Vulnerability Studies: An Introduction
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Pandemics and Biopolitics

In our third lesson in the module on biopolitics and vulnerability we shall now turn to something that has troubled us, distressed us and haunted us for quite some time now and that is pandemics and biopolitics and we shall take these as the next set of lessons which demonstrate to us, actually speaking, the ways in which biopolitics played out in our most recent memories. And we will start with a case most popularly seen in Hollywood films and there is a list here a very brief list *World War Z, I am Legend, The Happening, Invasion, The Stand, Alien, The Andromeda Strain, Clay's Ark* etc., what is normally called the bio-invasion narrative. Each bio-invasion narrative highlights the vulnerability of our planet, our, as in human life and the consequences of our present globally connected world. Priscilla Wald refers to them as the outbreak narrative. Normally, these can be divided into two or three categories, the bio-invasion narrative can be divided into two or three categories.

There is an invasion from outer space, there is the escape of a virus or a particularly dangerous bacterium from human made conditions, human ecosystem such as laboratories or for purposes of war or these are viruses released from somewhere within the earth's dark underground places that are mysterious, traditionally troped as stereotyped, as mysterious, such as Africa. And the bio-invasion narrative hinges on the blurring and the breaking down the erosion of borders. The borders of the body as in the human body are breached, the bodies of communities are breached and eventually the borders of the nation and finally the planet itself. So, the bio-invasion narrative is a way of talking about vulnerable human bodies, plant and animal bodies but also the vulnerability of entire communities, entire ecosystems and the planet itself.

As Priscilla Wald would say and the quote is up there for you to take a look at, "microbes, spaces and interactions blend together as they animate the landscape and motivate the plot of the outbreak narrative" That is her term, a contradictory but compelling story of the perils of human interdependence and the triumph of human connection and cooperation, scientific authority and the evolutionary advantages of

microbes, ecological balance and impending disaster. Jack Morgan, in his study of horror texts, speaks of the invasion narratives as addressing organic states of siege, whether the organic unit under siege is the cell, the house, the city or some other expression of the human biological matrix. What is important in the bio-invasion narrative is the interconnectedness of the world, of the people, of the regions is precisely what enables a globalization of the pathogen. That is, the very structures, technologies and processes that brings various parts of the world together cause the pathogen to spread.

So the virus spreads because people travel. Airports and road systems spread the virus. As we know during the pandemic, it was seen as necessary to shut down all international travel because when the people travelled, the virus also travelled. So, during the pandemic, 2020 and after, the pandemic also made visible the bio-political regimes that we live with. And I have listed a few points which highlight the key features of the pandemic and its bio-political regimes.

It promoted a bio-invasion narrative which was racialized, that it came from China, so it is a Chinese plague and so on and so forth. It emphasized borders, bodily borders, wear a mask, wash your hands, sanitize yourself, it emphasized the borders of entire communities. So whole residential areas were closed off, barricades were put up, no movement in or out. Then of course there were national barriers being shut down, no travel between nations, between regions. The pandemic highlighted the bio-political control over the movement of people.

As you know there were frequent public health notices saying "don't go out into the public", "don't go out without your mask", "travel only when absolutely necessary". If you recall what you have said about the bio-political systems, it was the monitoring of people's movements and their location. It gave considerably more power to the state to manage populations, distribute medical supplies, control spaces, everything, because it enabled the declaration of what was called a medical emergency or public health emergency and the declaration of a crisis which meant stringent laws could be invoked and people could be controlled, people could be issued orders not to go somewhere or go under certain circumstances, wear certain kind of protective clothing, your face mask, sanitize and you might have seen that in public places also there were demarcations of where to stand, you had to maintain a certain distance, physical distancing, what was at some point called rather awkwardly and inappropriately social distancing, you keep a distance between people and you might have met this situation where in supermarkets also circles were drawn on the ground and you would each stand only in that particular circle so that a certain physical distance was maintained. This is bio-political system, what else can it be? And it also because of this rendered already vulnerable populations such as the elderly even more vulnerable because they were subject to more stringent

conditions of living. They had for example very little domestic, these are not always people who could go out and buy things because movement was restricted, they were not always able to access apps and digital marketing services on their phones because they were not used to such technological systems, they were also subject to deficient medical practices.

These bio-political systems in the pandemic created new hierarchies of nations across the world. For example, which countries had advanced science to produce vaccines, to distribute vaccines, to distribute welfare measures. Now we know that in various countries medical and research facilities were meagre, there was no possibility of them developing a virus, a cure, a virus preventive system. In fact, humanitarian aid had to be given to them in the form of medication, medical help and also things like even sanitation regime systems and masks. Very clearly the world suddenly discovered which countries had the resources to battle the pandemic and take care of its people and which ones could not.

