

On the Forms of Vulnerability and Ungrievability in the Pandemic

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ABSTRACT

This contribution reviews and comments on recent scholarship on the politics of the COVID-19 pandemic, focusing on how vulnerability was constructed and studied. We reflect on the various meanings of vulnerability and suggest political science should go beyond individualized and identity-based approaches and see the pandemic conditions as shared and embedded within the already existing social, political, and economic structures. We also examine how our previously identified discursive frames of science and security work in the context of the later pandemic stages and the vaccination rollout and note how these frames continue to render certain lives ungrievable. Our contribution is intended to add to the growing interest in using the concepts of vulnerability, precariousness, and precarity in studies of politics and international relations, as well as in critical studies of public health and the coronavirus pandemic.

KEYWORDS

COVID-19, vulnerability, precarity, grievability, pandemic politics

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Much has been said about what the global coronavirus pandemic has revealed. After 18 months of the pandemic and 4.6 million dead worldwide, international relations and political science scholars have mostly concentrated on the effects of the pandemic on various states' regimes and executive capacities (BUTKOVIĆ 2021; MAATI – ŠVEDKAUSKAS 2020), and on international organizations' and governments' capacities to coordinate responses (YAN ET AL. 2020), deliver health services and policies (GREER ET AL. 2021), and mitigate the social and economic consequences of both the pandemic and the responses to it (DELANTY 2021).

But in order to understand the political implications of the current global pandemic, we also need to keep in mind that it has been first and foremost a “mass death event”, and one that defies existing convenient political narratives (HAN – MILLAR – BAYLY 2021: 11). As such it calls on us to not only recognize the political import of grief and mourning (CF. MCIVOR ET AL. 2020), especially when the direct political responsibilities are opaque and the mounting deaths produce a potentially community-wide trauma, as Han, Millar and Bayly (2021) point out, but also to recognize the question of who gets to be grieved. What does the political attention to and discursive framing of lives worth saving and lives passed on in silence tell us about our political order?

In our previous contribution to this journal (MAĐAROVÁ – HARDOŠ – ŮSTERTÁGOVÁ 2020), we have sought to examine how vulnerability and grievability are constructed in the elite political discourses by highlighting the implications of the pandemic and the biopower responses to it for different populations. In this forum on the impact of the coronavirus pandemic in international and European politics, we aim to follow up on our thoughts there and again bring the concepts of vulnerability, precarity, and grievability to the discussion.

We reflect on the various meanings of vulnerability over the course of the pandemic in order to suggest how the concept of vulnerability as developed by Judith Butler (2016A, 2016B, 2020) offers a perspective that goes beyond individualized or identity-based approaches and understands the pandemic conditions as shared and embedded within already existing social, political, and economic structures. We also examine how the frames of science and security that we have previously identified in the elite political

discourses in the early stages of the crisis, work in the context of the later pandemic stages and vaccination. We would like to contribute to the growing interest in using the concepts of vulnerability, precariousness, and precarity in studies of politics and international relations, as well as in critical studies of public health and the COVID-19 pandemic (BAYLIS ET AL. 2008; WILCOX 2010).

THE DYNAMIC MEANINGS OF VULNERABILITY AND THEIR IMPLICATIONS

Vulnerability might be one of the most used terms in the COVID-19 pandemic. However, it is not just that its meaning differs in different academic disciplines or in academia and public discourse, but the conceptualization of vulnerability has been changing over the course of the crisis.

Early in the pandemic, the narrative focus was on individual–subjective vulnerabilities. The political discourse here followed the medical expertise of the WHO and other expert organizations that called attention to the consequences of the coronavirus ravaging the bodies of the sick and the elderly more severely (ABRAMS – ABBOTT 2020). As we argued earlier, based on the analysis of the political discourses of the Czech Republic, Germany, Great Britain, and Slovakia, it was the scientific frame through which vulnerability was constructed in terms of biomedical characteristics, while “stripping people of the social and relational features of their lives” (MAĎAROVÁ – HARDOŠ – OSTERTÁGOVÁ 2020: 24). Understanding vulnerability as an inherent characteristic of individual bodies renders invisible that under the economic or political conditions that have cut social and medical services or let the infrastructure of care fall into disrepair through years of neglect, lives can be written off as not worth the effort to save them, too costly, they become ungrievable, perceived as no longer worthy of protection, and treated as if already dead.

