

Chapter 13

Pandemic Necropolitics: Vulnerability, Resilience, and the Crisis of Marginalization in the Liberal Democratic State



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... sovereignty consists in the power to manufacture an entire crowd of people who specifically live at the edge of life, or even on its outer edge—people for whom living means continually standing up to death, and doing so under conditions in which death itself increasingly tends to become spectral... As a rule, such death is something to which nobody feels any obligation to respond... Necropolitical power proceeds by a sort of inversion between life and death, as if life was merely death's medium.
Achille Mbembe, *Necropolitics*, 2019

Abstract Vulnerability, marginalization, and resilience in the pandemic and in an eventual “post-pandemic” state are examined through the lens of Achille Mbembe’s theory of necropolitics. The central claim made is that vulnerability and marginalization are products of a covert and intentional politics of death. It is also argued that for the vulnerable and marginalized, the pandemic does not demarcate between a previous normal and eventual normal state, but is rather, an escalation of a persistently abnormal state. A final claim is that reflection on the fate of the vulnerable and marginalized must resist a Kantian impulse to find and urge resilience and focus instead on a direct attack on the necropolitics that sustains suffering for this population.

Keywords COVID-19 pandemic · Necropolitics · Vulnerability · Resilience · Marginalization · Solidarity

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1 Introduction

The COVID-19 pandemic laid bare the tragedy of vulnerability *and* marginalization (viewed as a singular conjunctive construct) that has long been the calling card of the liberal democratic state. That the pandemic occurred, and that it had differentially adverse impacts on the already doomed, are not merely accidental, but rather inevitabilities inherent in and fostered by the verticality of power relations within the liberal state. Here, vulnerability is immanent in the positionality and relations of the marginalized to the powers constituted in the state against them, such that one is but not merely a synonym of the other, but are, in fact, one and the same. The survival of the vulnerable-marginalized in this state of affairs is therefore, first and foremost, an act of resilience, while also futile—both in scale and effect—against the necropolitical constitution and aspirations of the state.

By examining the “nonlaw laws”, i.e., “the law that originates in nonlaw and that is instituted as law outside the law,” [1, p. 27] and various acts of executive violence and indifference through which the pandemic was weaponized against the vulnerable-marginalized, this essay situates pandemic public health governance in the liberal democratic state as both an extension and realization of necropolitics. Achille Mbembe’s powerful and evocative political theory, founded in the social and political organization as “power and the capacity to dictate who may live and who must die,” [1, p. 66] is obvious as an explanatory lens, as what follows shows. More importantly, it serves to redirect attention and emphasis from misfortune and irresponsibility to design and inevitability, as primary frames through which one must see how so many came (and continue) to die in the pandemic. For in these stories of necropolitics, one observes default premeditation regarding who must die, such that the state’s response to the suffering wrought by the pandemic must be, by design, merely a realization of that which is inevitable. They, *who must and did die*—the poor, the racialized poor, seniors in care, the disabled, the migrant worker, the *essential* worker, the globalized poor—are already constituted and doomed, such that what pandemic policy demanded was a realization of their doom rather than their salvation or resilience.

But within this state of affairs, the situation that these doomed (the vulnerable-marginalized) find themselves—that is, in *continually standing up to death*—is one that is endogenously resilient, albeit interspersed with a hopelessness that they are powerless to undermine or change. In this matrix of hopelessness and resilience lies opportunities for a redemptive default in an eventual post-pandemic state (if such a state was indeed possible), one in which their vulnerability and the endogenous resilience becomes itself an act of resistance against an ordained and decidedly hopeless set of outcomes.

The fundamental point, therefore, and the thesis asserted is, that for the vulnerable-marginalized, there is no post pandemic state. Rather, there are states of escalation of and return to a default *abnormal state* that defines and embodies their existence and inexistence within a polity that is ordered and designed to kill them, or to procure their misery and eventual death. In this sense, to speak of a post-pandemic state is

to engage a literary reality that assumes a normality absent in the pandemic state, or at least, some qualitatively different state of affairs from a pandemic state. The lived reality of the vulnerable-marginalized is not consistent with these literal distinctions; rather, it is characterized by an always “spectral” engagement with misery and death that is sometimes deepened by more exogenous misery or death, or misery and death causing factors.