A new hierarchy thereby emerges and this is important because it actually demonstrated the fault lines. It enabled also a very powerful racial discourse to emerge and this is what the then President of the United States Donald Trump actually said, "it's China's fault, it should never have happened, the China plague". And as we know, as we saw and as we have noted in public discourse, people of Chinese origin were targeted, it produced a greater fear of the foreigner, it amplified already existing xenophobic tendencies. All horrible things happened because this is what the Chinese did, this is what the Chinese ate, this is how their laboratories are, the Chinese science is flawed. The xenophobic discourse which has characterized European public and imaginative writings on the Orient and the East became exacerbated, amplified, multiplied, reiterated endlessly.

Xenophobia reaches its height in a time of crisis, as we know. So, it's very quickly possible to identify a racial other as the scapegoat which is effectively what happened during the pandemic as well. Now that's one side of the picture. The other side of the picture is the kind of initiative shown by well-known research agencies, well-known hospitals and resource centers. And my example is the Johns Hopkins Coronavirus Resource Center which put together something called the COVID-19 dashboard.

And it created IVAC data, International Vaccine Access Center, IVAC data from a large alliance called the GAVI Alliance to show how many people in any part of the world had access to vaccination and other services. And on this particular dashboard in 2019, it showed, this is before the pandemic and talking about health services, it showed that the number of children in India with no access to vaccination was higher than many other nations from the global south. Which means the data highlighted the inequalities and

vulnerabilities of already vulnerable populations in the world. Children as we know are already always vulnerable populations. And this kind of data showed that our medical services are not or were not equipped to deal with a crisis like this.

This is data from 2019 but if the data from 2019 was already showing that children from the global south and in countries like India had lesser access to vaccinations then what could have happened in 2020 and the onset of the COVID-19 pandemic. Which is why the point I made, the already vulnerable populations had their vulnerabilities amplified and the data, the database, the dashboard showed this in real time. In the midst of this there was also the drive towards what came to be called Vaccinationalism. That is vaccination linked to nationalisms. And the then United Nations Secretary General Antoino Guterres in January 21, that's one year after the pandemic began, declared that Vaccinationalism is self-defeating and will delay a global recovery. The point here is the pandemic exacerbated pre-existing vulnerabilities and biases.

Johns Hopkins Berman Institute of Bioethics and the Center for Health Security also at the Johns Hopkins but at the Bloomberg School of Public Health noted five crucial points that digital public health technologies must be employed in a way that pre-existing patterns of inequality and unfair disadvantage are not highlighted. That is if there are structural imbalances, systemic inequalities in any country, digital public health technology must not exacerbate this, should not amplify this. Wherever possible, digital public health technologies must be designed to rectify those inequalities, not to highlight them. There must be oversight mechanisms to ensure improved public health outcomes, that should be equitable. And there must be incentives and disincentives for adopting new technology which are again equitable not exploitative. What are these measures supposed to do? Why are these norms? Because they are not legally speaking enforceable, they are suggestions and guidelines. What the Berman School document and this particular document from the Johns Hopkins people and institutions are pointing to is at a time of crisis already existing vulnerabilities and inequalities become amplified and the introduction of new policy, new technology must be done in such a way that these existing pre-existing conditions are reduced, not highlighted, mitigated and not amplified. These are policy matters. I accept that these are not within our purview.

But these are also policies being given to scientists, to the medical system to make sure that they are more equitable. And as the last point on your screen shows, disparity driven technology gaps should explicitly recognized. This is not connected to health but you might recall that the UNESCO document published in the wake of the pandemic showed that more school dropouts happened in the global south than in the global north. And the UNESCO document on this pointed to the lag that would come into being as a result of the pandemic. The same applies to questions of health. If the existing system, health systems are already in a state of deterioration and more people find it difficult to get

access to health services, then the pandemic clearly was going to highlight and amplify the inequalities because at a time of crisis more resources are grabbed by those who are able to have access to them than the poor. Which means the poor effectively will not get the medication that they need. Then the poor will find it more and more difficult to survive in the time of crisis because they will lose their jobs, they will not have access to food, they will not have access to medical services. So, the digital technologies that were at the forefront of the pandemic battle, of the battle against the pandemic should not be in such a way as, should not be used in such a way as to highlight these, they should be made to address the digital divide as the slide shows. I have already mentioned vaccine nationalisms and this continues the point.

The research, production and marketing of vaccines by a nation's institutes and pharma companies were often described as driven by national interests and people began to say it is for our country first and then for the world which is why the statement by the then United Nations Secretary General that vaccinenationalism is not in anyone's interest. So. vaccines, nations and vaccinenationalisms are really not the way we should battle the pandemic. So, when a state proceeds to vaccinate an entire citizenry, what it is doing is it is trying to ensure the immunity of entire populations and it links medicine, vaccines to questions of national identity. And the debate emerges as to who deserves vaccination first or medical care first. You will remember that in some countries the elderly were not given hospitalization advantages because they said the preference should be given to the younger and more able-bodied people.

You begin to see the debate around deserving populations in terms of age or comorbidities and others during the pandemic. The right to health claim was made by citizens upon the state. They said we have to be taken care of, you have to ensure timely vaccinations, timely medical services, timely health benefits and that is the job of the state. So, the claim began to be made but this claim is also a hierarchy like I said a few seconds ago. The elderly did not have that kind of right, did not have access to the same kind of care and the debate in many parts of the world was who deserves? Do the old deserve it as much as the young? Are they entitled to the same hospital care because hospital care was expensive but hospitals as you know during the pandemic were under tremendous pressure.

