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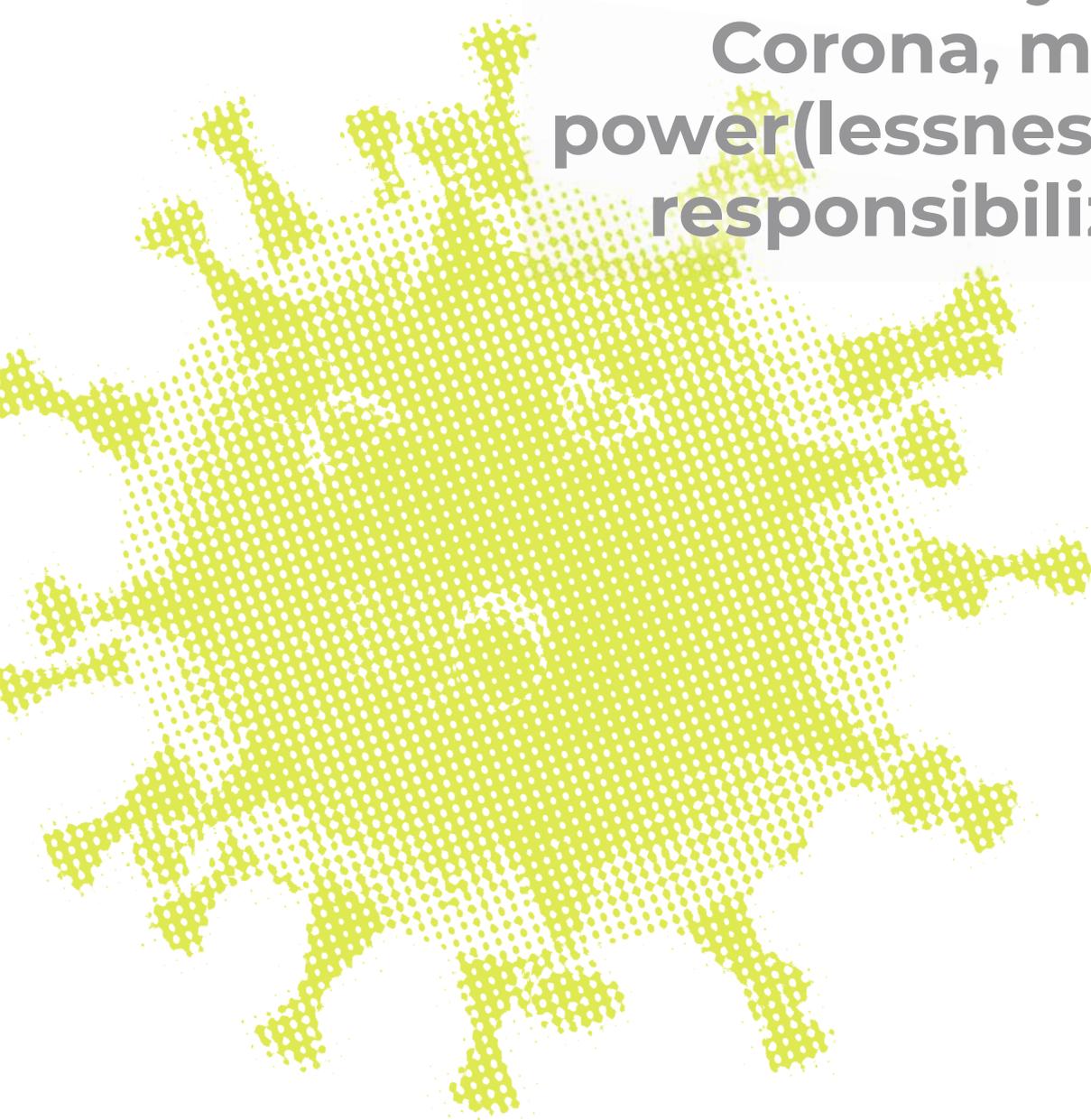
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Corona, medical
power(lessness) and
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Sonderforschungsbereich 1369
Vigilanzkulturen. Transformationen –
Räume – Techniken
Ludwig-Maximilians-Universität
München
Geschwister-Scholl-Platz 1
80539 München

www.sfb1369.lmu.de
m.heger@lmu.de

Gestaltung: Sofarobotnik

Ylva Söderfeldt (Department of History of Science and Ideas, Uppsala University) and Mariacarla Gadebusch Bondio (Institute for Medical Humanities, UKB University Hospital Bonn)

