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Foucault Meets Novel Coronavirus: Biosociality, Excesses of Governmentality and the “Will to Live” of the Pandemicariat

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ABSTRACT. This essay situates Foucault’s ideas of ‘biopower’ and ‘governmentality’ within the Indian context of the Covid emergency, analysing how the excesses of ‘biopolitical’ and the authoritarian forms of ‘governmentality’ evoke a radical re-reading of Foucault within Covid-infested India. We argue how pre-existing ‘discursive’ conditions of biomedical, digital, and neoliberal India facilitated more majoritarian and undemocratic forms of (bio)politics during the Indian experience of the pandemic, exposing the migrant workers in particular to tremendous ‘precarity’ and turning them into pandemicariat. To meet our theoretical ends, we investigate through forging links between Foucauldian theory – consisting of a set of concepts like biopolitics, anatomo-politics, governmentality etc— and ideas like transmuted biosociality, truncated sociality, will to live, pandemicariat etc. Current conditions of truncated sociality render human bodies more ‘discursively’ available for ‘biomedical’ and ‘biopolitical’ interventions, disempowering people’s capacity to sustain the more synthetic biosocial substances of conviviality. However, following Agamben’s early controversial stance for braving the virus, we would like to envisage “life” to be more than “survival” alone. We would also argue that the hard times of the pandemic invoke a new grammar of the “will to live” that was practised by the pandemicariat against heavy odds.

Keywords: Foucault; Covid-19 pandemic; Governmentality; Biopolitical; Biosocial; Truncated sociality; Pandemicariat.

INTRODUCTION

We begin by pointing out two gapingly anomalous things that happened in India during the last pandemic – the announcement of the national lockdown, with just a few hours’ notice, and the state-level elections – held in several large provinces spanning over one whole month – during the worst hours of the deadliest “second wave”. Employing a Foucauldian perspective, these two malignant events can be viewed as glaring cases either of insensible
uses of ‘biopower’ or of dubious exercises of ‘governmental’ tools on the part of the authorities. The sudden lockdown made millions of migrant labourers stranded and hopelessly locked-out in the wide open, exposing them completely to the thrall of the contagion. During the election month, the spread of the lethal disease exploded. Interestingly, while adherence to the Covid-19 protocol could be sighted during the poll, the imposition of restrictions on the election campaign was not even nominal. We contend that it is only with the backdrop of a substantial truncation of the normal social relations that such reckless manoeuvring of (human) ‘bodies’ is possible. Thus, perhaps a backdrop of the desiccation of normal human relations even before the onset of the pandemic allowed the power apparatchik to go scot-free after producing, on the one hand, precarious medical conditions by allowing berserk election campaigning during a pandemic and, on the other, all-round precariousness for a large section of the people – e.g., the migrant workers, whose already existing destitution became hundredfold with the dangerous coupling of the pandemic and the lockdown. We are calling those workers the ‘pandemicariat’ in order to indicate their pandemic-induced double burden of wretchedness that added enormous hardship to their already precarious situation. Thus, this article seeks to bring Foucault, as though telescopically, into our current time of the Covid-19 pandemic as seen in the Indian context. We will utilise the idea of biosociality to argue that the changed/truncated biosocial condition in contemporary times that had already made individuals keep a ‘distance’ from each other doubly enabled the ‘biopolitical’ control of humans during the pandemic and exacerbated the vulnerability of those we call the pandemicariats – the migrant workers. The paper further points out that the dark hours of the pandemic could not diminish the life spirit of the pandemicariat, which did its best to defy the diktats of a truncated biosociality.

BIOSOCIAL AND BIOPOLITICAL

Paul Rabinow used the concept of ‘biosocial’ to refer to the formation of a shared biological ground – a newly found genetic condition through which people would form communications between themselves ‘in the future’. Then, following Rabinow, “the new genetics will cease to be a biological metaphor for modern society and instead become a circulation network of identity terms and restriction loci, around which and through which a truly new type of autoproduction will emerge, which [Rabinow] calls ‘biosociality’.

We approach the biosocial from the optic of the socialising faculty of human beings, which is not only a futuristic matter but an existential condition of humanity as a social animal. Our argument is borne upon the two varieties of biosocial strategies of the individuals. We may call these two variants synthetic and analytic. The synthetic variant brings human bodies closer, making their sociality conscious and concrete, physical and mental, and at times creative. In the analytic format, the corporeal bodies often relate to

themselves in the abstract space produced by technologies and discourses, while they may wish to distance concretely from one another. Alternatively, they bear with one another’s body in the crowded cities or crammed vehicles for a variety of facilities. Taking a cue from Bryan Turner’s3 chapter on ‘bodily order’, particularly his ideas around the requirements of ‘regulation’ within city-spaces, we can maintain that our synthetic form of the biosocial is more feasible where population density is not high. This is because people then have a naturally provided choice over the extent to which they associate physically with others. Here the agency of the mind has a crucial role to play in making a decision about socialising while simultaneously remaining conditioned by the openness of the space around them. On the other hand, the analytic strategy consists of the opposite predilections of the human actors that tend to develop when the population density is high and no such choice is naturally available. People are thrust upon one another and forced to stay in dense physical conditions. Sometimes additional space can be squeezed out artificially with the powers of money and administration. But, as we just mentioned, the analytic variant is not the outcome of the rise of the population density (and political-economic power) in itself. It is also affected by the power of a variety of ‘discourses’, including those of ‘social medicine’, particularly ‘urban medicine’, which has, among other objectives, urban planning that ‘consist[s] … in analyzing the zones of congestion, disorder and danger within the urban precincts’.