2 The Abnormal State

In conventional public health language, we have come to understand this abnormal state that the vulnerable-marginalized exist in as chiefly defined by the absence of the determinants of health. This characterization, while empirically supportable, presumes that the abnormal effect is remediable by providing for such determinants. However, even so, causality in the abnormal state is incomplete without engaging with its two principal agents, namely the positivistic (in the sense of practice over ideal) [2] legal and political program of disenfranchisement (in the totality of lived and abstracted experience), and the normalization of inequity. Both operate as a unified construct; the former serves as the political expression of the latter, propped up by an *indecently indifferent*¹ propertied class whose acceptance of life as inherently uneven is both dull and deadly. Their unity is also consonant with the necropolitical inversion of democracy to serve the “generalized cheapening of the price of life and...habituation to loss” [1, p. 38].

Within the abnormal state, the *haves* (whether by virtue of birth, race, striving, accident, capitalistic greed, intergenerational inheritance, or any of the other permutations that produce wealth, and sometimes concomitantly, marginalization and suffering) strive to become *have-mores*, thus creating a polity that is defined and designed by reference to the wants and perspectives of the invulnerable and privileged. Within this state, not *having* is boring and listless, contorted (or relegated) as it were to reside in projects of hope and public interest advocacy by tireless but often-ineffective social justice warriors. This reflection is evident in decades of social policy in the Western hemisphere focused on creating and sustaining “a strong middle class,” a strange concept if ever there was one, that presumes the existence of an inevitable (or, at least, unassailable) “high class,” and an inevitable but adjectivally and realistically unfortunate low class. This longstanding commitment to creating and fostering a middle class, which holds across political and ideological divides, also operates to immobilize a “looking back” at who has been left behind.²

Vulnerability, especially the perceived kind, is of course agnostic to class. Infectious disease outbreaks often do not discriminate between classes, thus creating a sense of vulnerability that transcends the presence or absence of material needs. Still, a deeper sense and reality of vulnerability subsists in the *absence of material needs*,

¹ I am grateful to Shree Paradkar for the italicized phrase.

² I owe this insight to my colleague Godwin Dzah.

which, as the COVID-19 pandemic has shown, intersects with marginalization, race, economic status, and geography [3, 4]. In the abnormal state, the perceived vulnerability of the privileged classes drives policy, including public health policy. Take, for example, government supports during the pandemic, which were largely premised on employment, home ownership, and business ownership, also the usual demarcations between privilege and marginalization in liberal democracies. Or, worse, the crass resumption of “normal life” through the abandonment of the public health protections to the detriment of the immune-compromised. The political and practical humiliation of the vulnerable-marginalized within the abnormal state, therefore, subsists in deterministic forms of material and political neglect that the privileged classes can neither perceive nor experience.

There is another sense in which the abnormal state intersects with necropolitical power, to wit, how both posit *natural* catastrophe as an inevitability rather than as creations of statecraft. In this way, catastrophe is causally externalized, and the state’s engagement with it is then defined and examined through the lens of the unwitting shield and guardian of ordered existence versus disordered fortuity. Extempore, and putting aside the contested theories about gain-of-function viral escape from a Chinese laboratory, the COVID-19 pandemic appears to be, and has been presented as, an accidental existential disruption.

Nothing could be further from the truth. Underinvestment in surveillance programs for emerging zoonotic disease threats is a specific governmental policy that invites a degree of culpability in the creation of a pandemic than those responsible for it would care to admit [5]. Perhaps more sinister is the fact that, for the necropolitical state, the pandemic immediately presented an opportunity to entrench its grip on the power to dispense or facilitate death under the façade of “crisis management.” This claim is evident in the fact that with millions of deaths and counting, the pandemic has not forced a reckoning with the silent political and social forces that make death inevitable for the marginalized in a necropolitical state, including racism, poverty (as a state of being), disability, carcerality, and systemic misogyny. Rather, the earliest (and to date, most) pandemic management policies have focused on threats posed to the economically-empowered body politic. These include policies that protect the privileged nationalistic and/or itinerant body (travel bans and restrictions, quarantine, vaccines, proof of vaccination), the economically-capable body (masking, ventilation, work from home), and, conversely, those that entrench the misery of the marginalized body, as is the case with the paradoxical “personal responsibility” policies, which purport to treat social responsibility and public health as matters to be decided and handled by individuals. Thus, both before and during this pandemic, the necropolitical state is constituted to “manufacture an entire crowd of people who live specifically at the edge of life... [and for] whom living means continually standing up to death” [6, p. 37].