“A sanitary war” – Corona, medical power(lessness) and responsabilization

A small biological entity moves from person to person through microscopic droplets, spreading across the globe through the movements of its human hosts. But the virus is also spreading in other ways: images of a spherical, spiked midget are circulating in the media; daily updated numbers of the infected and deceased are spread all over the news. And perhaps most tangibly, the spread of the virus is apparent in the rapidly increasing restrictions implemented, in limitations to human contact and mobility in all directions and at all levels – closed borders, emptied streets, prohibitions to gather and travel. While people are dying by the thousands, and millions of lives are profoundly impacted, both medicine and politics are reaching their limits. As events escalate, it seems necessary to reflect on the socio-cultural and ethical implications 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, international cooperation, scientific communication and education, transparency, and the alliance between politics and science. Medicine and politics are more intensely linked and visibly connected than ever before, but the ways in which they interact diverges between different national contexts. The difference in official rhetoric and response strategies reveal contrasting 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 dynamics of knowledge, uncertainty, power and powerlessness that are currently being played out. In particular, we are interested in the competing paths of imposed restriction versus a responsabilization of the individual subject. Here, we believe, there are important things to learn about the position of medicine in our current society.

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 subjects 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 mitigatory 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.

“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.”²

¹ Foucault, Michel: *Society Must Be Defended: Lectures at the Collège de France, 1975–76*, trans. by David Macey. New York 2003.

² ‘OHCHR | COVID-19: States Should Not Abuse Emergency Measures to Suppress Human Rights – UN Experts’, <https://www.ohchr.org/EN/>

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 threat, puts 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 in 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 German 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 most severely affected country, comprehensive measures 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 hygiene and social distancing, the level of ‘hard’ measures varied.

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 assuming great responsibility: they are abstaining from activities and interactions that they were looking forward to. They are changing their daily lives and plans. And this is not just for their own sake, but for the sake of their fellow people.” He praised the ability to “assume collective responsibility” as a strength and an opportunity “to bring out the best in us, as a nation and as human beings.”³

³ NewsEvents/Pages/DisplayNews.aspx?NewsID=25722&LangID=E [accessed 24 March 2020].

⁴ ‘H.M. Konungens inledningsord vid extra informationskonselj med anledning av coronaviruset, Kungl. Slottet, onsdagen den 18 mars 2020 – Sveriges Kungahus’, text, <https://www.kungahuset.se/kungafamiljen/hmkonungcarlxvigustaf/tal/hmkaretstal/hmkonungensinledningsordvidextrainformationskonseljmellanledningavcoronavirusetkungslottetonsdagen18mars2020.5.5ab990e5170c02767064413.html> [accessed 24 March 2020].

The role of the King as monarch, without real political power and hence not in need of defending any political strategy, 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 consultations of the Federal Government with experts from the Robert Koch Institute and other scientists and virologists”. She defined 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 democratic 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 whom, on the 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-discipline 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 and it can only be accomplished together.”⁵

Emmanuel Macron also justified infringements to freedom 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 war, 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.⁶

⁴ Segretariato generale della Presidenza della Repubblica-Servizio sistemi informatici, ‘Dichiarazione del Presidente Mattarella sull’emergenza coronavirus’, Quirinale, <http://www.quirinale.it/elementi/45540> [accessed 30 March 2020].

⁵ ‘This is a historic task – and it can only be mastered if we face it together’, <https://www.bundeskanzlerin.de/bkin-de/mediathek/videos/-this-is-a-historic-task-and-it-can-only-be-mastered-if-we-face-it-together-1732476!mediathek> [accessed 30 March 2020].

⁶ *Paris Match*, ‘Document : L’intégralité du discours d’Emmanuel Macron du 16 Mars 2020’, [parismatch.com, https://www.parismatch.com/Actu/](https://www.parismatch.com/Actu/)

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 on the front lines – nurses and doctors. Macron called for citizens to assume responsibility by emphasizing that trivialization and disregard of the contact ban places oneself and others in danger, and expressed outrage at disobedient behaviors:

[E]ven 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 recent developments have shown 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.⁷

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, military terminology has been used in relation to many diseases in the 20th century, both on a societal and individual level. A state, such as the United States since the 1970s, might wage a war against cancer, but an individual cancer patient can also be described as bravely “fighting” the disease in their body.

According to Sontag, the war metaphor is detrimental to the sufferers of a disease. The leap is short from casting the virus as a threatening enemy, to seeing the carriers or “risk groups” as enemies as well.⁸ The carrier who selfishly moves around town with only slight symptoms of a cold, and hence transmits a deadly infection to a frail grandmother, is an obvious target for such animosity. Perhaps moral outrage over such carelessness can be relatively easily justified. Quickly, however, hostility increases. People over 70, already cast as a demographic problem, now become clearly marked as a “risk group”. “From seeing myself as an independent individual, I was transformed into an old ewe in a sheepherd”,⁹ the Swedish journalist Karin Thunberg described her transformation. Stigmatization fueled by the war metaphor can easily attach itself to a member of the “risk group”, say a grandmother, who decides that she would rather see her grandchildren than to preserve life through isolation. Such strategies are increasingly condemned as well – if she becomes ill, she might occupy one of the limited hospital beds and burden the whole of society: “It's not just about

