjection but the constant increase of their utility'.⁵⁸ In summary, eighteenth-century noso-politics would include a mechanism capable of increasing utility, to the extent that it subdues the body of both individuals and populations, based on their biological traits, which are monitored, analysed, mediated and modified by a political technology.

Now, Foucault affirms that there are several factors to eighteenth-century noso-politics, among which it is worth highlighting, at least for the purposes of this analysis, the factor of hygiene and the functioning of medicine as an instance of social control, since it is related to a collective population regime that seeks to achieve the following objectives: 'the disappearance of the great epidemic tempests, the reduction of the death rate and the extension of the average lifespan and life expectation for every age group as its triple objective'.⁵⁹ In this way, for Foucault, as a health regime for populations, hygiene 'entails a certain number of authoritarian medical interventions and controls'.⁶⁰ In the first place, these are interventions carried out within the urban space, given that it 'constitutes perhaps the most dangerous environment for the population',⁶¹ there being many factors, such as the location of the neighbourhoods, sewage and drainage systems, ventilation of

⁵³ Ibid., 278.

⁵⁴ Ibid.

⁵⁵ Ibid.

⁵⁶ Ibid., 278-279.

⁵⁷ Ibid. 279.

⁵⁸ Ibid.

⁵⁹ Ibid. 282.

⁶⁰ Ibid.

⁶¹ Ibid.

the city, population density, that 'are decisive factors for the mortality and morbidity of the inhabitants'.⁶² Moreover, given the need for hygiene, there are spaces, such as prisons or hospitals, which require authoritarian measures as medicine considers them to be sources of disease: 'Thus priority areas of medicalization in the urban environment are isolated and are destined to constitute so many points for the exercise and application of an intensified medical power'.⁶³ Second, there are measures carried out by doctors who, in the name of hygiene, teach rules that individuals 'must respect for the sake of their own health and that of others: hygiene of food and habitat, exhortations to seek treatment in case of illness'.⁶⁴ Throughout the eighteenth century, medicine took on a relevant role in administrative structures, with the doctor participating more and more in the administration of the population, based on health information surveys. Just as 'medico-administrative' knowledge is developed revolving around society's health, illness, living conditions, housing and habits, there also develops a 'politico-medical hold on a population hedged in by a whole series of prescriptions relating not only to disease but to general forms of existence and behaviour (food and drink, sexuality and fecundity, clothing and the layout of living space)'.⁶⁵ Foucault asserts that this interpenetration between politics and medicine provides the doctor with a presence in various areas, which notably includes participation in 'the organization of medical societies officially charged with a certain number of administrative responsibilities and qualified to adopt or recommend authoritarian measures'.⁶⁶ In the same way, the doctor becomes, on the one hand, a kind of programmer of society – to govern it – and, on the other, an adviser or expert 'if not in the art of governing, at least in that of observing, correcting, and improving the social "body" and maintaining it in a permanent state of health'.⁶⁷ Third, there is the incorporation of the hospital into medical technology. Foucault points out that the eighteenth-century reform of the hospital was related, in the first instance, to the role of the family in guaranteeing health; secondly, with the network of medical personnel and, thirdly, to the administrative control of the population. As a result of said reform, Foucault sustains that the hospital had to fulfil certain conditions: 1) when locating the hospital, whether large or small, in the centre of the city or outside, within the urban space, it must operate where its effects can be measured and controlled; 2) as regards the organization of its interior space, in order to provide therapeutic treatment, the hospital 'must function as a "curing machine"',⁶⁸ just as it must serve as an essential instrument of medical technology that 'for a certain number of serious cases, makes curing possible'.⁶⁹ In short, eighteenth-century noso-politics, which exercised a very specific form of power based on the promotion of hygiene, allowed medicine to impose authoritarian measures and procedures of control over the urban space to reduce the negative factors that directly affected the health of the

⁶² Ibid.

⁶³ Ibid. 283.

⁶⁴ Ibid.

