

---

## PROLEGOMENA TO THE DEEP POLITICS OF DISEASE

STEVE FULLER

Carl Schmitt boldly claimed that politics boils down to maintain the distinction between friend and foe. His claim is most easily understood in terms of the history of the state, starting with the Greek city-states, the medieval republics and then the modern nation-states. These political entities have had clear requirements relating not only to the terms of citizenship, but also to the sheer physical passage of people and goods. They were all about boundary maintenance, periodically operationalized by walls, tolls and tariffs. Here the 1648 Peace of Westphalia set an important historical precedent in the identification of the state with territorial boundaries, which by the nineteenth century came to demarcate the ethnic homeland of a 'nation'. The underlying principle was that your rule is legitimate just as long as you can control your own borders without being subject to foreign interference. A larger superstate entity (aka 'empire') is unnecessary to secure your borders because the level of ambient hostility is sufficiently low that you are capable of self-defense from any invaders. The accompanying sense of 'sovereignty' served as a concrete model for the autonomy of individuals, the cornerstone of the modern turn in political thought more generally. Moreover, this sense of border control reached deep into the socialization process, primarily through the introduction of grammar, which resulted in linguistic standards that enabled 'native' speakers to determine upon immediate encounter whether or the other person was a 'foreigner'.

The above mentioned Peace had been largely designed to secure the political integrity of territories that had broken from the jurisdiction of the Church of Rome during the Protestant Reformation. Here it is worth noting that, notwithstanding their nominal span of control, 'imperial' political formations have always found it hard to control their borders, both in concept and in practice. While the so-called 'natural law theory', which formally governed Roman Christendom prior to 1648, may have been inscribed in the Justinian Code and subject to much Scholastic commentary,

---

Auguste Comte Chair in Social Epistemology, University of Warwick, UK.  
/s.w.fuller@warwick.ac.uk.

it permitted considerable discretion in application, resulting in what we now call ‘case-based law’, or ‘casuistry’. Local judicial authorities were entrusted to enforce the law in ways that were appropriate to particular regions—that is, until violations resulted in levels of unrest that threatened to spread to neighboring regions. (This approach to devolved power, known as ‘subsidiary’, remains a hallmark of European Union legislation.) At that point, governors-general—with actual or potential troops in tow—would be dispatched from the capital to restore order. This arrangement reflected the idea that, unlike the modern ‘nation-state’ that arose from the Peace of Westphalia, empires are not legally dedicated sovereign spaces that command recognition from others on that sole basis. Rather, an empire exists only as long as its vast array of participants coordinate their activities to maintain it. Thus, instead of relying on an anchoring ‘constitution’, empires have largely survived through a set of side deals (‘tributes’) with the peoples formally under its rule, resulting in ambiguous borders perennially contested by neighboring regimes.

For purposes of what follows, the difference in the character of the international order before and after the ‘Westphalian settlement’ is that in the pre-Westphalian world the boundaries between self and other were always under negotiation, works in progress that mirrored the difficulty in drawing maps that accurately capture ‘territorial sovereignty’. In contrast, post-Westphalian maps are more straightforwardly political instruments, grounded in formal legal arrangements that are mutually recognized by the participating states. The delicacy of the distinction between the pre- and post-Westphalian worlds is illustrated in the phrase ‘balance of power’, which comes into usage shortly after the settlement. It assumes the existence of a shifting but determinable point of equilibrium between states that coexist in a common political ecology, in terms of which one or more such states might become ‘too powerful’ and thereby pose a threat to the entire ecology. In effect, the balance of power sublimates the natural law conception of empire, whereby the ‘high politics’ of international diplomacy replaces the casuistry that had characterized imperial dispute resolution.