Social and political aspects of vulnerability have become more discussed in both political and academic discourses, mostly in relation to the specific populations suffering more severe consequences of the pandemic and the anti-pandemic measures. Perry et al. (2021: 1) found that “*pandemic precarity disproportionately affects historically disadvantaged groups, widening inequality*”. Another study suggested that “*the first wave of COVID-19*

replicated racial and ethnic inequalities” as “*people from minority communities are more likely to be infected by and to die from COVID-19 than the white population*” (HOOIJER – KING 2021: 12). Such legacies of racial and ethnic discrimination are not limited to the United States, as they were also found in Great Britain, Sweden, and the Netherlands. Recent reports from Germany also suggest that persons experiencing poverty and persons with an immigrant background face a greater risk of contracting the disease and ending up in intensive care units (THURAU 2021). Though it is not surprising that decades of discrimination reverberated into market and health outcomes even before the pandemic, it is noteworthy that “*policy makers continue to underestimate the impact of legacies of institutional racism and discrimination*” (HOOIJER – KING 2021: 14).

Particularly in the medical academic discourses the concept of social vulnerability has been examined repeatedly. Here, vulnerability is understood as rooted in social, economic, and geographic structures and socially constructed (KARAYE – HORNEY 2020; KIM – BOSTWICK 2020). This focus leads to important calls for improved public health policies and global health responses, including calls to address long-term social inequalities. But it also includes building vulnerability indices, and spelling out the ‘most vulnerable’ social groups as if it was a competition, and in principle renders invisible both the relational aspects and political inducement of vulnerability.

We again turn to the work of Judith Butler, who identified two lessons about vulnerability stemming from the pandemic: “*it describes a shared condition of social life, of interdependency, exposure and porosity; it names the greater likelihood of dying, understood as the fatal consequence of a pervasive social inequality*” (YANCY 2020). Thus, vulnerability is not to be understood simply as a feature of the descriptive conditions of each individual but should also be seen as distinctively configured by social arrangements in which these individuals find themselves. Following Butler (2016A, 2016B, 2020), we see vulnerability as the core condition of all human existence, which is marked by dependency and interdependency, which also invites us to recognize the ethical imperative of mutual empathy and care.

The enduring dependence of our bodies on social and economic forms of support means that we can become exposed to vulnerability when

such support is unavailable or withheld from us, and consequently our life becomes *precarious*. The important feature here is that absent, withdrawn, or failing infrastructural support can mean certain populations are more exposed to harm or death. When this condition is politically induced – materially and discursively – Butler calls this condition *precarity* (2016A, 2020). We see this nexus of vulnerability-precariousness-precarity as helpful in better understanding the pandemic world.

THE PROMISE OF SECURITY VS. EXPERIENCE OF ABANDONMENT

The long-term implications of the experience of the mass deaths, often resulting from the failing health care systems, the insufficient state-led anti-pandemic measures, or long-term social and economic inequalities, are still to be seen. However, as Han, Millar and Bayly (2020: 11) maintain, *“the state is posited as either culpable for COVID-19 fatalities or – perhaps in a manner ineffably worse – powerless or irrelevant in the face of the pandemic. COVID-19 not only exposes our interdependent vulnerabilities to transnational disease but also threatens to reveal the political fiction that is the modern state’s ability to produce security.”*

Paradoxically, the frame of security was one of the dominant discursive tools through which the pandemic was interpreted around the globe. In some contexts, it allowed the vulnerable communities to be treated as a threat, while the focus of vulnerability itself was shifted toward institutions or the economy, which were seen as requiring government protection (MAĎAROVÁ – HARDOŠ – ŐSTERTÁGOVÁ 2020). We believe that over the course of the pandemic, the construction of the economy as in need of both government protection and people’s sacrifice has strengthened. It includes appeals to workers to get vaccinated and get back to work regardless of the pandemic situation, actual working conditions, or safety measures. It is an individual who seems to be bearing the responsibility for the state of the economy or even the healthcare system.