Consider two examples.³ On January 8, 2021, the government of the province of Quebec in Canada, in a bid to control the rising number of COVID-19 cases in the province, issued a curfew decree that prohibited “any person” from being outside “their residence or what takes its place or the land of such residence” between 8 p.m. and 5 a.m. Contravention of the decree attracted a fine ranging from \$1000 to \$6000. In issuing the decree, the government inexplicably failed to consider the obvious impact on persons experiencing houselessness, especially given that the decree came into force in one of the coldest months of the Winter season. While at first glance this seemed like an inadvertent omission, subsequent events suggested a callous disregard for the affected houseless population amounting, at a minimum, to culpable commission. Specifically, various individuals and groups, including the Mayor of Montreal (Quebec’s largest city), organizations providing houselessness relief, and public interest lawyers representing those experiencing houselessness, alerted the government to the discriminatory and disproportionate impact that the decree would have on people experiencing houselessness. The government, unmoved, refused to allow an exception for this population, thus forcing a group of legal aid lawyers working on behalf of houseless and indigent clients to petition for a court-ordered exception [1, p. 37].

In *Clinique juridique itinérante c. Procureur général du Québec*, the court ruled in favour of the houseless and suspended the decree as it applied to homeless people [7]. The court agreed with the petitioners that the decree “would undermine the rights to life, liberty and security” of homeless people as protected under the Canadian and Quebec charters of rights and freedoms, would have a discriminatory and disproportionate effect on them, and would cause them irreparable harm if implemented. Strangely, the government contended that the measure was not intended to apply to homeless people “for whom it would be impossible to have access to a shelter.” The court rejected the government’s position because it presented an enforcement impossibility, viz., that a homeless person could not know in advance if the police, in enforcing the curfew, would consider that it was impossible to have access to a shelter or exercise their discretion to tolerate this exception. However, as the petitioners pointed out, the aim of forcing the homeless into shelters was itself fraught with problems, considering that they were at a higher risk of contracting COVID-19 in the typically crowded shelters, and many among them, even having access to a shelter, tend to leave because they have addiction and mental health problems that

³ To avoid decontextualizing examples from other jurisdictions, I discuss only Canadian examples. For a recent discussion of some U.K. examples, see [3]. See also *Regina (Gardner and another) v Secretary of State for Health and Social Care and others* [2022] EWHC 967 (Admin): Government Covid-19 directives aimed at alleviating the strain on hospitals resulted in the negligent relocation of asymptomatic patients into care homes, without quarantine. Residents in care homes (generally the elderly) were infected and died from the virus; BVerfG, Order of the First Senate of 16 December 2021—1 BvR 1541/20—, paras. 1–131, http://www.bverfg.de/e/rs20211216_1bvr154120en.html, where Germany’s Federal Constitutional Court ruled that the Legislature (*Bundestag*) had violated the Basic Law (*Grundgesetz*) by failing to enact policies that would protect persons with disabilities from treatment discrimination in the likely event of shortages of life-saving intensive care resources during the pandemic.

are either not tolerated in shelters or that make it untenable to exist comfortably in such spaces.

This case provides an apposite lens into the mind and workings of the necropolitical state. It is difficult to view the actions of the Quebec government as suggesting anything other than an acceptance that houseless persons are entirely disposable, even as they ostensibly pursue the well-intentioned goal of preventing the further spread of a deadly pandemic. More damningly, the government purposefully missed an opportunity to engage with houselessness as a social issue that should not exist in the first place, instead choosing to view houselessness as a *normalized* and *abstracted* imaginary rather than the actual reality of the abnormal state in which those facing it are forced to subsist in.