In the context of the city, people do not usually hope to see, in the exposure of their bodies, a chance for the fusion of their convivial minds; but they apprehend the exposed condition as a field of fission with the potential risks of: losing their sense of identity within the anonymous and congested space therein; and contracting dangerous contagions of communicative diseases. The people then, perforce, tend to dissociate themselves from one another – mentally – as well as find themselves fractioned within their respective individual bodies to be addressed by categories and codes, leading to the production of a host of statistics. This is what we are trying to understand here as the abstract, reductive and analytic space of biosociality.

Our biosocial has significant association with one centrally Foucauldian concept – the ‘biopolitical’. But, while the biopolitical is occasioned by ‘power’, the biosocial is generated as a demographic, geographical and sociological phenomenon. However, the biosocial is sometimes affected by the biopolitical itself. For instance, biosocial categories like slums and ghettos are often outcomes of biopolitical events like the influx of political refugees. Moreover, the context of the biopolitical is itself borne upon the extant biosocial setting of human beings. The intensity with which the state forces were involved in the big cities to maintain “social distancing” during the pandemic is one such example.5

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5 In sum, any interface between society on one side and the human body, or biology, on the other can be considered as the fertile ground to be occupied by biosocial transactions.
At the start of the pandemic, our sociality had already been technologically transformed to make our life so techno-social that we collectively expected to wield our biotechnological power over the virus not only with the help of medicinal means but with the assistance from a host of prosthetics, such as face masks or face shields; and sometimes “smart” mobile phones too (or any digital device that is easy to carry within our body). Thus, even before the advent of this pandemic, some of those prosthetics did a lot to help us to continue to communicate – at a distance and digitally or in our analytical space of biosociality – while remaining protected from one another’s “dirty” physicality. During the pandemic, those prosthetic items aided greatly in making “social distancing” possible. Such a prostheticised instance of sociality has altered much of our everyday life now. It is within this techno-social as well as prostheticised condition that we need to look into the contemporary form of analytic biosociality where organic bodies turn into digital bodies (kind of cyborgs) so often, effectively minimising the proportion of biology and concrete sociality within them.

Any instance of existing sociality between organisms of a specific species is always-already biosocial in a synthetic manner – sometimes known as the herding together of animals to express the joy of tactile companionship (gregariousness) with one another. However, examining the current human social atmosphere from the analytic angle of biosociality would engender different results. ‘Individualised’⁶ as we are, we often need to carry our biometric information, appropriately coded, along with our body to enter into social spheres today. This is now one important way the transmutation of biosociality is taking place. Therefore, in these cases, the proportion of biology is not actually decreasing but turning into individualised and codified measures that get fed into ever-novel applications.

Alongside such a nominalised dimension of biosociality that can be viewed after Foucault as an instantiation of ‘anatomo-political’, there are other and more totalised aspects of biosociality too. The excessive rise of the human population, their high concentration in urban conglomerates or dense villages (as we find in some parts of Bengal) and fast and voluminous international traffic of human bodies have all led to making our sociality intensely biosocial by producing overly crowded conditions (as we mentioned before). Under these circumstances, sometimes people are now more at ease with a codified surrogate sociality replacing the bodily and personalised sociality as much as possible. The widespread uses of digital signatures, profile pictures or PINs and OTPs to transact contactless business are some of the common instances of disembodied surrogate sociality. However, among such instances of surrogate sociality, certain transmuted forms of veritable biosociality arise where abstracted body statistics of someone are employed as codes instead of the whole and concrete body-being of him/her – e.g., impressions of thumbs, index fingers and images of corneas can pass as one’s identity.

It is true that, particularly under the condition of a pandemic, we appear to be less hospitable to other bodies as they are now feared more as hospices where germs tend to accumulate. That is why bodies in these pandemic days are considered as more clinical

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than socialising entities and in need of being ‘disciplined’ and ‘manipulated’ ‘biomedically’ (i.e., ‘anatomo-politically’), while the movements of ‘populations’ must be ‘observed’ and ‘controlled’ ‘biopolitically’. We think that a particular statement made by Foucault in his ‘The Birth of Social Medicine’ may compare with what we are proposing here to be the present and abiding association between the biosocial and ‘biopolitical’. Let us quote:

Society’s control over individuals was accomplished not only through consciousness ... but also in the body and with the body. For capitalist society, it was biopolitics, the biological ... the corporeal, that mattered more than anything else. The body is a biopolitical reality.

Thus capitalism, as the midwife of modernity, assisted the dynamic biosocial conditions of the growth and movement of the population, particularly in the urban areas, to usher in the biopolitical regimes of today. Such regimes took the body as the prime target for the application of ‘power/knowledge’ from without for various reasons, including ‘control’ and ‘commerce’, rather than as a source of pleasure to derive from within the conviviality of gregariousness. Under these circumstances, can we not propose that sociality at large can be seen only in a reduced or truncated form today? From here we will ask several questions.

TRUNCATED SOCIALITY AND ITS ENCOUNTER WITH COVID-19

How far has the transmuted and analytic biosociality of our times reduced the richness of social life in the absence of immediate and meaningful social transactions between embodied human beings? How far do the asocial and clinical preventive measures against the Covid-19 pandemic correlate with the truncated sociality that our existence has already become (i.e., even before the advent of the Novel Coronavirus)? The new avatars of biosocial/techno-social transactions take place between strangers facing each other rather compulsively, sometimes mechanically or even ethereally – replacing their real and substantial face-to-face communication. Today we are endowed with the virtue of cultivated indifference that enjoins us to wear masks of anonymity while roaming the ubiquitous city-space. Therefore, we already became quite “faceless” before the pandemic. The pandemic has made those masks and masked sociality literal. Now we are even learning to adapt with masks to present our truncated sociality before others, where we are practising behaving and (mis)recognising other people’s behaviour through our masked and part-faces.