Against this background, some governments – such as those of the Visegrad countries – used military assistance as a military ‘band aid’ for systemic vulnerabilities of healthcare systems, but once the peak of the crisis was over, it was the military which received financial support

from the state, while the fragile healthcare and broader care infrastructure remained outside of the political focus with no substantial reforms

(GRZEBALSKA – MAĐAROVÁ FORTHCOMING).

Failing to fix the deficiencies and insufficiencies in the system of care can be seen through Achille Mbembe's (2003) concept of necropolitics, which was recently extended toward analysing health disparities in the COVID-19 pandemic (SANDSET 2021). Mbembe's original insight was showing how Foucault's notion of biopower also has an end-of-life element where the state's power to protect life also involves the power to expose life to conditions that ultimately lead to death. Sandset suggests that COVID-19 has revealed the necropolitics of global health inequality, which is characterized "*by a state of chronic acceptance that some have poorer health than others*", leading to their slow death (2021: 1412). We would add that at both global and local level, this acceptance legitimizes the lack of systematic changes and investments in the spheres that do not produce economic capital but are necessary for social reproduction.

Building on a similar note, Barnett (2021) posits that our international order has a sacrificial dimension. Despite its purported liberal nature, it nevertheless produces inequalities and hierarchies of value, where some people become more vulnerable, but drop out of the focus of our moral economy. Barnett calls our attention to the practices in which market logic has informed our sense of deservingness of basic subsistence and the processes of prioritization of the lives deemed worth saving. As he concludes: "*Such ordering is not random but rather an effect of historically-produced and structurally-induced preconditions that leave some groups more vulnerable than others. Some of the dead will be counted as sacrifices, but arguably many more on the death registry will be listed as unseen, abandoned, and permitted to be killed.*" (BARNETT 2021: 143E)

THE PROMISE OF VACCINES AND NEW FORMS OF UNGRIEVABILITY

Through another dominant discursive frame – the frame of science – vulnerability became a focus limited to the features of each individual person, not just in terms of their health characteristics, but also in terms of their personal responsibility and freedom. It was a focus that transferred

the medical characteristics of individual bodies and moralized them into a default moral category – it became the individual responsibility of everyone to avoid the virus or bear the consequences of their failure to heed the best scientific advice (CF. CARDONA 2021; HOOK – MARKUS 2020). This focus persists even today, when the question of vaccines against the coronavirus is discussed as a matter of individual right and personal choice (GOYAL – HEGELE – TENEN 2021). Throughout these discussions – especially on the side of vaccine opponents – what remains neglected is the biological and social aspect of people as bodies existing together, living and breathing together, socially embedded in structures of mutual dependence, and relying on each other for their very survival. However, discussions framing vaccination as a personal choice – particularly those blaming the unvaccinated for the pandemic situation – also build on a false assumption that everybody ‘has a choice’ (FOLENTOVÁ 2021). That this is not the case is now seen at the local as well as the global level.

For example, by the end of April, when the vaccination rate of the general population in Slovakia was nearing 20 percent, the rate of first dose vaccination in marginalized Roma communities had not exceeded 1 percent (HRABOVSKÁ FRANCELOVÁ 2021). By summer this number did not improve significantly, as it rose only to 4% by mid-July (DENNÍK N, 2021). An organization working with marginalized communities has noted that *“the current registration system and [...] vaccination at large-scale and often remote vaccination centers pose an insurmountable practical obstacle”* (HRABOVSKÁ FRANCELOVÁ 2021).

The default expectation that countries will give themselves priority at the potential expense of everyone else challenges the personal choice narrative globally. The phenomenon of ‘vaccine nationalism’ (BOLLYKY – BOWN 2020), where countries scrambled to develop and secure vaccines for themselves, and which was being likened to an ‘arms race’, displayed a clear example of the political ontology of war (LEHTINEN – BRUNILA 2021). The frame of security, or even the frame of war, became handy again for convincing local populations that they are being taken care of – a false promise face to face with a global pandemic.