For the houseless population implicated by the government decree, it is striking that the limit of the government's redemptive imagination, in the context of a pandemic, is a shelter (one suspects that this would also be the case in a so-called post-pandemic state). The shelter is a symbol of the sum of the liberal democratic state's exertions towards the least fortunate in society—a place that may provide a brief respite from biting circumstances, but which renders those for whom it is made available even more subject to the vulnerabilities that are ingrained in their existence within the state.

A second example derives from a pair of directives issued by agents of the government of the Canadian province of Alberta during a recent wave of the COVID-19 pandemic. The first, issued by the province's Chief Medical Officer of Health (CMOH), rescinded a previous order requiring masking in elementary and high schools [8]. The second, from the Minister of Education, purported to forbid school boards from imposing their own masking requirements [9]. In the context of a pandemic where there have been incessant and often vexing debates regarding the extent of its impact on children, both actions rang as particularly callous towards children who were immune-compromised and at heightened risk of severe outcomes if they contracted COVID-19. The directives forced these children and their guardians into a cruel *non-choice*: skip school or risk contracting a disease that could prove deadly.

A court challenge brought by and on behalf of the affected children provides insight into the necropolitical motivations of the state actors involved [10]. The challenge focused on two matters; the reasonableness of the order issued by the CMOH, and the legal effect of the ministerial directive, which issued by way of a letter addressed to school boards.

Regarding the CMOH order, the court found that it was “an unreasonable interpretation of the *Public Health Act*” because the CMOH did not in fact make the order as commanded by the Act, but instead “merely implemented a decision of a committee of Cabinet.” The court was unable to determine the basis for the decision by the Cabinet committee from the evidence proffered—indeed, the reasons remain opaque, although evidence considered but not admitted in the case suggests that the decision was based on “political considerations” and the bizarre, unproven claim that masks have harmful effects on children's cognitive and emotional development [11]. Even if one accepts these considerations, it is difficult to imagine how they

possibly supersede the welfare of the complainants in the case, who stood to suffer the most from the government policy, unless of course if one's imagination accepts their suffering as inevitable or necessary for the sake of political expediency.

The Minister's letter is even more troubling. It repeated the questionable claim that there are "mental health impacts that come along with public health measures such as masking" and directed that school authorities "cannot deny their students access to in person education due to their personal decision to wear or not wear a mask in schools." Much like the Cabinet committee's decision, the letter failed to mention or consider the welfare of immune-compromised school children, choosing instead to urge and rely on "many important factors to consider" such as "seeing the facial expressions of teachers and classmates" and "having the ability to be animated and joyful" as reasons for discarding the masking requirement. It is again hard to imagine how these factors can trump the risk of severe harm posed to the applicants, unless one considers that enhancing the joyfulness of the general school population is more necessary than protecting those for whom life has become merely death's medium.

The court found that the Minister's letter had no legal effect because it was issued by way of a ministerial letter rather than by a formal regulation. This conclusion, which is also reflected in the opaqueness of the Cabinet committee's decision that informed the CMOH order, highlights the *modus operandi* of the necropolitical mind, which is a tendency towards *covert, inscrutable or legally immune* reasons and actions. This approach renders the law ineffective in vindicating the rights and interests of those affected, either because the issues raised are non-justiciable, or because legal intervention (assuming that the affected have the means to pursue it) arrives too late. Indeed, the court decision did not reinstate the masking requirement since a subsequent order by the CMOH rescinded all extant public health orders.

What these two examples share in common is a tendency towards crisis management that serves those privileged enough to comply with the management directives, or, at least, privileged enough to regard the directives as mere disruptions of an ordered or (in the context of a pandemic), a semi-ordered reality. A curfew might be a legitimate public health order for those who have the means and residence to retreat from the streets, but it is a deepening or escalation of marginalization and despair for the homeless. A decision to rescind a mask requirement might serve the interests of those prepared to move on from a still raging pandemic, but it is effectively a death sentence for the immune-compromised.