whether you as an elderly person feel strong and healthy. It's also about not exposing society to the risk it poses when you occupy a hospital bed, requiring intensive care for COVID-19”,¹⁰ the Vice Prime Minister of Sweden, Isabella Lövin, pointed out to representatives of pensioners' organizations on March 24. Hence the “risk groups” – the elderly, the immunocompromised, the ones with “underlying diseases” are not only *at risk* of becoming severely ill, they also, through this, *pose a risk* to society by requiring healthcare resources.

In the justification of extraordinary protective measures – quarantine, border closures, temperature checks – the metaphor of war mingles with the concept of immunity. The immune system itself has often been described using war metaphors, with leukocytes cast as the “soldiers” of the body, attacking and defending against “intruders” such as viruses.¹¹ In fact, the concept of immunity originated in a legal-political context, with the medical sense of the word evolving later.¹² Hence, immunity carries a profound connection between politics and biology, as Italian philosopher Roberto Esposito has emphasized. According to Esposito, immunity politics takes place at the interface between health, life, law and politics, especially when the danger to the existence of a community is recognized and thus dimensions of openness and freedom are negated. The consequence of this state of affairs are political measures to safeguard the immune defenses. Life moves to the center of politics. Immunity rationales become part of political discourse. Politics becomes biopolitics: the social body can only be protected (immunized) if the subjects submit to practices that counteract pathogens. The virus can be ‘blocked’ if each and every individual is able to avoid coming into contact with it. Only then is the social body protected, at least for a certain time during which an armament can take place. So *immunitas* can protect the *communitas* for a certain time, but fatally weakens it at the same time.¹³ The social cycle is interrupted (think of the collapsing markets, the fear of impoverishment). From a medical point of view, too – and this is what we hear again and again from the advocates of herd immunity – complete isolation imposed by a radical lockdown can prevent herd immunity from forming.

If one considers the discussion on infection prevention measures and possible strategies for the protection of populations, it is a discussion that clearly resonates with Esposito's analysis of societal immunization processes. It has already been pointed out that restrictive protective measures at a population level through lockdowns, border closures, and school closures

might delay and contain the infection temporarily, but will also cause numerous collateral damages.¹⁴ Already, businesses are failing and workers are losing their jobs. A massive economic 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. A virus does not possess a cellular body, but exists and reproduces within host cells, that in turn make up a host organism, such as a human body. Any efforts directed towards a virus must therefore be directed towards the bodies that host them, or might come to host them. Controlling the virus is controlling bodies – that is, exerting biopower.¹⁵ More so than the military and police, the primary agent 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.¹⁶ Since then, the technologies available to self-govern on the basis of medical knowledge have grown more advanced and trivial at the same time. From genetic testing to dieting, the subject has a myriad of technologies and vast knowledge at its disposal to preserve life and optimize health.¹⁷

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 responsabilization – the processes by which the subjects assume responsibility for upholding biopolitical strategy. The internet presently constitutes one of the most central tools for biopolitical subjectification and responsabilization. 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, everyone can voice their interpretation and share their opinions about and 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 danger that may, or may not, reside on our hands or in our respiratory tracts. 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 the people of France, Italy, Germany, and Sweden to join forces and fight the pandemic. Individual behavior must be modified: we must wash our hands, abstain from touching our faces and each other, and observe social distancing practices. Their appeals are directed to citizens as biomedical subjects, who, based on their knowledge of viral transmission and epidemiological modelling, should submit their own bodies to a regimen of disease control.

In order to do this, the biomedical subject needs to adopt what Nikolas Rose has termed a “molecular style of thought”. Since the 1960s, the medical gaze has turned increasingly to the molecular level of life: scientists as well as lay people have come to explain illness and health in molecular terms. At the same time, however, most medical interventions and personal health strategies work on what Rose terms the ‘molar’ body: the larger mass of the body such as its organs, tissues, and limbs.¹⁸ 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 or send their children to school. In this way, the virus has, within weeks, changed the world as we know it, through interventions in the ways that our molar bodies can move around. The virus is thus visible to everyone in every waking moment, but in most places it is not visible as a direct biological effect in the shape of human illness or death. Still, through the molecular style of thought, all these visible effects are connected to the virus, which has been determined to be both “new” and “spreading” through the analysis of its molecular structure.