However, such truncated sociality has its limits, and that is what we would like to argue in this paper. We will do so by critiquing certain forms of practices of

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'governmentality'\(^8\) that, at the zenith of the pandemic (as forewarned by Agamben),\(^9\) has made strategic use of the atmosphere of truncated sociality to often become coercive and full of authoritarian excesses with precariousness preying on some people more than others.

Truncated and depleted sociality is facilitated by our worries about the very single biologically liveable life that we have today – i.e., without any care for our “afterlife” or life after \textit{me}. However, this is not something we are imagining on our own capacity but gathering from the health and body related ‘discourses’ that are simultaneously and constantly ‘individualising’ us through what Foucault calls ‘subjectification’.\(^{10}\) Under these circumstances, our problematic and modernist technology-assisted biosocial has preempted the organically formed, commonsense idea of the biosocial, which conventionally depended on our living within a community of fellow-beings – dead and alive. Communities of expressive bindings are now being steadily replaced by committees of instrumental connectivity. The former is a celebration of gregariousness as an experience of collective ‘ecstasy’ or as an end in itself where, a la Durkheim, the community of the dead and living souls is the real object of adoration in the name of the ‘sacred’ symbolisms.\(^{11}\) But the latter is based on a cool calculation that (ab)uses everyone (including oneself) as a \textit{means to an end}, riding on the pompous horse of a modern form of rationalistic bureaucratisation.\(^{12}\) In the crowded metropolitan areas, the unknown faces never get elevated to become full “persons”.

Now, since the discursive settings usually generate a plethora of jargons and abstractions, and since in this late-modern age we are increasingly being ‘objectified’ as the categories of the ‘human sciences’ that Foucault spoke about in much of his oeuvre,\(^{13}\) we are becoming greatly adept in familiarising ourselves with ‘discourses’ used by biomedicine, digital domains etc. The concretely lived and experiential biosocial is steadily getting transmogrified into certain zombie categories that heavily inform the rising forms of analytic and coded biosociality. Our ailing friend or neighbour is quickly turning into someone “diabetic” or “HIV positive”. Then our mutual social life gets reoriented to follow the ‘regulated’ courses affected by those medical categories; and thereby we turn into cases of biomedical data rather than full persons associating with other beings – healthy or ailing. Covid-19 itself occasioned a big moment to make use of similar categories, such as “asymptomatic/symptomatic”, “co-morbid” or not, “vaccinated” or yet to be “vaccinated” etc. With the help of these code-like categories, sentient people that erstwhile remained full and carefree members of human communities are pushed over the

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\(^{11}\) Emile Durkheim, \textit{Elementary Forms of Religious Life} (1961), 258 & passim.


\(^{13}\) Rabinow, “Introduction,” 8-10.
discursive fence where medical discourses abound. Every day, novel categories to examine or diagnose or treat people with fresh ideas about the healthy or ‘normal’ and diseased or ‘pathological’ are being invented.

Now, with “socialisation of nature” fast becoming digitisation of society aided by the algorithms and coding, we cease to be the instantiations of consciously holistic beings anymore. Also, by believing in vain exceptionalism some (or all) people are moving away from creatively associating with many others (classes, ethnicities, species etc.) that together make our earth one home for all. When everyone wants to buy a bigger car, we have traffic jams. They make their very own vehicular spaces appear uncouthly large at the expense of others, leading to traffic congestion. Likewise, the members of the human species and/or some privileged sections thereof are bifurcating themselves more and more from all categories of others and claiming more and more resources that they once collectively shared with others – other species, other races, other classes and so forth. Suppose, one morning, the desperate human species comes to know that doomsday has been announced and a limited number of salvation buses are coming to collect a select few; and the only criteria for being selected would be on the basis of “first come, first served”. Most of them would simply lose the priceless “seats” not because they are not fast but simply because they are not fast enough! This is the great paradox of competition. It never calculates by adding up and multiplying the possibilities. It always tends to subtract and divide and finally arrives at a devastatingly diminished number as a craved solution, which is perfectly suited to some truncated social atmosphere. Now, it is the vast middle class and affluent people who happen to be the aspirant candidates of our “salvation buses” called vaccines. Often they were quite ready to pay dearly for them. For, in this era of neoliberalism, this is the only game in town to decide who “comes first to be served” (or saved).

But such a one-sided affluence-based competition is hardly a story about the will to live. Instead, this may be called the craving for survival – the survival of a “bare life” to live it as a poor loner. This cannot befit humanity, as Agamben controversially mentioned in the early days of the pandemic.14 However, this morbid picture can be contrasted with those images of the Indian migrant labourers turned pandemicariats. After being left completely alone to fend for their survival, many of them started walking their epic journey back home. While doing so, they were still carrying their pet animals. We believe that they would never participate in that “game” of beating everyone else or never try to create a gulf of distance from other living beings at every step like most of the prospective middle-class passengers of our “vaccine buses” would do. We may recall here that it is within this middle class that the enigmatic expression “social distancing” became a buzzword during the pandemic.

Dilip Menon15 has pointed out the deep irony and dissonance that inheres in the wording of ‘social distancing’; with society itself being a concept that presupposes human

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association, “distance” or dissociation would be its direct opposite. However, that the phrase was a huge success is perhaps a testimony to the truncated sociality as well as transmuted biosociality that is flourishing today.