There was not adequate bedding available, there was not enough nurse services around, there weren't enough of anything. And under such conditions should we give priority to the elderly or should we give priority to the young who have a better chance of survival? This was the big debate. Then of course there was the debate around individual versus collective health which is our next biopolitical theme. And Lisa Diedrich working in the Medical Humanities and the Social Sciences Studies of Medicine noted in her essay on

her blog that by refusing to wear masks and to practice social distancing people sought to demonstrate how much they do not care that people are dying. And what happened here is as some of you might remember from the public discourses of that time some people refused to wear masks, some people refused to take vaccine.

They were called anti-vaxxers and they said "no we have the right to not vaccinate ourselves, we have the right to not wear a mask" and Lisa Diedrich speaks about the indifference of some to the health and illness of others because we as an individual is claiming "individual autonomy" within quotes which could come at the expense of collective ill health. So, the question was does the individual have the right to remain vulnerable to the pandemic and its consequences and does the individual have the right to endanger other people? So, the debate became one between individual rights and collective or public health and this as some of you might remember was a big issue. And in a volume of comics called the *Covid Chronicles* some of these themes have been studied. So, Peter Dunlap-Shohl's graphic narrative "The Dance of Death" shows how individuals in the United States went to shops and restaurants and the beach not wearing a mask, not really caring and in the particular comic strip Death is walking through the crowd staring at one individual or the other and at a key point in the narrative he shows us the White House. Donald Trump the president is standing by without a mask and he is speaking and of course he is not only at risk but he is also a risk to others and Dunlap-Shohl draws a masked figure with a scythe, death stands.

Beneath this panel is Dunlap-Shohl's indictment of the Americans who began to claim like I just said after Lisa Diedrich's quote people who are claiming individual rights as paramount and the slogans being held up in the form of placards as "reopen America", "live free or die", "end the lockdown", "give me liberty". Effectively it said Americans have privileged individual freedom over anything else. Collective health, collective danger, collective sickness is not by issue. Another one Seth and Tamara's comic book "Back to Work" shows how Donald Trump used the Defense Production Act to reopen Meat Packing Plants because meat was important as a food item. So, he said let's reopen America and their workers died of COVID-19.

So as the comic book showed very clearly the people, the workers were exposed to the virus and died and as the comic book clearly says "they want us to go back to work because then they can stop paying us unemployment benefits". But in most cases the social history of pandemics were exposed for the racial dimensions. COVID-19 was not treated as an example as Maureen Burdock and Joanna Regulska's comic strip in this particular volume the *Covid Chronicles* shows the right to breathe and the right to be if you remember was a clear reference to the abuse of the African Americans in the pandemic, the Black Lives Matter movement which emerged during the pandemic and

some of you might remember the case where the black man choked to death because of the way the police behaved right a very well-known incident. The headlines in the graphic texts here between two worlds and others show actually what was going on. Racism is a pandemic, Black Lives Matter, enough is enough.

More and more warnings were issued to blacks, African Americans and colored people than to other people. There was as they noted a very clear evidence of racial bias in what was going on during the pandemic and another text shows how which is titled "How to have a Powwow in a Pandemic". Native communities suffered, native communities have always endured wave upon wave of pandemics because they were living in Reservations without adequate sanitized clean drinking water, without adequate medical services. There as you can see and imagine the effects of the pandemic were far, far worse and on many Reservations these people more and more of these died. The *Covid Chronicles* as a graphic novel collection mapped the rise of new vulnerabilities and the pandemic states of being of the youth in terms of employment or forced isolation, many of them lost their jobs, they did not enough social security and you would think of creations such as the reservations which restricted the Native Americans and their conditions of life whereby more people experienced perhaps the worst our worst effects of the pandemic.

Very clearly the pandemic was racially differential in terms of the effects and here too we are talking biopolitics because when the pandemic was in process the regulations hit the colored African American and other people harder, it hit the reservations harder, Reservations where the Native Americans have been placed. It affected the elderly in far worse ways than in other cases. So, in all these examples what we are looking at is the very clear biopolitical systems that disadvantaged already disadvantaged people where it was not the virus alone that damaged them it was the social systems that damaged them. The lack of security, the lack of access to healthcare, the lack of proper nutrition, the lack of safety and of course severely oppressive regimes that place them under greater and greater control that in the midst of the pandemic also exacerbated racial divisions, racial oppression. So, what this lesson has tried to point to is that the consequences, the tragedies of the pandemic were not entirely to do with the power of the virus.

The power of the virus is indisputable but the power of the virus to damage you, to damage entire populations was amplified or diminished depending on the biopolitics the people were subject to. So those with access to better healthcare, those who belong to certain races, those who had less access to medicine and medical facilities, those with less insurance and social welfare systems were more deeply affected and this is crucial because we see here a very clear link between biological conditions which we can call disease and biopolitics.