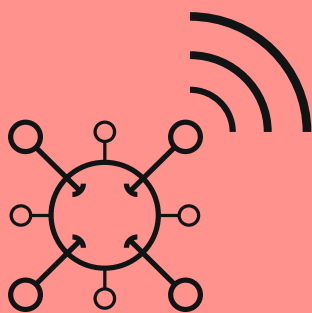


# DAWN TALKS ON COVID-19

*Development Alternatives  
with Women for a New Era*



***Biopolitics & The COVID-19  
Pandemic: Feminist Perspectives***

**SONIA CORRÊA**

Last April, Sexuality Policy Watch delivered a special edition of its regular monthly announcement titled [Sexual Politics in Times of Pandemic](#). It provides a bird's eye view on the dynamics and effects of the COVID-19 pandemic in economic, political and biopolitical terms. As many others who are chartering the multidimensionality of this new global crisis, we wanted to underline its biopolitical meaning. This frame is the point of departure for the *#DAWN Talks on COVID-19, Biopolitics & Feminist Perspectives*. This introductory note is organized in three sections. The first explores the question: Why do we need a biopolitical lens to critically read the COVID-19 crisis? The second offers insights on the pandemic as biopolitics and the third raises a series of questions to further explore the place of gender and sexuality in COVID-19 biopolitics and vice versa, as well as the effects of the pandemic in the politics of gender and sexuality.

## BIOPOLITICS IN A NUTSHELL

Why a biopolitical lens is indispensable to examine the pandemic and, in particular its gender and sexuality effects? Though the question may seem trivial, I think such an exercise is productive because feminisms have extensively theorized about women's subordination and, later on, gender from a political economy perspective, which critically examines the imbrication between capitalist economics and state power. However, the inclusion of biopolitics in this analytical frame remains uneven. In fact, we may eventually use this dialogue to explore the reasons that may explain this imbalance.

From my own intellectual stand-point, the biopower and biopolitics conceptual frame is indispensable to better grasp the centrality of gender, reproduction, sexuality and race in the complex assemblage that determines the conditions under which we exist, think and act: capitalism (as the economic formation), the sovereign

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nation state (as the only existing polity model) and a vast web of administration, regulation and disciplining of life—in both social and biological terms—which defines who we are, how we live and how we die. To better understand what this means, my proposal is that we begin by looking into the conceptual building blocks of biopolitics.

Firstly, in conceptualizing biopolitics—originally named *anatomo-politics*—Foucault retraced how, in the transition to modernity, the power to govern was gradually transformed from the power to kill (or suspend death) towards a new modality of power configuration now aimed at making life (sustaining and “improving” life) and (selectively) letting die.<sup>1</sup> This also implied that highly visible forms of power exercise shifted towards less visible manifestations: webs of devices or techniques through which power flows in multiple directions. In this maze, scientific discourses and practices (particularly biomedicine) occupy a

central role. In the transition, the “political body” (societies as a whole) and within it, individual bodies, became the main focus of this web of devices and techniques.

Secondly, this new form of power deployment centered on lives and bodies is bifurcated. On the one hand, it unfolded into theories and techniques for the macro-management of populations (birth rates and other measurements, techniques of control and modulation, but also homogenization, differentiation and spatialization). This is the systematically contested and, not surprisingly perennially revived realm of “Malthusian rationalities”. But it also encompasses the initial stages of “public health”, gestated in early modernity to control diseases, in particular epidemics, as well as the connected realm of urban planning and hygiene. On the flip-side, biopolitics comprises a microphysical maze of power: discourses, norms, devices and interventions—many of which overlap with previously existing modes of domestication—used to classify, surveil, discipline and control, but also incite, make visible, exclude, stigmatize and punish. This is the domain of pedagogy, criminology and sexology (and the start of the movement towards psychology, psychoanalysis and later, socio and psycho-biology and today, neuroscience).

“Sex”—male and female differences and sexual practices—was central to both these forms of power deployment, because through reproduction, it functions as a link between individual bodies and the “species”, but also because the disciplining of sexual roles and practices became a key piece in the wider project of normalization of societies.<sup>2</sup> Race, or racially marked bodies, is another crucial piece of the biopolitical equation. It ideologically grounds the criteria for determining who will live and who will die, but also ensures the desired homogenization of European societies and more importantly, the supremacy of the colonial enterprise. From the 17<sup>th</sup> century onwards, “scientific” constructed markers and differentiators of “sex”, implicit

in these configurations, unfolded into a multiplicity of hierarchies and taxonomies. This positioned groups, individuals, bodies, conditions (such as insanity) and practices (such as abortion or same-sex relations) in a newly established scale of values that was in open contradiction with the promise of equality projected by the enlightenment revolutions.<sup>3</sup>