1. ‘Objectification of the Subject’, Forms of ‘Governmentality’ and Contemporary India

During the recent decades of neoliberal exploits, people have already been ‘individualised’ on account of which an individual finds him/herself completely alone to make certain decisions like “registering online” or “punching ID” etc. Foucault in his own works indicated the growing importance of the relatively more individual-oriented, ‘physiological’ ‘anatomo-politics’ within a larger context of ‘biopower’ in the contemporary times of neoliberalism. Neoliberalism is acutely interested to ‘extend the rationality of the market’ in other ‘areas that are not exclusively or primarily economic’. Such ‘rationality’ prefers to individualise people bodily and fills the market with “body products”. Such a tendency on its part could possibly be approached with Marxian political economic terms as well as in Foucauldian biopolitical terms; for, at the end of the day, what the neoliberals are interested in is not only their business but power too. Right from the time of Hobbes, power cannot ever eschew control over human bodies. Such control may not always be exercised by concrete shows of force in ‘a state of war of all against all’, in the literal sense of the phrase, but more in anticipatory ‘calculations’ – as Foucault said in ‘Society Must Be Defended’. Likewise, when people stayed away from one another during the pandemic, it was not a case of considering all to be certainly infected and hence dangerous but one of anticipating that the dangerous individuals must be hiding very close. ‘Dangerous individual’ is an idea that Foucault employed in the context of the ‘nineteenth century legal psychiatry’. We contend that our purpose here might not be completely unrelated to Foucault’s sense too, for Foucault made his analysis of the bizarrely cruel psychiatric cases in the threatened overall context of ‘public hygiene’ of densely populated areas where ‘insanity’ could remain ‘invisible until it explodes’ – not very unlike our “asymptomatic” Covid-19 patients. Under these circumstances, “why take the risk” would be a ruling motto.

However, to do so in the context of pure exigency of physical contagion, subjects should be understood more as body than anything else, undermining whatever Cartesian-like preference for mind is still there. Such emergent transformation is taking place in the already transmuted biosocial condition. This transmuted form of sociality is now less filled with the pleasures of gathering together which, previously, were not about physical matter alone, despite its close association with gregariousness. It used to quench the subjects’

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16 Beck and Beck-Gernsheim, Individualization, 1-6.
18 Foucault, “The Birth of Biopolitics,” 79.
19 The Body and Society, 107-109.
convivial aspirations too, which involved coming closer (tempera)mentally and spiritually. That our sociality today is increasingly being apperceived as biologically driven has a testimony in our apprehending the approaching individuals more as vectors of a disease than persons with an illness. This is what we are describing as the biosocial transformation of today which has a correlate with truncated sociality. Besides, the pandemic seems to be as much about our infected bodies as it is surrounded by powered ‘discourses’ of the body from all sides. Societies of recent decades are increasingly weaving varieties of “discursive” baggage around the human body, raising the quantum of the analytic variant of biosociality. Here we may add a few more words about this “analytic” variant, which is distinct from the other more substantive variants and which we prefer to address in this paper as the “synthetic” one.

It is a truism now that people today are being increasingly categorised as “data” – data that are emptying humans more and more of whatever autonomous subjective substances they previously featured. “Dataism” helps to re-configure human subjectivity into abstrusely calculable and objectively derived-at artificial subjectivity. That Amazon or Google knows better than us what our very next preference should be while we are shopping online is not a “lie”, and that is a great problem. It is a “truth” already garbed in the thicket of discourses of different varieties of the analytic order. Employing Foucauldian language, this development of subjectivity may perhaps be related to ‘modes of subjectification’, whereby we can be reduced to operations that are partly held in the servers but partly in ourselves. Now, much of such “analytic order” consists of the discourses that make use of our bio(logical)-data, some of which might have implications for sociality. When some heterosexual couples decide to marry and reproduce, not only on the basis of their “hearts” but on that of their genetic make-ups, they are allowing analytic biosociality to affect themselves in a big way. The passionately felt flesh-and-blood biosocial contexts are thus superseded while the cool “blood samples” are being given the front seat. They are providing sociality nevertheless but in the fashion that may be called “test-tube” sociality, which is, as it were, more than a metaphor alone. For, artificial insemination and many other reproductive technologies are perfect arenas where this novel kind of sociality is being experimented with now where biology precedes sociality – a phenomenon that appears to oppose the conventional reproductive events. This is, in Rabinow’s thinking, ‘nature/culture’ in the matrix of his ‘biosociality’. Thus, Rabinow wrote:

[I]n biosociality nature will be modeled on culture understood as practice. Nature will be known and remade through technique and will finally become artificial, just as culture becomes natural. Were such a project to be brought to fruition, it would stand as the basis for overcoming the nature/culture split.23

Getting back to our pandemic situation, we may now confront this idea with our experiences of being shoved in or out of a “social situation” like the airport/hotel on the basis of our being detected “RT-PCR negative” or “positive”, respectively. This is where the Cartesian primacy of mind encounters a peculiar juncture; for, it is now the body that is being

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targeted first, but this story of discriminating certain bodies revolves around an intellectual function taking place in an expertise-driven mindset.

We can relate the above to what Foucault said about the specificity of our modern societies today, where we are more and more taking ourselves – the human ‘subjects’ – as ‘objects’ too, produced as the outcomes of a set of ‘discourses’. With his ‘three modes of objectification of the [human] subject’ – namely, ‘dividing practices’, ‘scientific classification’ and ‘subjectification’– we will find that this present pandemic is an exemplary biopolitical occasion where we are trying to ‘govern’ ourselves by ‘objectifying’ our being: firstly, by confining ourselves into our homes (i.e., as a ‘dividing practice’) to make ‘surveillance’ more effective (and additionally so by making adequate use of the updated digital technology that Foucault did not have opportunity to witness); secondly (as part of the project of ‘scientific classification’), by increasing the scope of intrusion of ‘power/knowledge’ into the very private bodies of ours; bodies being the ideal ground for testing, treating, vaccinating and, of course, observing and by concatenating the fruits of different “disciplines” like medicine, physiology, epidemiology, virology, social medicine, statistics, ICT, mathematical modelling of pandemics etc., along with the necessary help from public administration, law, penology etc.; and, finally, by ‘subjectifying’ (i.e., the ‘subjectification’ of) ourselves by ‘self-disciplining’ our unruly bodies into ‘docile’ and ‘normalising’ ones, believing that this is now the only way to go about the “care of the (diseased or potentially ailing corporeal) self” during this exceptional time that has turned into a medical emergency. Thus, this assumes the form of a duty of the proper citizens, who are now expected to be knowledgeable enough to keep a safe distance from their neighbours – not only for their selfish desire to save themselves but also for the sake of others. So, we are now producers/consumers of the discourses that resonate with the changing nature of the biosocial – from the ideal of togetherness to the virtue of distantiation.