⁶⁵ Ibid.

⁶⁶ Ibid. 284.

⁶⁷ Ibid.

⁶⁸ Ibid. 287.

⁶⁹ Ibid.

population; the doctor acquired a key role both in the administrative apparatus controlling society, as well as in the political-medical authorities teaching rules to individuals and prescribing general forms of existence and behaviour to a population; and the hospital was established and consolidated as an essential instrument of medical technology, functioning as a healing machine, through 'a concerted therapeutic strategy'.⁷⁰

Based on this account of Foucault's analyses of eighteenth-century noso-politics, it is important to specify that its purpose was not to seek a historical cause which would make it possible to explain the noso-politics implemented during the COVID-19 pandemic but was simply an attempt to show that the alliance established between politics and medicine may be understood as a mechanism whose purpose is to control the body of populations via a whole series of technologies that ensure submission and utility via surveillance, analysis, measures and modifications carried out on this body. Similarly, it attempted to show the way in which medicine and the doctor-as-expert were relevant for politics, even for the art of government, as they suggested, proposed or imposed authoritarian measures that preserved the population's health. Medicine became important for the political strategies that took the population as an object and control of its biological traits as its main objective. Thus, in the alliance established between medicine and politics, it is not so much politics that works from the authoritarian standpoint in decision-making, even if it decides on the state of exception as a last resort (or regularly as a first option), but medicine which, in the first instance, in alignment with the aim of maintaining the health of the population, establishes exceptional authoritarian measures that, in the second instance, will urgently demand certain political strategies, and among these the state of exception stands out as an option for containing and regulating negative phenomena. Noso-politics, as a mechanism that links medicine and politics, makes it possible to clarify the way in which politics, on certain occasions, is subordinated to medicine, and how medicine, in trying to promote the health of the population, subjugates politics, demanding and implementing authoritarian measures. Politics then becomes authoritarian to the extent that medicine demands, requires, proposes or imposes authoritarian measures. Finally, it should be noted that noso-politics became an art of governing that seeks an opportune way to govern both the body politic and the biological body by taking the population as its object. In this object, noso-politics fully realizes its exercise of power. If every art of governing invokes a truth to exercise its peculiar form of government, then it is important to determine the truth that noso-politics invoked during the pandemic.

NOSO-POLITICS AND THE VIROSPHERE

The relations of power that Foucault pointed out functioned during the pandemic by invoking a 'biological truth' based on the results of scientific research into the origin, causes, development and cure of diseases; specifically, this narrative refers to knowledge of the coronavirus (SARS-CoV-2) as the cause of COVID-19, and everything that has been discovered about this virus, meriting an impressive number of publications in the last two

⁷⁰ Ibid.

years. In terms of contemporary noso-politics, it is worth asking the following question: what truth was invoked for the various control strategies to be exercised and implemented? All the measures imposed in the name of the health of the population: the social distancing, the mask and the gel, the quarantining, the spread of temporary hospital units, vaccination, and so on, invoked the 'truth of the virus' as a lethal cause or 'the truth of the biological risk caused by the virus'.

This truth about the virus and the effects of infection, in general terms, is based on mechanistic and reductionist explanations of biology, centred around knowledge of DNA and RNA sequences, an attitude that prevailed throughout the 20th century and, in many cases, sought to formulate universal causal explanations. Mechanicism and reductionism are very useful in methodological terms but are generally inappropriate in ontological terms⁷¹ because living phenomena are historical processes, and explanations should, in principle, be historical explanations. In consideration of the above, it is worth asking: what types of noso-political practices could derive from a truth about the virus or a truth about the virus's biological risk from a reading constructed from a different perspective? If we analyse the issue of the pandemic in retrospect, it can be seen that what has happened in recent years was a process of evolution in action, as well as a complex dynamic of biological interactions that elude universal mechanistic explanations and which can be understood by considering the above in at least three different ways: in terms of unpredictability, causal dependency and a third way that integrates unpredictability and causal dependence.⁷²