Despite growing recognition that such a vaccine nationalism is both costly and counterproductive (HAFNER ET AL. 2020; GHEBREYESUS 2021) and despite the possibility of an equitable global solution to the pandemic being present

within the existing international legal order ^(DE CAMPOS-RUDINSKY 2021), a systematic addressing of global vulnerabilities to vaccine inequality has been elusive. Instead, what we have mostly seen so far has been only the occasional gesture of charity, or vaccine diplomacy, such as the recent donation of 100 million doses of the vaccine by Germany ^(FEDERAL FOREIGN OFFICE 2021).

Those who cannot be or do not want to be vaccinated are often constructed as a threat to the ‘responsible’ citizens through both the frame of security and the frame of science. While in the case of vaccine nationalism the accountability is usually put on the political and economic elites, in the case of local unvaccinated people, the responsibility is often individualized and explained by the triumph of conspiracism ^(ENDERS ET AL. 2020; MARQUES ET AL. 2021).

There is no doubt about the mass spread of unsupported, false, and even conspiratorial ideas. However, in order to understand why these became so influential, we perhaps should get back to the promise of states to provide security as it is contrasted with the experience of abandonment described above. While it might not be possible to protect everybody from the virus, its threat has been exacerbated by weak care infrastructure, underfunded and understaffed health care, as well as persisting structural inequalities or just uncaring institutions ^(CHATZIDAKIS ET AL. 2020). Long existing social and economic grievances and the experience of the pandemic have further weakened the trust in authority ^(CF. GERBAUDO 2020; LINDHOLT ET AL. 2021). When the vaccines became available to some, people were expected to trust the very same – local and global; political, economic, and social – systems that had made them vulnerable in the first place. Constructing the unvaccinated as those who deserve punishment – in this case even death – not only makes them publicly ungrievable, but it also shifts the attention away from politics failing people to the failures of the people.

CONCLUDING REMARKS

We started writing this contribution with a clear idea that vulnerability, precarity, and grief should be part of this forum, and with a few messy ideas that we tried to clarify even for ourselves in the process of writing. While we build on our previous analysis, this contribution mostly consists of our reflections on the political situation around the globe and the recent

scholarship on the coronavirus pandemic. There are three points that we put forward and believe need further consideration.

Firstly, vulnerability has been widely discussed in the last 18 months and even the connection between social inequality and susceptibility to the virus has become more common in the later stages of the pandemic. However, it seems that attributing vulnerability to certain groups and building indices of social vulnerability resulted in a focus on enumerating groups and evaluating who is more at risk instead of on the conditions that have made these populations vulnerable.

Secondly, precarity is exacerbated in the pandemic in the form of abandonment. Numerous interventions took place and lives were saved but weak healthcare institutions and care infrastructure are still mostly presented as in need of citizens' individual caution instead of systemic political intervention. The individualization of responsibility when it comes to getting infected or vaccinated blurs the accountability of state authorities that leave key institutions underfunded and understaffed and many populations unvaccinated, uncared for and unmourned.

Finally, we once again turn to Butler. As she writes in *Precarious Life* (2004: XI), when boundaries are breached, an unbearable vulnerability is exposed, a terrible toll on human life is taken, and these are causes for fear, mourning, and political reflection. If mourning means that “one accepts that by the loss one undergoes one will be changed, possibly for ever” and one agrees to undergo this transformation (BUTLER 2004: 21), then our societies probably have not started this process. The frequent call to return to “normalcy” and the presentation of vaccines as a promise of this return suggest a failure to acknowledge our shared corporeal vulnerability and a rejection of the open-ended “transformative moment” that has been initiated by the pandemic as a “mass death event” (Han – Millar – Bayly 2021). In the past, we saw that an inability to grieve can often lead to aggression, and instances of future state and civil violence should be explored with this recognition in mind.

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