At this point, let us shift focus from the macro- to the micro-level. Instead of sovereign political bodies, think sovereign *organic* bodies. Here too, where the principles of individuation are understood as the product of a specifiable generative process, the easier it is to determine whether a particular individual is healthy or sick—which is to say, falls inside or outside the organism’s ‘normal’ behavior. In the case of the individual *human* organism, these judgments can be tricky because ‘normal’ is simultaneously defined in biological and sociological terms, very much in line with the connotation of ‘nation-state’. Thus, one consequence of states embedding ‘national languages’ in their constitutions in the modern era

has been a racialization of the political order, which effectively raised the bar of what counts as ‘normal’ behavior among their members to include *at least* sounding and looking a certain way when speaking to others. The increasing fixation on ‘passing’ as a form of social interaction in twentieth century American sociology, which coincided with the rise of mass immigration and barriers of upward social mobility (including not least among native Blacks), speaks to this point. Even more, there were also deeper physiological and genetic barriers that had to be overcome, and those were only partially detectable on the surface of ordinary interaction. These have involved the institutionalization of the difference between ‘normal’ and ‘rare’ incidence of a disease relative to a nation’s population and—more to the point of Covid-19—the difference between ‘tolerable’ and ‘intolerable’ spread of a disease in that population.

It is worth stressing that ‘racialization’ in this context need not imply any strict sense of genetic homogeneity. It is more simply about the management of biological variation along several dimensions, as measured by ‘vital statistics’—where the goal is to establish the limits of politically permissible variation. To be sure, when the Scandinavian nations first crafted their welfare states, the genetic homogeneity of their populations was an important factor in their considering the feasibility of nationalized health care, which in turn explains their historically strict immigration policies (overturned since membership in the European Union). In the end, however, the management of biological variation is a complex political judgment call.

Consider the following questions: When does the level of mortality among various age groups—from the very young to the very old—threaten the nation’s sustainability: Can too many people live too long or too short? When are the differences in the levels of health and mortality between various groupings in society (e.g. men vs. women, White vs. Black, rich vs. poor) so large as to pose a threat to social stability? Social stability depends on normalized expectations across a nation’s population with regard to the answers to these questions. Historically, nation-states have set quite radically different norms for their populations, whereby some societies routinely tolerate greater variation in health and mortality than others. From this standpoint, the challenge posed by Covid-19 is that, courtesy of the worldwide 24/7 media tracking of the disease, those differences are on open display for all to see. Thus, an early and persistent narrative thread in the media coverage has been the relative failure of Western liberal democracies vis-à-vis more authoritarian regimes in the Far East in handling the pandemic.

It is telling that the phrase ‘herd immunity’, widely used by British and Swedish scientific experts early in the pandemic, came to be demonized and virtually prohibited from public discourse. The phrase refers

to a systemic approach to disease control, which presupposes that a nation's 'health' is ultimately about maintaining equilibrium between a native population and a wave of foreign agents (aka new diseases). Such an approach presupposes that what counts as 'equilibrium' shifts over time, relative to the composition of the 'native' population and the 'foreign' agents. It tracks a sense of disease pioneered by the founder of experimental medicine, Claude Bernard, only now updated for a world that presupposes the existence of microbes and a population-based approach to organisms, which Bernard himself did not. It is worth noting that little more than a decade (1860s to 1870s) passed from Bernard's original formulation to its assimilation into the emerging biological consensus that we recognize today. It is therefore perhaps not surprising that there has been little conceptual harmonization of Bernard's world-view, which was still based on organisms as species-types (and hence and a strong divide between an organism's 'internal' and 'external' milieu), and that of Darwin, with its more fluid ('evolutionary') approach to species identity, one that focuses on populations that vary and mutate over time rather than static specimen organisms.

Anyhow, this lack of conceptual harmonization gets to the fear surrounding 'herd immunity' talk during the current pandemic. Such talk privileges the group over the individual as the locus of state policy, albeit in a way that allows considerable discretion in how to deal with the matter. Put it another way, the state limits its own sense of responsibility to maintaining a sustainable population in a 'high risk' (i.e. potentially socially destabilizing) situation. How exactly that it is to be achieved at the micro-level is devolved to self-organizing groups in civil society composed of free individuals. The state provides 'guidelines' at the outset but then intervenes only when, say, the rate of hospitalizations or deaths per week reaches a certain 'intolerable' point, which may well be determined by political considerations (e.g. too many complaints). This policy was explicitly adopted by Sweden early in the pandemic and by the UK implicitly throughout. In both cases, the governing ideology was civil libertarian. It presumes that before widespread vaccine uptake, the population will simply need to accommodate. Of course, not everyone is equally equipped to oblige in this fashion, and some will become ill and even die—as is normally the case in 'flu season'. However, this approach is complicated by the intense media scrutiny focused on the Covid-19 pandemic. Thus, both Sweden and the UK have been severely criticized internationally for appearing to allow an 'unnecessary' number of casualties—at least when compared to the relatively low levels achieved by the more draconian procedures adopted in the Far East.

