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power in a time of global crisis, we offer a tentative analysis of the drop of theoretical reasoning about the relationship between uncertainty, power and powerlessness that are currently being visibly connected than ever before, but the ways in which they are at stake that are essential for the functioning of democratizations of this major challenge for medicine and politics, and for each individual.

In this pandemic scenario, some central factors and values are at stake that are essential for the functioning of democratic societies. Health responsibility, humanity and solidarity contrast ways of regulating bodies and employing medical knowledge. We approach the current situation against a backdrop of theoretical reasoning about the relationship between medicine and politics. In order to begin a dialogue on medical power in a time of global crisis, we offer a tentative analysis of the responses and reasoning in Germany, France, Sweden, and Italy. Our intention is to tease out the socio-cultural and ethical implications of this major challenge for medicine and politics, and for each individual.

Biopolitical responses

‘Biopolitics’ designates a mode of governance that is directed towards life processes, to exert control over life itself through various technologies and institutions, and largely through the bodies acting upon themselves.1 With the spread of the new coronavirus, a complex biopolitical dynamic is playing out. At the center is a threat to life – a virus that kills by the thousands – but surrounding this are numerous layers of consequences with a much further reach than the virus itself, and hence a multitude of targets for potential biopolitical action. At stake is not only the loss of lives, but the strain on resources posed by a dramatic increase in severely ill people. In order to mitigate this, governments attempt to slow down the spread of the disease with more or less radical measures, which in turn have severe socio-economic consequences. Hence, the pandemic activates control mechanisms that result in further threats to social welfare and stability, and generate new migmatic responses. Bodies must be controlled either voluntarily or by force to halt the transmission of disease, not merely to preserve life itself, but also because the preservation of life is vital to maintaining political stability and economic strength.

A global crisis can provide justification for implementing far-reaching control measures, and the decision on what amount of restriction is acceptable is a political one. On March 16th, the Office for Human Rights of the United Nations issued an emergency statement warning that the situation threatens to provide justification to human rights abuses.2

We encourage States to remain steadfast in maintaining a human rights-based approach to regulating this pandemic, in order to facilitate the emergence of healthy societies with rule of law and human rights protections.3

Restricting mobility, prohibiting large gatherings, postponing elections, and making citizens justify their movements to police authorities are all measures that severely impede an open and democratic society. Now, these and other constraints are being put in place in liberal, democratic countries, aided by military or police patrols and technological surveillance. Such a dramatic change to everyday freedom, on the grounds of an invisible and unstoppable virus, gets a severe strain on the trust and legitimacy of governments, institutions, and experts. For the restrictions to be accepted, citizens need to be made to believe that danger is imminent and that it is lethal, and that the imposed restrictions to freedom will help to mitigate it. Heads of state and government are using the “address to the nation” as a forum to explain and justify their actions, and to mobilize citizens, and their rhetoric reveals culture-specific differences.

In the following, we will explore addresses made by the Italian President Sergio Mattarella (March 5th), the French Chancellor Angela Merkel (March 18), the French President Emmanuel Macron (March 16), and the Swedish King Carl XVI Gustaf (March 18). We will also analyze some recent scientific papers and documents that address the issue of pandemic control and the state of available evidence regarding the new coronavirus and aim to provide a basis for political decision-making. We have chosen this approach not with any claims of completeness, but because the addresses encapsulate a moment in time and demonstrate the interdependence of political and scientific discourses.

At the time when the addresses were aired, each country had different levels of control in place. In Italy, which was by far the worst-hit country in Europe, and one of the countries with the highest numbers of infections, the government decided to restrict movement had been in place for the first week of March. France was four days into a nationwide lockdown, while Germany had partially closed its borders and schools, but still allowed internal movement. In Sweden, most businesses and offices remained open, as did most schools, but in-person university classes and large gatherings were prohibited. Hence, while each country had virtually identical ‘soft’ advice on hygienic practices and compliance, the differences were striking.

All of the speeches conveyed a similar message: that each citizen must assume personal responsibility to help stop the crisis. The Swedish King spoke of a mobilization of the nation that was already taking place: “millions of Swedes are assum-ing that each and every one of us are abating from getting infected and demonstrate the interdependence of political and scientific discourses.”