It is not difficult to see how in the 19<sup>th</sup> century, Darwin's book, *On the Origin of Species by Means of Natural Selection, or the Preservation of Favored Races in the Struggle for Life* (1859) entered this landscape. It would be quickly transformed into the "scientific bedrock" of eugenic politics and related currents of social Darwinism – the survival of the fittest (easily intertwining with capitalism's competition principles). As it is well known, these streams were expanded towards the catastrophe of Nazi-Fascism and the camps. In mapping the birth and proliferation of biopolitics in modernity, Foucault has in fact chartered the grounds in which 20<sup>th</sup> century totalitarian temptations were gestated beneath the surface of liberal democracies.<sup>4</sup>

Another building block of the biopolitical frame is the conceptualization of governmentality that enriches previous reflections, as to better articulate them with liberal modes of governing and subjectification. In a recent paper on COVID-19 and biopolitics, the Swiss

1. After thirty years of Foucault's elaborations on the theme, Nikolas Rose, in his landmark book *Politics of Life itself* (2007), examines the complex contemporary reconfigurations of biopower and biopolitics, defining this particular mode of power exercise as "regulation or politics of life itself".

2. I am using "sex" as it appears in Foucault's writings. It is important to recall that not even when Foucault was writing about it in the 1970's, gender was fully settled as a legitimate conceptual category.

3. The historian Thomas Laqueur, in his landmark book: *Making Sex: Body and Gender From the Greeks to Freud*, beautifully retraces how the modern reconfiguring of the European gender and sexuality systems has been a stratagem to bypass equality. A vast literature exists in relation to how biopolitics created unsurpassable barriers to slave abolition and racial equality.

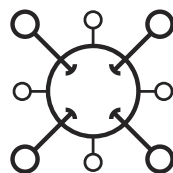
4. In the 2000's, Italian philosopher Giorgio Agamben pulled this thread further in his critical investigation of the connections between biopolitics and "state of exception" in contemporary conditions.

scholar Philip Sarasin (2020) notes that early Foucault’s writings basically derived from his examination of the Renaissance confinement of leprosy (and lepers) that ramified into strict surveillance, disciplining and closed institutions. But his later reflections, more akin with liberal modes of governing, shifted to the management of smallpox or the inoculation model that focuses in:

*“knowing how many people are infected with smallpox, at what age, with what effects, with what mortality rate, lesions or after-effects, the risks of inoculation, the probability of an individual dying or being infected by smallpox despite inoculation, and the statistical effects on the population in general.”* (in Foucault, *Security, Territory, Population*, 10).

While Foucault’s work is not exactly circumventable, it is not to be exempted from critique. A vast amount of re-interpretations exist, including those developed by feminist and post-colonial thinkers. I have selected a few bibliographic references to inspire such an exercise.<sup>5</sup> Although these critiques are insightful and valuable, there is one problem that remains to be addressed more thoroughly: the excessive

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emphasis on the secularity of biopolitical configurations of power and disciplining. This is not a problem of Foucault, as the specter of the religious—more specifically of Christian conceptions of disciplining and governing—is pervasive in his theorizing. In many texts he makes explicit that the modern practice of governing, surveillance and subjectification derive directly from the religious.

However, he did not witness the intriguing turn that from the 1980's onwards, transformed religious institutions in core actors of the biopolitical undercurrent and, from my point of view, Foucauldian scholars have not examined this shift as it would be required. Nothing is more flagrantly biopolitical, for example, than the role played by politicized religion in the battles around the “right to life” of embryos. The same applies to more recent crusades against gender that are not justified on religious doctrinal grounds but on schematic Darwinian interpretations of sexual difference purposely designed to attain human reproduction. As it will be seen further ahead, the full entering of the religious in contemporary biopolitics cannot be easily evaded under COVID-19 conditions.

### **COVID-19 AS BIOPOLITICS**

*“It looks like a biopolitical dream: governments, advised by physicians, impose pandemic dictatorship on entire populations. Getting rid of all democratic obstacles under the pretext of “health,” even “survival,” they are finally able to govern the population as they have, more or less openly, always done in modernity: as pure “biomass” (Sarasin, 2020, p.1)*

Biopolitics is not, therefore, an intellectual specter. If we recapture what happened in Wuhan and other locations in China—so compellingly described by Cai Yiping in the first conversation of this series—a pattern repeated in many other places such as Singapore and, to a less extent, in Korea and Taiwan, emerges. It is not difficult to

realize that the “leper model” of confinement and surveillance has been not just reactivated, but it is now expanded and optimized by digital technologies.