Observing this duality of crisis management for some and crisis deepening for others recalls Saptarishi Bandopadhyay's powerful maxim, that "modern governance nurtures order and disorder in pursuit of idealized visions of prosperity and rule at the limits of nature and society" [12, p. XIII]. What Bandopadhyay so painstakingly makes clear in his ground-breaking work is that in liberal democratic states, disorder and catastrophe are rarely innocent, but instead are products of a "muscular-neoliberalism" that serves and is often applauded by an indifferent and privileged middle- and upper-class citizenry, because the illusion protects their comfortable belief that "states exist to protect society from the inevitable occurrence of disasters"

[12, p. XIV]. In essence, the duality underscores a suspicion that the state repeatedly rationalizes the occurrence of catastrophic events, such as the pandemic, by securing agreement from a powerful segment of society that the destruction wrought by disease is *the normal order of things*. Thus, death, which is *terminal* to those who did not participate in but are affected by this agreement, becomes a *normal pandemic-related condition* which is within the *normal order of things*, and not an abnormal occurrence.⁴

3 Non-law and Covert Necropolitics

Contrary to the examples discussed in the preceding section, many (if not most) of the liberal democratic state's necropolitical dealings cannot be vindicated through legal or judicial means. These necropolitical projects, defy common knowledge because they are published as casual statements rather than rules of law, and often involve *enforceable* actions, directives and reasons that are purposefully non-justiciable. In this way, they are soffits to a state apparatus of non-legality and covert pronouncements of immoral law [13]. Still, the fact that legal or judicial vindication is present in some cases is not to be taken as indicative of a trend, or as suggesting that such vindication, for the marginalized, is necessarily available or *vindicative*. Rather, legal and judicial processes, which the marginalized can only access through legal aid and public interest litigation, are, at best, projects of hope that depend deeply on the benevolence of private and state actors. Interestingly, the question of how the marginalized can maintain predicable access to legal vindication of their rights and interests, or regarding whether constitutionally-grounded rights guarantees are meaningful without such access, has been and remains a niche interest among legal scholars. The reasons for this neglect are not central to this paper, but it warrants mention that possible reasons lie in the legal academy's blind adherence to the theoretical possibilities of rule by or of law and the penchant for beginning and ending their examination of rights from the perspective of legal doctrine.

The pandemic is littered with evidence of these covert non-laws that operate as law. In a speech in the legislature that preceded the government's policy to remove pandemic restrictions and reopen the economy, the then Premier of Alberta, Jason Kenney, called the COVID-19 virus "an influenza" and said the following:

We cannot continue indefinitely to impair the social and economic — as well as the mental health and physiological health of the broader population — for potentially a year for an influenza *that does not generally threaten life apart from the elderly and the immunocompromised*... The average age of death from COVID in Alberta is 83. And I remind the house the average life expectancy is 82. [14]

This stunning invocation of necropolitics captures the afore-discussed elements: the intentional manufacture of a crisis (*i.e.* a continual state of disease) in the "pursuit of idealized versions of prosperity" and for the betterment of those who already

⁴ I am grateful to my colleague Godwin Dzah for this insight.

have the mental and physiological fortitude to face the crisis, and an intentional *worsening* for the living dead, whose life can be conveniently threatened for the sake of the social and economic, and because they are already considered to have lived beyond what the state can tolerate. These statements, far from the mere rantings of a possibly psychopathic leader, would emerge as law-based policies including the rescindment of masking requirements in schools, premature endemicity and a consequent relaxation of public health restrictions, and neglect of reforms proposed for the protection of seniors, especially those in congregate care, who account for the highest proportion of disease morbidity. In the same vein, post-COVID conditions (colloquially, long COVID) is a health care crisis manufactured by intentional state policies of neglect, and which created a mass disabling event that, for those already lacking access to health care and determinants of health, amounts to creating scores of the living dead.