The role of the King as monarch, without real political power and hence not in need of defending any political strategic interest, will explain why his address did not contain any justifications as to why the Swedes should make these sacrifices. For elected officials, accountability is crucial and a need to provide a just cause for their appeals, too.

In his message to the Italian people, the President of the Republic Sergio Mattarella stressed that “full transparency and completeness of information” will be guaranteed during what he termed “a great challenge”. He emphasized the power of the government – “to which the Constitution entrusts the task and the instruments to decide” – as well as the scientific basis of the measures being taken: they had been “suggested by scientists and valuable experts.”4

Angela Merkel began in a similar way by emphasizing that Germany is an “open democracy” in which political decisions must be made in a transparent manner. When specifying how the German state makes sure that strategies are justified, she also referred to a scientific basis through “constant consulta-tions of the Federal Government with experts from the Robert Koch Institute and other scientists and virologists”. She de-fined the restriction measures implemented by the German government as “dramatic” for individuals, but as necessary for the protection of the general public and especially of the most vulnerable. “These are historically unique actions”, she acknowledged, that “intervene in our lives and also in our dem-ocratic self-image.” She repeatedly appealed to the solidarity and participation of each and every citizen. This participatory tenor aims to raise the general public’s awareness, members of which, on one hand, should feel protected by the state and medicine, but, on the other hand, should also feel individually protected and involved.

A tension between vulnerability and strength, self dis-cipline and obedience, concern for oneself and for others is highlighted in her speech. The speech reached its climax with the sentence “We are a democracy. We do not live by coercion, but by shared knowledge and participation. This is a historic task that we only accomplished together.”

Emmanuel Macron also justified infringements to free-dom by describing the manner in which they had been made – “properly” and in agreement – and with their basis in scientific knowledge. However, he chose to use a far more aggressive tone than any of the others. “We are at war,” he repeated.

We are at war, in a sanitary way, of course: we are not fighting against an army, nor against another nation. But the enemy is there, invisible, elusive, advancing. And that requires our general mobilization.5
He went on to repeat the war metaphor seven times, calling for all powers of the state, and all citizens, to mobilize and to support those others that, through their actions, are creating new opportunities for doctors and nurses. Macron called for citizens to assume responsibility by emphasizing that trivialization and disregard of the contact ban places one- self and others in danger, and expressed outrage at disobedient behaviors. [15]

> [15] As the ICU nurses warned of the seriousness of the situation, we also saw people gathering in parks, crowded markets, restaurants, bars that didn't respect the closing order. It was as if, basically, life had not changed. To all those who, in adopting these behaviors, have defied the instructions, I want to say tonight very clearly: not only are you not protecting yourselves – and possibly endangering those that no one is invulnerable, including the youngest – but you are not protecting others. Even if you have no symptoms, you can transmit the virus. Even if you have no symptoms, you can infect your friends, your parents, your grandparents, and endanger the health of your loved ones.

The war metaphor is a way of mustering a collective sense of urgency and acceptance of drastic measures. Speaking of a war against disease is not new. As Susan Sontag has shown, the war metaphor can easily attach itself to a member of the military, and be used to control bodies – that is, exerting biopower. More so than the military and the political leader that has been in control of the body since the 19th century is the subject, who relates to his or her own body through a lens of knowledge and technology.

In this way, governable subjects are produced who interact with institutions, technologies, and knowledge to manage the population. In many instances, these subjects are rendered governable by means of their responsibilization – the process by which the subjects assume responsibility for upholding biopolitical strategy. The internet presently constitutes one of the most central tools for biopolitical subjectification and responsibilization. News reports and messages from the government and its offices are able to reach citizens minute by minute, but pace is not the only important aspect here. A large part of the latest research is also available to anyone inclined to read it thanks to open access, and through social media, everything from public health messages, to self-diagnosis, and sharing opinions can be found with the other actors involved.