Not less significantly, the COVID-19 public health crisis gave States justification to exert arbitrary powers and amplify the monopoly of violence, bringing into light the affinities between biopolitics and states of exception in a time when the shadows of Fascism once again hover above world politics. Measures of exceptionality were adopted in places where authoritarian regimes, or precursors, are already installed such as Egypt, China, Turkey, Hungary, Poland, Russia, India, Sri Lanka, the Philippines and Venezuela. In neighboring Brazil, it allowed Bolsonaro to drastically enlarge the numbers of the military in the administration, particularly in the Ministry of Health. In Bolivia, El Salvador, Ecuador and Honduras it enabled further steps towards authoritarianism. And, as a number of press and research reports show, even in places where national states did not implement stark undemocratic measures, the surveillance and the social panic triggered by the pandemic allowed for the excessive use of criminal justice and microlevel arbitrariness by the police, but also by other State actors and non-State actors.<sup>6</sup>

However, this was not the case everywhere. A large number of States opted for strategies of aggregate epidemiological measurement, upgraded medical care, social distancing policies or even lockdowns to flatten the curve and avoid the collapse of the health system. This

5. An entry of the Stanford Encyclopedia of Philosophy on feminist critiques of the Foucauldian theory of power, a Rosi Braidotti paper on Biopower and Necropolitics, Achille Mbembe conference on Necropolitics, a paper by Nikolas Rose and Paul Rabinow on contemporary interpretations of biopower.

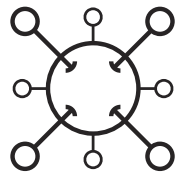
6. In many of Rio de Janeiro’s favelas for example, narco-traffic groups have established quarantines and curfew regimes.



happened mostly in those countries where democratic welfare states remain intact or are being reconstructed. Even so, biopolitics is far from absent. As noted by Sarasin, these responses should be read as contemporary versions of the smallpox-inoculation model, which relies both on state managerial techniques and individual and societal acquiescence (internalized discipline) to protect oneself and others.

A third and further disturbing pattern must also to be identified. A more limited number of states, many of them led by strident populist leaders, denied the scale and gravity of the pandemic. Johnson, Duterte, Lopes Obrador, Trump, Bolsonaro, the Swedish government, the dictators of Belorussia and Turkmenistan and Daniel Ortega fall into this category (even when the first three have later changed views). These political actors advocated for “herd immunity” (the sooner the largest number of people are infected, the better) and measures of “vertical isolation” (in which only the most vulnerable are confined) as to prevent the closure of economic activities (“to avoid killing enterprises”, as a Brazilian entrepreneur told the country’s Supreme Court). Some of them evoked the transcendental or natural immunity of the people as well as “God’s protection” as a justification for letting the virus run free.

The Italian philosopher Roberto Sposito (2020) observes that though sounding as a *laissez faire* response, this option in fact may illustrate what Foucault defined as a pastoral mode of governing: States that view themselves (and are eventually viewed) as pastors of a flock. Most principally he underlined that it is a manifestation of eugenics, or necropolitics, as it entails a large number of deaths, mostly of the vulnerable. I would add that, on the one hand it revolves and revives deleterious versions of 19<sup>th</sup> century neo-Darwinism, which glorifies the survival of the fittest as an analogy to fierce capitalist competition. But on the other, it also reactivates a religious and sacrificial mode of addressing the managing of life and requires further investigation, as



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it does not entirely fit into the modern logic of immunity that Sposito himself revisits on his paper.

One area to explore in the DAWN conversation is perhaps how national experiences fit into these patterns, because in many cases the state responses have been hybrid—either because the vision of the pandemic has changed or else because different models have been adopted in distinct spheres of management. If all this sounds too complicated, I recommend you begin by watching the [exquisite fictional interview](#) with the master of biopolitics posted by Clare O’Farrel in her blog.

It is also important to map out the biopolitical imprints of responses to the pandemic. For example, differential vulnerabilities: though SARS-CoV-2 is potentially democratic, its effects are unevenly distributed across social formations that are traversed by inequalities. These inequalities derive from both economic structures and biopolitical taxonomies. One evident illustration is the larger number of infections and deaths amongst black people in the US and Brazil. We can also consider that the gendered division of labor—which derives from biopolitical constructions of sex roles—means that female workers of the health and education sectors are exposed to higher risks of infection.

Another key area concerns spatialization. On the one hand, social, racial and gender hierarchies are projected or materialized in spaces, on the other, the biopolitics of the pandemic always implies the creation of new spatial rules. As we know, the paths and rhythm of infections varies greatly across highly unequal spatial patterns, such as between rich and poor neighborhoods. More poignantly yet, the ability of people to quarantine and exercise social distancing requires that they have space to do so, but space is a very scarce resource amongst the poorer. And everywhere, except in cases where denialist ideologies have prevailed, the control of COVID-19 has been mainly done through the spatialization of quarantine and social distancing, for which some countries relied on the biopolitical taxonomies of sex-gender. Spatialization potentially implies detrimental effects on bodies/persons unequally positioned in pre-existing spatial hierarchies.