Kenney is not alone in deploying the life of the vulnerable-marginalized as simply death's medium when proposing or justifying state action or inaction on the pandemic. As the death toll in the United States reached two hundred thousand recorded deaths, Donald Trump famously dismissed the pandemic as not worthy of a bother because it only "affects elderly people [and] elderly people with heart problems" and called for states to reopen schools because the virus "affects virtually *nobody*" [15]. Texas Lieutenant Governor Dan Patrick called upon senior citizens to "take a chance on [their] survival, in exchange for keeping the America that all America loves for [their] children and grandchildren" [16]. In Ontario, Premier Doug Ford cancelled a minimum wage increase instituted by a previous government and reduced social assistance as the pandemic picked up pace [17]. For these necropoliticians, to be *somebody* deserving of the state's attention or protection is to be among a class of persons that do not depend on the state for attention or protection. Conversely, a *nobody* is one whose existence is a mere means to non-existence, and whose inevitable death the state can foster through policy-forming rhetoric or actions that are immune from legal attack.

An even more sinister perversion, namely racism, is revealed when one peels back the layers of these deadly pronouncements. As Mbembe observes, "[t]o a large extent, racism is the driver of the necropolitical principle insofar as it stands for organized destruction, for a sacrificial economy, the functioning of which requires... a generalized cheapening of the price of life and... a habituation to loss" [1, p. 38]. Throughout the pandemic, racism towards marginalized races has been the dividing line between good health and a diseased state, life and death, and suffering and coping. Such racism is inherent in conditions created by the state whereby "certain lives have been valued, nourished, and protected while others have been devastated and destroyed" [18, p. 60]. These devastated others, the elderly, sick, immune-compromised, houseless, poor and other living dead folk, who must then be sacrificed to serve the greater good, consist disproportionately of the racialized (in Canada, Black and Indigenous peoples).

Racism also inheres in the colour-evasiveness and the pretense of non-racial causality that characterized the liberal democratic state's dithering response to the pandemic's worst impacts. Here, one sees different "racisms" at play. There is the

well-documented racism of failing to collect race-based data on, and conduct race-based analysis of, pandemic impacts. The racism of excluding race as an explanatory lens, even as the suffering lines continue to be drawn by race. The racism of a disinterested occupation of the policy space by those who desire the least to help the doomed. The racism of euphemizing race through adjectival proxies that transform what Black and Indigenous peoples are experiencing into diffuse generalities. On the latter, witness, for example, how Horacio Aruda, Quebec's Public Health Director, frames the factual revelation that the pandemic has disproportionately impacted racialized persons: "it's not race that is the problem, it's the conditions of the person: poverty, crowding in houses...revenue, how many kids, university level. For me, those are the factors that can explain why those communities are more [affected]" [19] Thus, the condition of racialization is to blame, but not race that underpins the racialization itself.

What Aruda and other necropoliticians fear, is that naming race invites scrutiny and raises questions as to whether governmental neglect offends constitutional guarantees of a discrimination free life. Through words and acts of covert necropolitics, *legally enforceable commitments* against prejudice and discrimination are reconfigured as *legally benevolent necessities*—housing, means, education, etc., that exist only at the state's pleasure (or displeasure). The *nobodies*, as perennial non-beneficiaries of the state's benevolence, are doomed to accept a cheapening of the price of their lives, and to become habituated to the loss of it, in order for the state to prosper.

In the foregoing regard, the state operates, therefore, through what Mbembe refers to as its "nocturnal face," [1, p. 27] which serves for the "exteriorization of ... ordinary violence to third places [and] nonplaces" [1, p. 27]. By creating radical forms of power exercised without responsibility and expressed through non-justiciable reasons and rhetoric, democratic states "deaden any awareness of [the] latency" of this exteriorized violence, thus "removing any real chance of interrogating its foundations, its underneath, and the mythologies without which the order that ensures the reproduction of state democracy suddenly falters" [1, p. 27]. Thus, the political operates in anecdote, but insists that its faults be proved only through hard evidence. It defines a realm of legality that excludes what is actionable, so that it can appear in light but exist in the dark.

4 Resilience, Solidarity, and the Accidentality of Survival

Resilience is a fact of life, albeit one contingent on the presence of the *condition of living*. A condition of living is necessarily inconstant, mutable, and atavistic. Thus, one questions whether it is possible for those who are stuck in a constant, immutable and grim reality of vulnerability and death-contingent life. Much like discussions regarding the redemptive possibilities of hope, resilience ought to be treated with a healthy dose of skepticism, because it is *normally* a descriptive frame that captures

the moral fixations of the privileged set rather than the actual conditions of suffering that fascinate the describer.