The Foucauldian exercises on ‘subjection’ and ‘modes of subjectification’ can sensitise us to look into the fate of the everyday life of Indians who, during the pandemic, indeed experienced a high level of alteration to their daily routines that went along with the change of stance as regards their strategies of biosocial association/dissociation. Perhaps as a result of this transmutation, the national governments and official healthcare systems were seen to deal with Covid-19 without facing substantial resistance from the multitude. One may recall here the natives’ resistance to anti-plague measures in the Indian subcontinent during the colonial age. It appears that at the time of the spread of Covid-19, the Indians were already too biosocially fractured to cultivate much collective grievances against the state’s stern attempts of instituting “social distance”. Perhaps their ‘subjectified’ bodies are now duplicated as active ‘souls’ in a fashion even more than those ‘bodies of the condemned’ that find themselves ‘subjected’ in the ‘prisons’ as merely passive and ‘docile’. These pandemic-time bodies stayed “imprisoned” within their homes partly on their own accord. Hence, there was no question of the colonial era resistance on their part.

25 Ibid.
It appears that these bodies remained ‘supervised’ and ‘constrained’ and are not completely unlike the imprisoned ‘bodies of the condemned’. Thus, the “locked-down” bodies of the “innocents” suffer from the ‘effects of a certain type of power and the reference of a certain type of knowledge’—the ‘power/knowledge’ of the state and biomedicine working in tandem within a context of a ‘political anatomy’ producing conformity and at least a mild form of ‘docility’.

Despite the above, allegations abound that some states, including the Indian state, have made certain excesses, the effects of which were bound not only to ‘political anatomy’ but to political economy of a coercive state. Even though the pandemic hit us all similarly in our biological capacity, making our condition medically fragile across class and creed, we have never been a unified us socially and ‘governmentally’. Precariousness at the time of the pandemic, i.e., when the virus completely shattered the states’ usual-time governmental practices, arrived very harshly at the door of those who had to struggle the hardest to sustain themselves even before the pandemic. The pandemic-time precarity turned some of them (e.g., the migrant workers) into absolutely hapless “pandemicariats”. As far as the Indian context is concerned, the longstanding culture of hierarchy and the contemporary majoritarianism (or the extant templates of biopolitics) of this country made the ‘governmentalising’ of people look even more skewed at the time of the pandemic.

First, using the Indian context, we will now briefly examine certain examples of ‘biopower’ and ‘governmentalising’—namely, Covid zoning, prescriptions and proscriptions for individuals and the announcement of lockdown—that resembled many other countries. Later we will argue that the modalities of ‘government’ that all might have used to combat the “curse” in some way did vary between the states but not always with similar agendas. Such a difference might not have full but at least some association with our proposed terms of distinction between the two forms of biosociality—namely, the synthetic and the analytic.

During the “first wave” of the pandemic, the pathological social geography of Covid “zoning” in India distributed the whole ‘population’ over a ‘territory’ into several categories as a perfecting practice of pandemic-time ‘biopolitical’ strategy to ‘segregate’ the population. “Green zone” referred to the reassurance of the absence of a single case where many ‘public activities’ were permitted. “Orange zone” cautioned about ‘a few cases’ of infection where outside activities were allowed in a limited manner. “Red zone”/“hotspot” warned of a ‘sizeable number of cases’ where all ‘public activity’ was denied. When it comes to the pole of ‘anatomo-political’, the strategy is to target the individual bodies instead. Then it obtains the following prescriptions and proscriptions for individuals: “quarantining”, “home isolation”, “social distancing” and compelling people

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28 Ibid, 30.
to practise several dos and don’ts. This ‘regulatory’ and ‘disciplinary’ regime of ‘biopower’ has gone hand in glove with ‘governmentality’.

One may hold lockdown as a classic case of governmentalising. As far as we could see, Foucault draws a distinction between ‘traditional theories of sovereignty’ and ‘governmentality’ by drawing attention to the former’s ‘fundamental link’ with a ‘territory’; while the things which the government is ... concerned about are men, but men in their relations, their links, their imbrication with those other things which are wealth, resources, means of subsistence, territory with its specific qualities ... to other kinds of things which are customs, habits, ... etc; lastly ... to ... accidents and misfortunes such as famine, epidemics, death, etc.30 (Italics are ours)

But, as Foucault went on writing,

Machiavelli’s prince [or a sovereign ruler bent upon to ‘keep his principality’, having a ‘territory’] ... is by definition unique in his principality and occupies a position of externality and transcendence ... [However, p]ractices of government are ... multifarious and concern many kinds of people – the head of a family, the superior of a convent ... the teacher ... of a ... pupil – so that there are several forms of government among which the prince’s relation to his state is only one particular mode ... [W]e find ... a plurality of forms of government and their immanence to the state or society ... [T]hese activities distinguish them radically from the transcendent singularity of Machiavelli’s prince.31 (Italics are ours)

Now, lockdown is not only a technique but an overall “apparatus” that binds a people to a myriad set of restrictions that are much more than confinement alone. It is detailed and revolves around what is now popularly called “the new normal” – a comprehensive ‘technology’ to exert comprehensive control over people. Usually, it is maintained not only by the state but by many authorities under the state in the name of “Covid protocol”.