Historical explanation does not stand in opposition to mechanistic procedure; it is built upon it. Thanks to this, we know that the various groups of viruses, including the family of coronaviruses, already existed when our species emerged. However, it was not until 1898⁷³ that humans realized that there were fragments of infectious agents, capable of reproducing themselves within a cell, and that they were actually genetic material encapsulated in proteins or wrapped in layers of lipids (as in the case of SARS-CoV-2) and that, moreover, it was the case that viruses are constituted by RNA or DNA, that they infect cells and once inside, coupled to the cell's replication and translation system, produce thousands of new copies, and that sometimes mutations occur and these remain in the virus's genomic system.

The first viruses known as coronaviruses were first reported in the 1960s. They were so named because their capsid resembled a crown.⁷⁴ From that moment on, knowledge of this type of virus accumulated gradually, but since then it has been known that they cause some types of the common cold and sometimes a more serious illness. At first, few publications came out per year, but the number grew from early 2020 onwards, reaching impressive monthly quantities and knowledge of these viruses grew exponentially.

⁷¹ Richard Lewontin and Richard Levins, "Chance and Necessity," *Capitalism Nature Socialism* 8:1 (1997).

⁷² Eric Cyr Desjardins, "Historicity in biology," 2009.

⁷³ Herve Lecoq, "Discovery of the first virus, the tobacco mosaic virus: 1892 or 1898?," *Comptes rendus de l'Academie des sciences. Serie III, Sciences de la vie* 324:10 (2001).

⁷⁴ David Tyrrell and Mark Bynoe, "Cultivation of viruses from a high proportion of patients with colds," *The Lancet* 287:7428 (1966).

The amplification of knowledge of SARS-Cov-2 has provided information about its sequences, its proteins, the way it infects cells, incubation periods and mutation rates, among other specific details. Coronaviruses have been of great interest for medicine, human health, and indeed for animal breeding – such as pig production, as pigs are common reservoirs of some species of coronavirus.⁷⁵

The apparent simplicity of viruses and the research of the last two years have also provided us with a vast amount of knowledge of the complexities of the evolutionary process, about the complexity of interactions in the processes of life; and above all, a clear teaching of the fragility of any biological system, including the human body, clearly reminding us of the character and origin of our animal nature, reinforcing the evidence of our evolutionary proximity to the other animals with whom we share this world.

The last two years are just a split second in evolutionary time and minuscule traces in the continuous dynamics of the transformation of life, in this case, wrapped in the complex dynamic of a universe of viruses that evolve just as all species evolve. The concept of evolution referred to here emphasizes diversification, that is, evolution as a synonym of diversification. From this perspective, with mutations and viral variation (viruses also diversify), in addition to knowledge of these similarities and differences, phylogenetic trees may be constructed that depict viral evolution. For instance, in this case, the diversification of SARS-CoV-2 has been very clear over the last three years.⁷⁶ In this process, a sequence of variants has arisen (Alpha, Gamma, Beta, Delta, Omicron, among others), each in turn presenting differences among themselves, for example, in their mutation rates.⁷⁷ Seen in this way, it becomes possible to think about what is implied by the mutation rate and the number of individuals in a host population, and, moreover, viral diversification can be seen as a constituent element among natural regularities. Diversification is also present in other far more complex dynamics of evolution.

Mutations are changes in the sequences of genetic material, either DNA or RNA. In the case of the coronavirus, this material is a strand of RNA. The RNA strand of SARS-CoV-2 has approximately 30,000 bases. Some fragments of these 30,000 bases code for the various proteins of the virus, while others are responsible for regulation, and yet others take care of this particular virus's sequence repair system. As a result, this makes it less dangerous because unlike other viruses it has a low mutation rate. Certain regions mutate more than others: the mutations of greatest interest have been those that produce the S protein, shaped like a spike and the one that the host cell recognizes, which allows the RNA strand to enter it. Mutations in this region have been useful for trying to understand the origin of SARS-CoV-2 and infer an evolutionary phylogeny from similarities with sequences in other coronaviruses. So far, however, it has not been possible to say with any certainty if SARS-CoV-2 is a version of the coronavirus found in bats and the mutation