Through these channels, scientific figures enter our shared consciousness in the shape of “flattening curves” and “herd immunity”, and we become acutely aware of the invisible dangers that may, or may not, reside on our hands or in our respiratory tract. A new sense of corporeality quickly emerges, in which we relate to our bodies as hosts to a virus, and the reach of the body itself is extended. The boundaries of what constitutes the body move outward, and we are asked to assume responsibility not just for our limbs, but also for the surfaces we touch and the air we exhale. It is this type of activation that the presidents, the chancellor, and the King are speaking of when calling upon their peoples: “a political metaphor of struggle.” Since the 1960s, the medical gaze has turned increasingly to the molecular level: scientists as well as lay people have come to explain illness and health in molecular terms. At the same time, however, medicine is controlled by experts. Biotechnological and personal health strategies work on what Bosse terms the ‘molar’ body: the larger mass of the body such as its organs, tissues, and limbs. At present, this contrast between the molar and molecular levels of the pandemic, at least in Sweden, France, and Germany creates a state of considerable cognitive dissonance. The impending threat is to the molar body, ultimately of mass death, but the vast majority will not know or come into contact with any sick, dying, or deceased people. In fact, in many places large numbers of people are actually severely ill or dying right now. Nevertheless, nearly all aspects of daily life have changed, and the effects of the pandemic are visible everywhere – in empty streets, cancelled events, and a complete interruption of usual routine; people cannot go to work as normal, meetings cannot take place, we cannot access our social networks, and the economy as a whole has suffered. People are buying cleaning supplies that are sold out, and hoarding toilet paper.

The molar body is also suffering as a result of the lockdowns, the restrictions on movement, and the restrictions on the free movement of goods and services. As a result of these measures, people have lost their jobs, and many have suffered financially. The economy has suffered a downturn, resulting from the very attempts to ‘immunize’ society, might lead to far more fatalities than the virus itself.

**Subjectification and cognitive dissonance**

A “sanitary war” cannot be fought directly against the virus itself. It is fought by those who lose their jobs. A massive economic downturn, resulting from the very attempts to ‘immunize’ society, might lead to far more fatalities than the virus itself.


type of virus that killed thousands in other places. As we can see in the addresses of the heads of state and government, this poses a significant challenge.

Hence, the preparedness of the biomedical subjects to self-govern according to an internalized molecular thought-style was put to the test. The messages broadcast, and measures taken, by Swedish, German, French and Italian governments bluntly display the interconnectedness of subjectionality and coercion. Emmanuel Macron explained the decision to have police control citizens’ movements by noting that calls to self-regulate behavior had not been heeded.29 Days after her first ad- dress, on March 22, Angela Merkel announced that Germany was not modifying their behavior enough, and hence severe restrictions were introduced.21 Clearly, the appeals for mobilization and individual, voluntary responsibility contained a more or less articulated “…or else…” if citizens fail to modify their behavior, and act in accordance with guidelines imposed to reduce virus transmission, hard measures will be the result.

Towards the end of the month, national strategies had diverged to the point that a clear difference appeared between Sweden and other European nations. Although some coercive measures were taken, the Swedish government held on to individual responsibility as the main focus. Anders Tegnell, State Epidemiologist of the Public Health Agency of Sweden, defended the lack of restrictive measures to international media: “That’s the way we work in Sweden. Our whole system for communicable disease control is based on voluntary action. The immunization system is completely voluntary and there is 98 percent coverage.”24 Instead of coercion, Sweden has chosen to rely upon the preparedness of each citizen to implement a regime of self-restriction based on biomedical knowledge. Whether governments choose to impose restrictions, or rely on the self-governance of biomedical subjects, the basis in medical knowledge is central. As we will demonstrate however, the pandemic has made the weakness of our current medical paradigm appear more distinctly than ever.