It is certainly the case that humans can muster resilience through sheer willpower or a survival instinct. However, this form of resilience, to the extent that it exists, is most likely a doppelganger of survival per se, or of survival against the odds. To survive a state of affairs that is ordered to kill you is not necessarily to be resilient—it could simply be happenstance or a death- and life-defying stasis akin to agony without movement.

A more useful frame for imagining and assessing resilience in the context of the grim realities of vulnerability and marginalization is socially produced forms of resilience, such as that which is built up through engagement with social institutions (family, schools, social networks) [20], or through forms of solidarity that are grounded in “practices of freedom” among self-governing, free people and “agonistic and interminable public discussions and negotiation” that transcend and defy citizenship, identity, or sovereignty [21, pp. 164–165]. But resilience in the latter senses also suffer from at least two defects, as they relate to the vulnerable-marginalized. First, participation in social institutions or in any discernible or organized in-group is doubtful for those whose disenfranchisement from society is total and enduring. The persons and communities that suffered the worst impacts during the pandemic align with the persons and communities that are excluded from the kinds of social participation that build resilience. In other words, they have never participated. Second, in a state of crisis, such as the pandemic presents, vulnerability, marginalization and social exclusion deepen and become effective barriers to participation in projects that sustain solidarity and resilience. The instinct to organize, engage, discuss and negotiate is replaced either by a survival instinct, or by a state of agonizing stasis. One can imagine that a severely handicapped person at risk of death during the pandemic as a result of necropolitical policies of neglect or purposeful harm (e.g., withdrawal of income supports) might be more concerned with survival than with the practices of freedom that foster a strengthening and revitalization of common bonds.

Solidarity could also occur through actions of “allyship” by those who possess the privilege of participation. This form of solidarity was evident, for example, in the protests that followed the forceful eviction by the city of Toronto of homeless persons and the destruction of their encampments in parks and public spaces during the pandemic [22]. The evictions were based on a judicially affirmed Toronto city bylaw that banned overnight camping in parks for the duration of the pandemic, thus deepening the vulnerability of an already vulnerable population within the context of an escalation of the abnormal state in which they routinely exist. This necropolitical action was met with protests involving shelter advocacy groups and well-meaning citizens. However, the protests were swiftly quashed through the always available and well-resourced mechanism of state violence. This suggests that allyship solidarity, though rational and moral, may be more symbolic than effective. Worse, and perhaps cynically, it could be a merely performative, thus serving to assuage the guilt of hedonistic privilege alongside the intense suffering of others. Furthermore, the extent to which such allyship actions by in-groups serve to build resilience in the out-group is unclear and possibly only contingent on the gains from the exertions of the in-group.

5 Conclusion

If my scepticism is correct, where does this take us? Hopefully, away from the illusion of, and the dogmatic idealism about, resilience, which permeates scholarly reflection on vulnerability, and towards a more direct engagement with the cancer of necropolitics. What is needed is an appreciation of the “real politics” of vulnerability and marginalization in a necropolitical state, and not the oddly sentimental Kantian impulse to seek spectral dignity from chronically hopeless conditions, all for the sake of linguistic or analytical comfort. To put it in drastically simple terms, we need the real politics of how people live, and not of how we wish them to live. As Geuss urges, political philosophy [and reflections on politics] “must start from and be concerned...not with how people ought ideally (or ought ‘rationally’) to act, what they ought to desire, or value, the kind of people they ought to be...but, rather, with the way the social, economic, political...institutions actually operate in some society at a given time, and what really does move human beings to act in given circumstances” [23, p. 5]. Thus, to the extent that resilience arises from how people actually live, then what ought to occupy our attention is what creates the conditions that deprive people of living, as well as how to gain resilience when there is not much living to be had.

Core Messages

- There is no “post-pandemic” for the vulnerable and marginalized. They either die or remain in a continual state of suffering and precarity.
- Slow death and precarious life during the pandemic are products of a politics of death that is purposefully undetectable and unstoppable.
- Scholarly reflection on vulnerability and marginalization in the pandemic should focus on dismantling the politics of death, rather than the resilience of those most affected.

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