⁷⁵ Emmie de Wit, Friederike Feldmann, Eva Horne, Cynthia Martellaro, Elaine Haddock, Trenton Bushmaker, Kyle Rosenke, Atsushi Okumura, Rebecca Rosenke, Greg Saturday, Dana Scott and Heinz Feldmann, "Domestic Pig Unlikely Reservoir for MERS-CoV," *Emerg Infect Dis.* 23:6 (2017).

⁷⁶ Liangsheng Zhang, Fu-Ming Shen, Fei Chen and Zhenguo Lin, "Origin and Evolution of the 2019 Novel Coronavirus," *Clinical Infectious Diseases* 71:15 (2020).

⁷⁷ Yamin Sun, Wenchao Lin, Wei Dong and Jianguo Xu, "Origin and evolutionary analysis of the SARS-CoV-2 Omicron variant," *Journal of Biosafety and Biosecurity* 4:1 (2022).

that gave rise to the spike occurred in bat populations before being passed on to humans, if there is an intermediary species – for example, the pangolin – which has a similar sequence, or if an ancestral form mutated in humans. Mutation rates make it difficult to be certain about a vaccine's efficacy and, similarly, the health of individuals in a host population. Possible variants can even be designed that may be more or less lethal, as well as possible vaccines with greater or lesser efficacy, but this universe of mutations is basically, to borrow a metaphor from Lewontin and Levins,⁷⁸ a dice table on which unexpected events arise at each roll.

The various waves of health crises related to the coronavirus that have been experienced during these years⁷⁹ have been what, in evolutionary biology, are termed adaptive peaks and landscapes. Viral mutations may lead to states of better adaptation in viruses and increase their infection, lethality and mortality rates. In parallel, the immune system of the host (sometimes on its own and sometimes thanks to vaccines), responds and causes the adaptive peaks of the viruses to fall, becoming zones in evolutionary models that are called valleys, where they will stay until some other mutation or some other conditions – usually external factors –⁸⁰ associated with the living conditions of the individuals of a population return them to another adaptive peak.

If there is a continuous evolutionary dynamic of viruses, and the evolutionary processes are neither linear nor mechanical, then what kind of truth should we construct around SARS-CoV-2 and COVID-19? This would be merely a relative truth limited to a specific moment and context. If the types of effects depend on a range of factors, then it will be necessary to critically consider the health measures suggested, implemented and imposed by the noso-politics that invoke this truth about the virus. As shown below, it will not be possible to minimize other elements, such as medical infrastructure, human diseases and, in particular, chronic diseases, for example, those of the respiratory system, and living conditions, among many other social components, in order to contain the spread of the virus. It is true that there are viral pandemics and the SARS-CoV-2 pandemic has been one such, but it has been reconstructed via mechanistic explanations of viruses, organisms and the interactions between biological and ecological factors. Based on this reconstruction, noso-political strategies were then inferred responding to this 'constructed truth'. Would these noso-political measures have changed substantially if an evolutionary perspective had prevailed in the fields of medicine and biological sciences with historical explanations affording greater weight to evolutionary biology, unpredictability, and historical contingency – instead of the response constructed on a 'narrow' or limited approach, equated, as indicated above, with a mechanistic and reductionist vision of organic nature?

⁷⁸ Lewontin et al., "Chance and Necessity," (1997).

⁷⁹ Abhishek Dutta, "COVID-19 waves: Variant dynamics and control," *Scientific Reports* 12:1 (2022), 1-9.