Medical powerlessness and lack of evidence

Since the late 19th century, biomedicine has conveyed the promise of providing a solution to all ailments, to counter existential threats to humanity, and beyond that to improve the human condition itself. From bacteriology and genetics to genetics and bionic implants, the extension of medical power has been coupled with far-reaching visions of an imminent future in which disease is conquered and human bodies are no longer bound to their given capacities and limitations of the powerful medicine; the one that impacts how societies are governed and how subjects envision themselves, renders the reference to ‘medical science’ a powerful argument for political leaders. Medical experts are universally believed to be best equipped to give advice on how to design biopolitical responses. What we see now, next to this type of medical practice, is another, powerless one. The epidemic reveals vast levels of medical powerlessness. The science that makes the deaf hear and the blind see, that replaces failed organs and is able to engineer the very genetics of living things, has not been able to offer any form of effective treatment. At present, in those places where the immediate effects of the virus are indeed acutely visible in the shape of thousands of deaths and endless numbers of severely ill patients, what is lacking are the very basics: supplies for washing hands and shielding the face, hospital beds, and ventilators, the latter admittedly advanced machinery, but not one of the shiny wonders of ‘Humanity 2.0’. In the absence of any direct curative measures, response strategies are located at a population level. Decision-makers and citizens therefore turn to epidemiologists for interpretations, predictions, and recommendations. This perhaps most abstract medical science, but also the one most intertwined with social, economic, and political dimensions, has risen to the forefront.

While governments are hoping that their recommendations will work, epidemiologists are struggling with a lack of data to feed into their models. In John Ioannidis’s analysis, the corona pandemic therefore constitutes an “evidence fiasco”.23 In other words, the current medical paradigm is running on low fuel as the evidence base is vastly insufficient. “Medical experts” are viewed as reliable allies, making well-founded decisions based on medicine’s status as a science, operating on hard evidence. Currently, however, governments that make decisions ostensibly based on “medical expertise” are relying on a medical expertise lacking the very basis for its privileged position: reliable evidence.

This is not due purely to the novelty of the virus. Not only is this string of RNA new, but it has elicited unprecedented political actions and social dynamics. Large-scale lockdowns, travel restrictions, closures of workplaces, schools, and public places are as new as the virus, and each come with health consequences related and unrelated to the virus. Various teams are trying to predict the spread of the virus and its effects using advanced computer simulation. However, biomedical knowledge is only one aspect for them to consider. Political decisions and social behaviors are decisive factors that will affect outcomes down the line.24 Politicians and regular citizens both attempt to let biomedical knowledge guide their decision-making, while biomedical is looking to the behavior of governments and subjects in order to generate knowledge.

What politicians describe as the ‘front line’ in the sanitary war is a kind of medical practice we continue to believe holds the power to explain, predict, and solve a vast array of problems on the individual, social, and political level. In the face of the pandemic situation, medical answers are few and far between, both among clinicians and researchers. How the virus will affect us is only in part a medical question. The supplies of protective gear, the availability of healthcare workers and hospital beds are not medical questions, but political ones, determined by how governments have chosen to equip and design their healthcare systems.

No conclusion in sight

Our current situation is a twofold reminder of the limits of scientific-political rationality. First, we as inhabitants of rich countries with extensive healthcare systems have grown used to relying on medicine to provide answers and relief, not only for direct threats to life and health, but also to discomforts far beyond that: emotional, interpersonal, developmental and social. As a medical crisis is mounting, and there is no pill for the ill that causes an international emergency, we are no longer able to believe that we can be the masters of life itself. We are parts of a global ecosystem, in which a small string of genetic code has overpowered rationality and quickly disrupted our entire political and economic system. Yet none of the addresses by heads of states and governments speak of nature. The final goal and the desperate hope are to go back to business as usual. Second, we have learned just how quickly the most basic freedoms in our societies can be revoked in the face of crisis. The threat of a virus trumps the rights of citizens, and even economic demands, demands that were previously impossible to question even in the face of global threats to the survival of our natural environment. Hence this state of emergency, as severe as it is, has been produced through a multilayered interaction of biological entities, scientific techniques that make those entities knowable, media that makes knowledge available, and global politics and economy.

In light of this current momentum, in which the connection between medicine and politics is intensifying, it seems to us more important than ever to be aware of the discourses, arguments, and efforts taking place on each side and to view them in relation to each other. This is what we have tried to do in this ad hoc analysis.

20 Peri, Marco, ‘Document’.
23 Ioannidis, J., ‘In the Coronavirus Pandemic, We’re Making Decisions with out Reliable Data.’
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