John Ioannidis, epidemiologist and medical meta-researcher, points out in a thought experiment that is based on an estimated mortality rate of 0,3%: “If we had not known about a new virus out there, and had not checked individuals with PCR tests, the number of total deaths due to ‘influenza-like illness’ would not seem unusual this year. At most, we might have casually noted that flu this season seems to be a bit worse than average.”¹⁹ At the time of writing, the mortality rates appear to be vastly different in different places. Where the number of seriously ill and deceased are still low, there is still a state of emergency based on molecular knowledge: the virus is a previously unknown entity and that it is the same

Politique/Document-1-integralite-du-discours-d-Emmanuel-Macron-du-16-mars-2020-1678998 [accessed 30 March 2020].
7 Paris Match.

8 Sontag, Susan: *Illness as Metaphor & AIDS and Its Metaphors*. New York 1990, 97–99.

9 Thunberg, Karin: ‘På sju sekunder blev jag stämplad som uråldrig’, *Svenska Dagbladet*, 17 March 2020, sec. Kultur, <https://www.svd.se/pa-sju-sekunder-blev-jag-stamplad-som-urardrig>.

10 ‘Pensionärer trotsar påbuden om att stanna hemma – regeringen i möte’, *Aftonbladet*, <https://www.aftonbladet.se/a/8mAwW> [accessed 24 March 2020].

11 Jing-Bao Nie et al.: ‘Healing Without Waging War: Beyond Military Metaphors in Medicine and HIV Cure Research’, *The American Journal of Bioethics: AJOB* 16, no. 10 (October 2016), 3–11, <https://doi.org/10.1080/15265161.2016.1214305>; Ross, Judith Wilson: ‘The Militarization of Disease: Do We Really Want a War on Aids?’, *Soundings: An Interdisciplinary Journal* 72, no. 1 (1989), 39–58.

12 Gentili, Dario: ‘Der Ursprung des Konflikts’. In: Borsò, Vittoria (ed.): *Wissen und Leben – Wissen für das Leben: Herausforderungen einer affirmativen Biopolitik*. Bielefeld 2014, 73–96.

13 Esposito, Roberto: *Immunitas: The Protection and Negation of Life*. Cambridge/Malden, MA 2011.

14 Anderson, Roy M. et al.: ‘How Will Country-Based Mitigation Measures Influence the Course of the COVID-19 Epidemic?’, *The Lancet* 395, no. 10228 (21 March 2020), 931–34, [https://doi.org/10.1016/S0140-6736\(20\)30567-5](https://doi.org/10.1016/S0140-6736(20)30567-5).

15 Foucault, Michel: *The History of Sexuality*. Vol. 1: *The Will to Knowledge*, trans. by Robert Hurley. London 1998, 140.

16 Sarasin, Philipp: *Reizbare Maschinen: Eine Geschichte des Körpers 1765–1914*. Frankfurt am Main 2001.

17 Rose, Nikolas: *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century*. Princeton 2006

18 Rose, *The Politics of Life Itself*, 11–15.

19 Ioannidis, John P.A.: ‘In the Coronavirus Pandemic, We're Making Decisions without Reliable Data’, *STAT* (blog), 17 March 2020, <https://www.statnews.com/2020/03/17/a-fiasco-in-the-making-as-the-coronavirus-pandemic-takes-hold-we-are-making-decisions-without-reliable-data/>.

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 subjectification 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.²⁰ Days after her first address, on March 22, Angela Merkel announced that Germans were 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.”²² 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 eugenics 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 genetic makeup 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’ 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 biomedicine 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 so-

cial. 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 Paris Match, ‘Document’.

²¹ ‘Pressekonferenz von Bundeskanzlerin Merkel zu der Besprechung mit den Regierungschefinnen und Regierungschefs der Länder zum Coronavirus’, <https://www.bundeskanzlerin.de/bkin-de/aktuelles/pressekonferenz-von-bundeskanzlerin-merkel-zu-der-besprechung-mit-den-regierungschefinnen-und-regierungschefs-der-laender-zum-coronavirus-1733286> [accessed 30 March 2020].

²² Anderson, Christina/Pryser Libell, Henrik: ‘In the Coronavirus Fight in Scandinavia, Sweden Stands Apart’, *The New York Times*, 28 March 2020, sec. World, <https://www.nytimes.com/2020/03/28/world/europe/sweden-coronavirus.html>.

²³ Ioannidis, ‘In the Coronavirus Pandemic, We’re Making Decisions without Reliable Data’.

²⁴ Ferguson, N. et al.: ‘Report 9: Impact of Non-Pharmaceutical Interventions (NPIs) to Reduce COVID19 Mortality and Healthcare Demand’, Report, 16 March 2020, <https://doi.org/10.25561/77482>; Shen, Chen/Taleb, Nassim Nicholas/Bar-Yam, Yaneer: ‘Review of Ferguson et al “Impact of Non-Pharmaceutical Interventions...”’, New England Complex Systems Institute, 17 March 2020.

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