Lastly, as in the case of the long history of syphilis epidemiological control and more recently HIV/AIDS, the response to COVID-19 have propelled discourses and practices that blame, stigmatize and produce violence against “others” who are portrayed as the vectors of the disease. This began with the accusations and

fear-mongering against the “Chinese”, magnified by the discourses of Trump and Bolsonaro’s ministers. Health professionals (who are most exposed to infection) have also been discriminated in various countries. As noted by Gita Sen in India, marginalized groups such as the Dalits, people with disabilities and poor women are also being stigmatized. In China, shockingly enough, female health professionals working on the frontlines of COVID-19 containment were ordered to shave their heads, as it had been done in the past with prostitutes infected with syphilis.

Stigmatization is also linked to state arbitrariness and the fallacies of social Darwinism that gained leverage with the pandemic. In countless countries, poor and marginalized people who cannot comply with quarantine rules have been targeted by intensified surveillance, coercion and “compulsory disinfection”, as it was done with migrants in India. In the Philippines, Duterte authorized execution of those who did not follow the rules, even when he had previously denied the scale and lethality of the pandemic. In Brazil, the US and the UK, denialist voices, including public officials, shamelessly declared that elderly and people with chronic diseases—including people living with HIV/AIDS—could be sacrificed because they were not productive enough anymore.

### **FURTHER EXPLORING THE COVID-19 IMPLICATIONS FOR FEMINIST ANALYSIS**

Inevitably, many of the illustrations given above are about gendered conditions or effects of the pandemic. In the aforementioned SPW Special Issue you will find an in depth look into the implications for choosing sex-gender and the main criteria for determining rules of social distancing in Latin American countries. In a [short article](#) about these problematic policies, I observed that sex/gender segregation rules reify the biological determinism of sexual dimorphism, immediately placing non-binary people in a situation of greater risk

and vulnerability in the face of State coercion. The rules contribute to further crystallize the naturalization of the sex/gender order, which grounds the sexual division of labor and gendered power inequalities.

Another aspect that was chartered was the engagement of non-secular institutions and actors with the biopolitical dimensions of the COVID-19 pandemic. Religious institutions involved in anti-gender campaigns have reacted negatively to rules promoting social isolation across the globe. Even the Vatican initially criticized the closure of churches and challenged the measures implemented in Rome, though it changed its position when the Italian situation worsened. In Latin America and the US, pastors have contested social isolation and the prohibition of cults. Both conservative Catholic and Evangelical voices questioned the existence of the virus, disqualified the effectiveness of biomedical responses and stated that people should trust in the healing powers of God. Not surprisingly, these same voices declared that COVID-19 was divine punishment for the legalization of abortion, the recognition of LGBT rights or, in Europe, the fall of fertility rates. They have also pressured for reproductive health and abortion services, as well as medical care for transgender persons to be labelled as non-essential.

In OpenDemocracy, [Claire Provost](#) argues that the state of abnormality triggered by COVID-19 creates favorable conditions for these forces to reinforce traditional gender roles, sexual dimorphism and attack feminism, abortion and sexual diversity. She also suggests that tragedies that may result from the pandemic may provide them with the opportunity to capture more political power in countries not yet threatened by de-democratization. In another provocative article published by [The Nation](#), Benjamin Teitelbaum explores this subject, examining how both Putin's guru Alexandr Dugin and Trump's old ally Steve Bannon—despite their substantive differences—interpret the

pandemic as an epochal and systemic event that may favor their views of repudiation of modernity in its multiple manifestations.

Although a massive literature on COVID-19 and biopolitics has been published recently, this particular angle of the biopolitical imprints and effects of the pandemic has been scarcely explored. As I see it, feminists are in a privileged position to critically examine this uncharted terrain of contemporary biopolitical conditions.

#### **A VERY BRIEF RECOMMENDED BIBLIOGRAPHY**

[An Interview with Roberto Sposito](#)

[Stanford Encyclopedia of Philosophy on feminist critiques of the Foucauldian theory of power](#)

[Biopower and Necropolitics](#), by Rosi Braidotti

[Necropolitics](#), by Achille Mbembe

[Biopower Today](#), by Nikolas Rose and Paul Rabinow

[SPW Compilation on COVID-19 & Biopolitics](#)

[Understanding the Coronavirus epidemic with Foucault](#)

by Phillip Sarasin



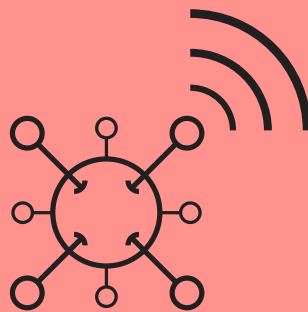
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