Thus, in the above, control operates over people not only from without but also from within. The knowing subjects are seen to employ ‘power’ over themselves qua objects by “monitoring” their own movement. Foucault’s idea of ‘governmentality’ has always been very useful to splice together governing others and governing oneself. And, what is exactly required to do – where and when, by whom and to whom and how – all depend upon the specificity of the case or situation concerned. Hence, ideally, it is not expected to look like a fiat from the external point of a “princely” ‘sovereign’ ruler but should be so detailed and followed with so many assistances that it needs an “immanent” form of a duly ‘governmentalised’ state.

Thereafter we may, partly following Foucault,32 problematise the practice of governmentality by drawing a distinction between two forms: more authoritarian and more

32 Foucault, “Governmentality,” 201-222.
democratic. When the head of state tends to act like a “princely sovereign”, s/he resembles someone whose relationship to the state is of ‘singularity’ and ‘externality’. But, as a template of practices, today’s governmentality considers that the rulers themselves are not external to the “regime”. We propose here that by carrying out a host of excesses, the ruler(s) of India today are often acting somewhat like regal autocratic centres of power whose rulings may resemble being (sort-of) singular and external. Agamben holds that a ruler’s acts can be considered ‘sovereign exceptions’ when s/he represents a position of ‘inclusive exclusion’ to decide to ‘declare a state of emergency’.33 While discussing ‘government’, Foucault too points out the importance of the ‘conscious decisions’ of the ‘administrators’34 (italics are ours). But Agamben, while discussing Foucault’s ‘biopower’ and ‘exploring’ the ‘roots of modern power’, went further to make a claim about ‘a number of decisive points’ where a ‘sovereign exception’ becomes ‘operative’,35 (italics are ours), such as declaring someone as ‘homo sacer’ to be wronged/killed by anyone – lawfully but with no law to protect the victim.

However, pace Foucault, if governmental practices tend to grow more authoritarian as a measure to control medical exigencies, such as what has happened in the aftermath of the pandemic, they probably match with modern biopower’s target to extend ‘power over life’ (instead of ‘right of death’) and to make arrangements for ‘making live’ and ‘letting die’.36 However, in that case, one may argue that ‘power’ requires to be employed evenly over the population without prejudice. But, instead of that, when authoritarian practices are geared to a certain prior classification of the population (such as between middle-class and underclass or majority and minority), this has got nothing to do with medical logic, and when certain decisions look not only fateful but arbitrary too, the intent of liberal governmental reason should be suspect. We are afraid that in certain countries the matter was close to such dubious proceedings, and India was, at least partially, included among them. And we assume that in India the symptoms of such illiberal authoritarianism could be seen from pre-pandemic times too. Moreover, whether the clause of ‘letting die’ does not ever run the risk of slipping into ‘making die’, as happens to ‘homo sacer’, we are not very certain about. Looking at the mutual differences between Foucault and Agamben from Rabinow and Rose’s article,37 we may argue that perhaps we are here treading a middle ground between these two key thinkers.

One may venture to compare pre-pandemic measures like the demonetisation of high value currencies with nation-wide lockdown during the pandemic – both of which were announced with stunningly short notice in India. Hence, it may prove to be right to talk about benign (or low-key) governmentalisation as opposed to such excessively skewed governmentalisation, which can become particularly sharp in the transmuted and reductive-analytic biosocial ambience that we have elaborated previously. Our contention is that

33 Alex Murray, Giorgio Agamben (2010), 62-63.
34 “Introduction,” 7.
35 Murray, Giorgio Agamben, 63.
37 “Biopower Today,” 202-203.
within an overall social spectrum where more communitarian forms of biosocial existence have already been suffering, and sociality has been severely “truncated”, such malign forms of authoritarian governance could be practised more efficiently and perhaps more effectively in a country where ‘modernity’ and its apparatuses were produced under compromised conditions of dependency in a postcolonial state like India.\(^{38}\)

Benign governmentalisation is quite possible, and it functions in what we ordinarily call welfare states of liberal political economy. This is not to say that their rule is beyond criticism. However, when Agamben in 2020 said that states might now extend their power for good by capitalising on their additional power – assumed at the time of pandemic\(^{39}\) – he may prove to be especially right for states like India and Brazil, where liberal forms of governmentality had already been under duress even before the pandemic.

With this we will go to a long excerpt from Foucault to get back to the matter of the alteration of everyday life at the time of pandemic. Through a comparison with that text, we will observe that in the Indian situation the governmental procedures employed at the time of the pandemic were not always coming from the autocratic centres alone. During pandemic times, those procedures indeed resembled authoritarianism, but certain forms of authoritarianism had popular participation and support and were not necessarily prejudiced against any particular section.

The following, according to an order published at the end of the seventeenth century, were the measures to be taken when the plague appeared in a town.

First ... the closing of the town ... a prohibition to leave the town on pain of death ... the division of the town into distinct quarters ... Each street is placed under ... a syndic, who keeps it under surveillance ... On the appointed day, everyone is ordered to stay indoors: it is forbidden to leave on pain of death. The syndic himself comes to lock the door of each house from the outside ... Each family will have made its own provisions; but, for bread and wine ... allowing each person to receive his ration without communicating with the suppliers and other residents ... Only the intendants, syndics and guards will move about the streets ... the “crows” ... can be left to die: these are “people ... who carry the sick, bury the dead, clean and do many vile and abject offices”...

... The gaze is alert everywhere ... Every day ... the syndic goes into the street for which he is responsible ... Everyone locked up in his cage, everyone at his window ... showing himself when asked ...

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\(^{38}\) Partha Chatterjee, *The Present History of West Bengal. Essays in Political Criticism* (1997), 193-210. However, this is not Chatterjee’s argument. We are only borrowing his idea of ‘our modernity’ to propose our hypothesis.