At one level, the world's overriding concern with the preservation of human life appears admirable and even unprecedented. But it has effec-

tively required making states and their populations more risk-averse, certainly more than would be the norm for liberal democracies. While there has been much focus on global economic decline during the pandemic, the much bigger casualty has been civil liberties, which have been substantially curtailed for long periods. After all, in capitalism, most of the wealth 'on the books' is generated by relatively few people. These people—the professionals, bankers, investors, etc.—have continued working in the physical confinement imposed by the pandemic. However, civil liberties affect everyone equally and are tied to physical mobility in ways that are poorly matched by a computer-based online existence. Yet it is not clear how this highly risk-averse (aka 'precautionary') approach to pandemic governance will be phased out at a national, let alone global level. At the moment, all residents of all nations are regarded as potential 'disease vectors', whether or not they have displayed symptoms. In this respect, science has achieved, by relatively soft means, the full totalitarian potential of the Baconian equation, 'Knowledge is power', whereby people are instructed to trust the scientifically fortified state over each other. My point here, however, is that this situation can be understood as a downstream effect of the original failure to harmonize Bernard's and Darwin's contrasting biological visions, which now haunts the political imaginary.

In conclusion, returning to the Schmittian theme of this essay, it might be useful to make explicit the parallels between three historic models of disease control and political control:

1. Disease is simply an expression of disequilibrium between the organism and its environment. It is understood as a systemic condition without specific agents, the treatment for which is relatively *ad hoc*, very much in the manner of imperial dispute resolution under natural law theory. And here it is worth recalling that in natural law, peasant revolts would be treated as symptoms of general misrule, where the lords are *prima facie* liable for having allowed the revolt to happen. This ancient approach to disease has arguably persisted into the recent past, most notably Freud's concept of 'neurosis', the key disorder treated by psychoanalysis. The weakness of this approach from the standpoint of both, say, Robert Koch and Carl Schmitt, is that the lack of clear physical identification of the agents of disease. Instead, the system is presumed to be healthy until thrown into imbalance. In that respect, 'friend' and 'foe' aren't reliably distinguished.

2. Disease is a proper condition of the organism, not the product of disequilibrium between the organism and the environment. However, 'disease' here is understood primarily as a liability of the organism to fall into some sort of disorder, which is overdetermined by multiple possible causes. The biomedical case paradigm is cancer. It is also the conception of disease that most reduces the distance between the political and the biomedical sides of the metaphor, as epitomized in the proactive attitude

of welfare states toward maintaining the overall health of their populations by routinely monitoring society's vital statistics and administering to them accordingly through nationalized healthcare and general social security. From Bismarck onward, welfare states have required forms of national, often military service, thereby reinforcing the idea that protecting the state's territorial integrity is a precondition of protecting one's own physical integrity.

3. Disease is the result of specific causal agents that can be reliably identified and monitored, with the aim of treatment if not elimination. This is the default position of biomedical science today, as we have seen in the case of today's Covid-19 pandemic. It also corresponds to Schmitt's understanding of politics. Put it another way, Schmitt would be happy to treat Louis Pasteur's 'war against the microbes' metaphor as a literal truth. And even more striking than this perspective's aggressiveness toward the external environment is its tendency toward 'magic bullet' thinking. In other words, a new foe call for a new technology—be it a weapon or a vaccine—to vanquish it. Historically, this has served to fuel the scientific imagination, sometimes beyond the wildest dreams of peacetime. Whether this approach results in a sustainable world for humans remains an open question in both medicine and politics.