

Offline: COVID-19—a crisis of power

COVID-19 is about the politics of the body. In a series of lectures and essays in the 1970s and early 1980s, Michel Foucault (who died in 1984) argued that the discipline of public health emerged with the birth of capitalism in the 18th century. The body came to be understood as an instrument of economic production, of labour power, and so became a subject of significant political interest. Medicine and public health were endorsed as tools to enhance these productive forces, to ensure that people were fit for work. The priority given to the body as an important determinant of mercantilist prosperity ran parallel with a further historical turn—the meaning of government. The idea of government began with the narrow objective of retaining jurisdiction over a defined territory. But in the 18th century, European governments incorporated the idea of economy into their practice. Economy then referred to the family. Advances in statistical measurement brought attention to an entirely new concept for governments to consider—that of population. Governments switched their focus from families to populations as the units on which their political economies depended. Population became, according to Foucault, “the ultimate end of government”.

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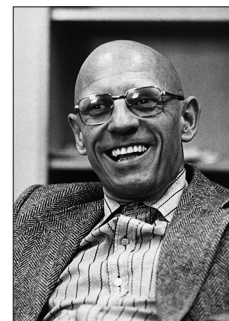
Foucault introduced the notion of “governmentality” to make sense of this crucial shift in concern. By governmentality—and the governmentalisation of the state—he meant the exercise of power over populations. We continue to live in this era of governmentality, where individual actions are shaped by power that claims its legitimacy in scientific truth. Public health developed amid these social and political currents. Governments saw the health of populations as the foundation for protecting and augmenting the productive economic forces of the state. Health became a political problem demanding political control, since “the problem of sickness among the poor is identified in its economic specificity”. Governments now claimed an interest in controlling and constraining the bodies that made up a population. In Foucault’s words: “Different power apparatuses are called upon to take charge of ‘bodies’, not simply so as to exact blood service from them or levy dues but to help and if necessary constrain them to ensure their own good health.” Why? Because the “biological traits

of a population become relevant factors for economic management”. “The imperative for health”, Foucault wrote, “—at once the duty of each and the objective of all”. “The body is a biopolitical reality; medicine is a biopolitical strategy.” Public health—observation and measurement of sickness, standardisation of knowledge and practice, and the creation of an administrative structure to manage health—became a type of pastoral power with the aim of social and economic development. The growing importance of health to industrial societies led to the valorisation of doctors and the growth of medical science. An alliance formed between medicine and the state—“a politico-medical hold on a population”.

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Why is Foucault important for understanding COVID-19? The reasons lie in the sinister way in which approaches to this syndemic are evolving. It is seen as acceptable to argue that older citizens at risk of COVID-19 are somehow less valuable to society than younger people. It is suggested that young people should be allowed to risk their health in order to protect economies. And governments have enacted extraordinary measures to control and constrain the behaviours of their populations. COVID-19 has evolved to become a debate about the distribution of power in society—central government versus local government, young versus old, rich versus poor, white versus black, health versus the economy. Those most at risk of COVID-19 are some of the least powerful in our society. Those working in public health do not see themselves as instruments of capitalist states. On the contrary, they view health to be of such intrinsic value that it must be fought for and defended. But we need to be clear-sighted about our alliance with government to address this syndemic. Medicine and public health are being co-opted into a political programme of population control to protect the power of the modern neoliberal state. The struggle for health is a struggle for human dignity, liberty, and equity. But we must also meet our obligation to question power and its effects on truth, and truth and its effects on power. One important strand of public health is the struggle against subjection.

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