⁸⁰ Senjuti Saha, Arif Mohammad Tanmoy, Afroza Akter Tanni, Sharmistha Goswami, Syed Muktedir Al Sium, Sudipta Saha, Shuborno Islam, Yogesh Hooda, Apurba Rajib Malaker, Ataul Mustufa Anik, Md Saidul Haq, Tasnim Jabin, Md Mobarok Hossain, Nazifa Tabassum, Hafizur Rahman, Md Jibon Hossain, Mohammad Shahidul Islam and Samir K. Saha, "New waves, new variants, old inequity: a continuing COVID-19 crisis," *BMJ Global Health* 6:8 (2021).

NOSO-POLITICS, SYNDEMIC, CRITIQUE

A complete series of security measures were established from March 11, 2020, based on particular scientific facts about the SARS-CoV-2 virus, supported by the WHO's repeated pandemic argument, gradually reaching world-wide levels. One might say that each state, asserting its sovereignty, took charge of its population in order to safeguard general health. Yet, one might equally assert that the sovereignty of each state was governed and conducted both by the argument and by the regulations and health measures proposed or imposed by the medical authorities. It was therefore no longer a question of analysing the way in which each state governs its population but, rather, the way that states are governed by means of the same power strategy ruling the world's population in the name of health. In brief, the worldwide threat of the SARS-CoV-2 virus evidenced the way that the world population's biological side can be used to control it by means of a noso-political strategy that uses the pandemic as its justification.

The question is then whether there is a way to critique the way of governing the population, not only through the state of exception or control of the body but based on the establishment of the argument and practices that characterized the pandemic? This critique should not be directed towards noting errors in the strategy exclusively but, confronting a future when there are predictions of the frequent emergence of perhaps even more lethal viruses, proposing a way of dealing with these worldwide problems, in addition to promoting a different attitude towards scientific knowledge that will make it possible to be prepared for viruses as well as authoritarian strategies proposed or imposed by noso-politics.

Just as there were critical voices, such as Agamben's, claiming that the COVID-19 epidemic was merely an invention, that it was the condition of possibility for the relationship between medicine and politics to become implacable – either because 'unacceptable limitations on the freedom of individuals' were instated or because it became 'the ideal pretext for unprecedented control of social life'⁸¹ – there were also those who, in other scientific ways, denied the existence of a pandemic. If, based on Agamben's analysis, it is possible to identify the relationship between politics and medicine as forms of government (the state of exception as a paradigm of government and the government of bodies), a relationship for which the Foucauldian term is 'noso-politics', it will be useful to examine another argument showing an alternative way for human beings to relate to a virus and disease; one that is *not* by means of pandemic arguments and practices.

On 26 September 2020, *The Lancet* published an article by Richard Horton entitled *COVID-19 is not a Pandemic*, where he stated that the strategy implemented against the SARS-CoV-2 virus was based on a narrow approach. Horton pointed out that

All our interventions have focused on cutting lines of viral transmission, thereby controlling the spread of the pathogen. The 'science' that has guided governments has been driven mostly by epidemic modellers and infectious disease specialists,

⁸¹ Giorgio Agamben, "Il diritto e la vita," *Quodlibet*. <https://www.quodlibet.it/letture/giorgio-agamben-il-diritto-e-la-vita> (accessed November 10, 2023).

who understandably frame the present health emergency in centuries-old terms of plague.⁸²

For Horton, the narrow approach to ‘science’ loses sight of the fact that during the crisis two types of illness interacted in the population, COVID-19 and a set of non-communicable diseases, which are also related to ‘social groups according to patterns of inequality deeply embedded in our societies’.⁸³ In the same way, disparate socioeconomic conditions ‘[exacerbate] the adverse effects of each separate disease’.⁸⁴ In consequence, Horton affirms that the COVID-19 disease is not a pandemic but a syndemic that requires *a more nuanced approach* ‘to protect the health of our communities’.⁸⁵