This surveillance is based on a system of permanent registration ... [—] deaths, illnesses, complaints, irregularities [are] noted down and transmitted to the intendants and magistrates ... The registration of the pathological must be constantly centralized...

Five or six days after the ... quarantine, the process of purifying the houses ... is begun. ... All the inhabitants are made to leave ... perfume is poured around the room ...” (Italics are ours)\(^{40}\)

The degree of verisimilitude of the contemporary condition in India with this seventeenth century imagery of Europe varied with similarities and dissimilarities, continuously trying to surpass each other. Yet, sometimes, they are so different! For, the fear of death during the present pandemic was mostly about getting infected and sometimes for losing access to food and essential medical services, while the above passage has, in several places, a phrase like ‘on pain of death’, hinting at some possible violation. This is one important difference between what happens when a ‘prince’-like despot issues a decree that belongs to an autocratic authoritarian form of ‘government’ and when the order is released by an apparently liberal and democratic, governmentalised state. But, even today, countries like North Korea, or even China and Russia, responded to the pandemic in a much harsher manner than most of the other countries did. We think that this can be better explained not in terms of the degree of the outbreak but by taking note of the extent of the existing state of centralisation of power in the autocratic hands of some ‘sovereign exception’.\(^{41}\) We are afraid that the recent trend of authoritarianism in India may account for several instances of undemocratic forms of governance employed during the pandemic.

But as far as the everyday fear of death by being infected by Coronavirus is concerned, it appeared that such unkind days as narrated in the above quote were sometimes knocking at our doors. Yet, people hoped to be salvaged with their “will to live” amidst the dead-bodies never meeting their close ones, amidst the suffering patients gasping for air and knowing well that they were just left to die since the oxygen cylinders were in short supply, and so on.

We still remember what happened to many parts of Bengal when some person had been reported as “RTPCR tested positive”. Municipalities or similar civic bodies immediately rushed there to sanitise the whole tenement – at least the outside. Then a big placard was hung on the front door of the house, where the infected person and his/her family were locked-in, announcing that a “dangerous individual” was inside. Although, unlike the seventeenth-century story, the lock was not applied from outside, as everyone in the vicinity acted like self-appointed moral guards. However, in many cases such ‘surveillance’ was not necessary, for the family of the infected person knew the “quarantine” rules well enough to lock themselves from within. Sometimes the state, but often other agencies as well as the “good” neighbours too, did well to provide their ‘rationing’ with all the good intentions but rarely without taking every precaution to prevent getting infected. This peculiar mentality (and sociality) may be understood as emergency-time “govern-

\(^{40}\) Foucault, Discipline and Punish, 195-197.  
\(^{41}\) Giorgio Agamben, 63.
mentality” with a fair degree of collective ‘gaze’ watching from “dispersed centres” but at the behest of a centralised state. We like to distinguish such authority from the autocratic type that decides arbitrarily to twist the governmental practice to gather illiberal excesses.

Now, in the above quote, the watchful readers must have noted the subdued presence of the ‘crows’ – those who ‘carry the sick, bury the dead’ and carry out many ‘vile and abject’ tasks, and who ‘could be left to die’ without qualm. They, as part of the underclass, remained the worst victims of those pandemics of the old days. In India today, however, apart from the ‘vile and abject’ menial workers, whose dangerous ‘precarity’ at the time of a pandemic had been unmistakable, there arose another vast section of the population who turned pandemicariat overnight – as though ‘left to die’ – when the sudden lockdown was announced.

2. “Locked-out” Pandemicariats: The Infamous Case of Migrant Workers
The case of the migrant workers during the pandemic deserves a special mention, and we argue that the precarious and insecure state of existence in which they found themselves can perhaps be better understood through the notion of ‘pandemicariat’. The concept of ‘precarity’ or ‘precariat’, on which we want to develop the concept of pandemicariat, is tied with precarious and fragile conditions of life. After Judith Butler wrote about ‘the precarious life’, the concept has been further developed and extended by others. Butler writes: “Precarity designates that politically induced condition in which certain populations suffer from failing social and economic networks of support and become differentially exposed to injury, violence, and death.” She calls for our ethical responsibility towards those social groups and classes, such as refugees, populations suffering from poverty, starvation etc., whose lives are perilous but not yet lost and, therefore, grievable. Guy Standing developed the concept of ‘the precariat’ as those social groups living precariously – and without security — because of the changing socio-economic policies pursued by states under the neoliberal hegemony as the new dangerous class. Mursed Alam, writing on the stateless Rohingyas, extended the concept to include the Rohingya refugees as the ‘nowhere-nation-precariat’. Building on these conceptualisations on precarious life, we want to use the concept of ‘pandemicariat’ to designate those social groups and classes who were exposed to multiple forms of vulnerability and fragility because of governmental apathy, un-care, bad decisions, social stigma, and economic loss apart from the Covid-induced general fragility of life. The locked-out migrant workers in India during the Covid-19 pandemic, therefore, can be viewed as classic examples of the pandemicariats.