Agreeing with Merrill Singer, who was the first to conceive the notion of a syndemic, along with Emily Mendenhall and other colleagues, Horton pointed out that a syndemic approach reveals ‘biological and social interactions that are important for prognosis, treatment, and health policy’.⁸⁶ In this way, the syndemic approach invites us to pay more attention to the relationship between non-communicable diseases and economic inequalities, since these may result in ‘[increasing] a person’s susceptibility to harm and worsen their health outcomes’.⁸⁷ Horton therefore warned that in order to contain the disease successfully, what must first be addressed are non-communicable diseases, such as ‘hypertension, obesity, diabetes, cardiovascular and chronic respiratory diseases, and cancer’.⁸⁸

In addition to the above, Horton indicated one of the most important consequences if COVID-19 is not approached from the syndemic standpoint, pointing out the social aspect:

The vulnerability of older citizens; Black, Asian, and minority ethnic communities; and key workers who are commonly poorly paid with fewer welfare protections points to a truth so far barely acknowledged—namely, that no matter how effective a treatment or protective a vaccine, the pursuit of a purely biomedical solution to COVID-19 will fail.⁸⁹

This focus on the social aspect, as well as on inequalities and inequities, allows us to see another aspect of the virus and the disease that, at least for Horton, would require governments to establish ‘policies and programs to reverse profound disparities’.⁹⁰ Consequently, based on the syndemic approach, in principle, public policies and programs must address, disparities, inequalities, and social inequities to confront an emerging disease such as COVID-19. The government should therefore be required not only to devise health campaigns to control a disease but also intervene politically in other ways on the

⁸² Richard Horton, “COVID-19 is not a pandemic,” *The Lancet* 396:10255 (2020), 874.

⁸³ Horton, “COVID-19 is not a pandemic,” 874.

⁸⁴ “COVID-19 is not a pandemic,” 874.

⁸⁵ *Ibid.*

⁸⁶ *Ibid.*

⁸⁷ *Ibid.*

⁸⁸ *Ibid.*

⁸⁹ *Ibid.*

⁹⁰ *Ibid.*

interactions between socioeconomic inequalities and the non-communicable illnesses that affect a population. Finally, Horton points out the importance of treating COVID-19 as a syndemic: 'Approaching COVID-19 as a syndemic will invite a larger vision, one encompassing education, employment, housing, food, and environment. Viewing COVID-19 only as a pandemic excludes such a broader but necessary prospectus'.⁹¹ Taking the syndemic approach as a reference point for confronting an emerging disease such as COVID-19 will thereby entail action requiring governments to establish public policies and programs, first, to reduce socioeconomic inequalities and, second, change the paradigm for the medical intervention on diseases.

It is worth adding two further thoughts to Horton's contributions to clarify the syndemic approach. 1) Syndemics and ecology: Chris Kenyon suggests that the syndemic approach should include an ecological dimension, given that 'anthropogenic ecosystem degradation has played a crucial role in explaining why the rate of emergence of zoonoses has been increasing over the past 40 years'.⁹² Similarly, he adds that if the environmental destruction continues, then the 'emergence of new zoonoses from the estimated 700,000 other unidentified viruses with zoonotic potential' will follow.⁹³ 2) The syndemic and context: Emily Mendenhall, clarifying that the syndemic cannot be global because biological and social conditions change as population and context change, affirms that syndemics 'allow us to recognise how political and social factors drive, perpetuate, or worsen the emergence and clustering of diseases'.⁹⁴ Mendenhall suggests that it is necessary to identify the political elements that determine health in each context. Based on this criterion, she analyses her context:

...I believe COVID-19 is syndemic in my country (the USA). This is precisely because pre-existing conditions such as hypertension, diabetes, respiratory disorders, systemic racism, mistrust in science and leadership, and a fragmented health-care system have driven the spread and interacted with the virus. These synergistic failures have caused more death and devastation [in the U.S.] than [in] many other [countries].⁹⁵

As a result, under a syndemic approach, context matters given that the conditions that affect a population's health, as they worsen it, must be made visible. It is therefore not possible to opt for a single series of measures that can be implemented in different populations and in different contexts unless first these conditions are dealt with, disparate socio-economic conditions are regulated, and the infrastructure of the health system is improved. In short, according to Kenyon and Mendenhall, the syndemic approach proposes, firstly, including an ecological analysis because environmental degradation has negative effects on the health of human beings and, secondly, studying and analysing both the

⁹¹ Ibid.

⁹² Chris Kenyon, "Syndemic responses to COVID-19 should include an ecological dimension," *The Lancet* 396:10264 (2020), 1730.

⁹³ Kenyon, "Syndemic responses to COVID-19," 1730.

⁹⁴ Emily Mendenhall, "The COVID-19 syndemic is not global: context matters," *The Lancet* 396:10264 (2020), 1731.

⁹⁵ Mendenhall, "The COVID-19 syndemic is not global," 1731.

context and the biological and social conditions that contribute to improving or worsening a population's health.

Based on the above, it may be affirmed that: 1) Horton criticizes the pandemic power strategy implemented by the WHO and imposed by the various nation states on the world population; 2) by criticising this power strategy, Horton asserts a critical attitude by other means since he seeks *not to be governed* under a pandemic approach that, by imposing a single model of causal intervention virus-disease-treatment-vaccine, ignores all the biological and social conditions, as well as the interactions between various diseases which can aggravate contagion and the spread of the virus (SARS-CoV-2), as well as mortality from the disease (COVID-19); 3) Unlike the pandemic approach, the syndemic approach may require state governments, before curing an emerging disease, to develop campaigns and public policies to intervene on pre-existing diseases, as well as improve the socio-economic conditions of a population and the infrastructure of the health system; 4) the syndemic approach entails heeding ecological factors in order to avoid new viruses and zoonotic diseases – resulting from man-made environmental destruction – emerging in the near future; and 5) if the pandemic strategy were implemented on a worldwide basis, the syndemic approach would require an analysis of the biological and social context in which a population develops to make the containment of contagion and disease more viable.

CONCLUSION

The sections above have presented a number of points for analysing the pandemic strategy, taking it to be a biased construction and an instrument for testing modern forms of social control, which make it necessary to reflect on the autonomy and freedom of the subject in relation to their rulers and instruments of control that are based on the medical-scientific knowledge of health.

Historical examples from the past and the present, Socrates-Hippocrates, Agamben-Nancy, illustrate the dilemmas that arise when making decisions regarding our body and health. This introduces a problem that can be analysed by applying what Foucault called a 'critical attitude' towards shifting and reducing the art of governing carried out during the pandemic. According to Agamben, these are practices that will subject individuals via a form of government in which politics and medicine interact, the Foucauldian term being *noso-politics*. *Noso-politics* invokes a truth about SARS-CoV-2 in addition to the biological risk with catastrophic tendencies. This truth is built on a reduced vision of nature, and is biased in its explanations of the complexities of biological interactions and the historicity of biological phenomena. A model of causal intervention virus-disease-treatment-vaccine based on this vision was imposed, and it ignored all biological and social conditions, as well as the interactions between various illnesses that can aggravate contagion and the spread of the virus (SARS-CoV-2), over and above mortality from the disease (COVID-19).

In contrast to the pandemic approach, according to Horton, before curing an emerging disease, the syndemic approach may require state governments to develop campaigns

and public policies to act on pre-existing diseases, as well as improve the socio-economic characteristics of a population and the infrastructure of the health system. The syndemic approach involves paying due attention to the ecological dimension, to the biological and social context that a population develops in, given that, taken as a whole, it can make containment of contagion and disease more viable.

The medical authorities, which have been at the centre of the art of governing during the pandemic, have served as the object of analysis for other studies that seek to explain the reasons leading to the gradual imposition of the state of exception in countries all over the world. These reasons went beyond the alliance established between politics and medicine and which undoubtedly include other agents and actors that are still to be analysed. These actors include universities and scientific research institutes and, naturally, the role of the pharmaceutical industry should not be forgotten.

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