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45 Standing, The Precariat. The New Dangerous Class, passim.
We are proposing that this neologism (pandemicariat) appears to embody almost all kinds of destitution and exclusion as listed above. The huge number of migrant labourers has been produced by neoliberal expansion, and their locked-out and highly “insecure”, “precarious”, and “fragile” condition was one direct consequence of a harsh (bio)political measure on the part of a “securitised state” that unabashedly left them “differentially exposed” to Covid-19. The irony is that since the citizens of the state were kept sealed within their home during the lockdown, this deserted section appeared to lack any state at all. The general apathy bordering on antipathy toward them was occasioned by their supposed status of potent “vectors” of the deadly disease; hence a “new dangerous class” in the middle-class imagination. Once again, we may recall what Foucault described about the ‘dangerous individuals’ and how his concept was linked with the issue of ‘public hygiene’. However, their ‘perilous life was not yet lost’, and that is the reason why they decided to return home against the heaviest odds. Without income and proper food, with class bias operating against them in the areas they halted at, with police harassment and the apathy of the government – the migrant workers found themselves in a state of complete rejection and un-care. As there was no transportation arranged for them by the state, they found it wise to make their own ways home – some hired trucks, some journeyed with bicycles and most others, without any other option, decided to return home walking hundreds of kilometres. The images of families of migrant workers on the move with bundles of belongings overhead and holding children were aplenty. There were reports of police harassment at the inter-state borders, or of arrests, or of being hosed down with disinfectant. Such instances of bleaching the migrant workers point to how they were reduced to ‘bare life’ – to the persona non grata or to mere threatening bodies that must be got rid of. Many perished, tired and exhausted on their journey. On 8 May 2020, fourteen migrant workers, who were completely worn out and sleeping on a railway track on their way to Aurangabad to catch a special train, were crushed by a train.

Although there are no government data on the exact number of job losses, according to Mahesh Vyas of the Centre for Monitoring Indian Economy (CMIE), 21 million salaried jobs had been lost by September 2020, and as per ILO, there was a 22.6% fall of wages in the informal sector. The loss of jobs and the fall of wages are perhaps common to pandemic stories across the world; what is uniquely Indian is the general indifference towards the plight of the migrant workers – haggard, hungry and desperate to reach home.

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CONCLUSION

We would like to refer to the two paradoxes with which we began our essay: election campaigns that ran wild in India at the worst hours of the pandemic and the issue of the locked-out migrant workers who seemed not to belong to the so-called mainstream of the pandemic-time population – particularly the middle class – safely ensconced within their home. Pandemic, it appears, rolled out a fresh form of majoritarianism based on class and occupation in a country that had been already suffering from triumphant Hindutva-based majoritarian politics for a decade; so much so that sometimes we wondered whether we should talk less about the behaviour of the political class and more about the passive support that it occasionally received from a sizeable section of the middle class. For example, the middle class more or less toed the line by locking themselves in when the political class demanded it and by voting en masse when their leaders so desired! Interestingly, at the time of the elections, when lockdown was almost completely sidelined, even standard Covid protocols, such as wearing masks, were flouted by the leaders too. Their lead was followed enthusiastically by a great many – cutting across classes – turning ‘governmentality’ into travesty.

As for the pandemicians, we were often bewildered by their life-affirmative responses even during the darkest hours of Covid-19, i.e., with the images of fellow-feeling, sacrifice and love and care among them; and those spirited actions appeared to be in no need of leaders at all. We saw images of migrant workers walking back home with bundles of belongings overhead and pets, such as dogs and cats, across the lap. Also, there were images of a migrant worker getting down from a lorry with his ailing friend and taking care of him, braving the threat of Covid-19, and of a young girl trying to blow air from her own mouth, in the absence of oxygen cylinders in a hospital, into her infected mother’s mouth. These all point towards the defiance of life and its unvanquished will. Maybe such images are only snapshots and some contrary evidence could perhaps be piled up too. But these life-affirming images were circulated widely, attesting to their value as a “truth” that mere statistics cannot always capture. Nonetheless, what is particularly noteworthy is the silent energy they mustered to reach their home while braving dangers from all sides.

Contrary to common sense, this “will to live” of the pandemicians proved to be a hard thing to crush. And one source for that will to live has to be sought in their daily practices of social life that still belong closely to the socialising realm of the body that do not choose to see the other bodies as the probable vessels of contagion or a “necessary evil” that must be endured while living in a crowded slum. The living condition of the underclass might be deplorable and require correction badly, but its upside is that they still maintain their gregarious and more communitarian social life. Deprived of all forms of capital, they make their body a resource from which to draw the pleasures of conviviality in their concrete corporeal co-existence.

And, if we now look at the massive Black Lives Matter movement that took place in the USA – a country that witnessed Covid-19 devastatingly – in the very middle of the pandemic, we can reckon with the mighty power of life’s defiance. Those gigantic
spiralling processions through the streets and open fields, however, bring us before another interesting paradox. We confront two huge masses of bodies walking under the bare skies of two vast countries – separated by thousands of miles – for the sake of certain other bodies: one (the migrant labourers of India) as the (apparently) passive and passing victims of a shameless attempt to save the value of the truly ‘bare lives’ of the frightened locked-in bodies, especially of the middle class; and another (people in the USA standing for Black Lives Matter) as the most vibrant expression of fighting for the value of the friendly, honourable bodies of a wronged section of the population without caring too much for the ‘bare life’ of anyone.

This is how one may search for the will to live that sometimes, even somewhat irresponsibly, defied the lockdown rules but at other times thundered on the opportunist political class and their confused middle-class followers. While writing, Foucault scarcely did any advocacy. But, in ‘The Subject and Power’, Foucault50 said that under the current forms of subjugation and ‘subjectification’, it is not enough to resist the state’s direct domination. We are sometimes required to de-link from the state and its related institutions, indeed, but we also need to ‘refuse’ to become ‘individualised’ by other ‘modes of subjectification’ too, and particularly modes that are alluringly construed through expertise. Their path is analytical, whereby we tend to lose our substance.

Hence, this can be the politics of today against the mighty and incisive ‘biopower’. Potentially, such a politics might sometimes look strangely close to resignation, bordering on “passive resistance”, as happened with the walking migrant workers. In the aching bodies of those migrant labourers, one could perhaps see, in a flash, such a statement of embodied ‘refusal’ fuelled on a will they had probably found from the spree of their biosocial existence that still believed in “we-feeling” and the union of their bodies instead of division and abstraction.

References


Biosociality, Excesses of Governmentality and the “Will to Live” of the Pandemicariat


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