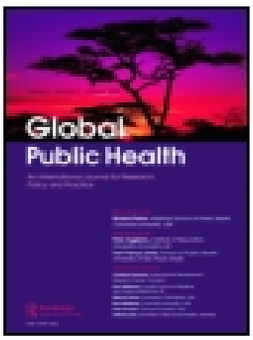

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The necropolitics of COVID-19: Race, class and slow death in an ongoing pandemic

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ABSTRACT

Achille Mbembe states that 'the ultimate expression of sovereignty resides, to a large degree, in the power and the capacity to dictate who may live and who must die […]. To exercise sovereignty is to exercise control over mortality and to define life as the deployment and manifestation of power' (Mbembe, 2003. Necropolitics. *Public Culture*, *15* (1), 11–40. https://doi.org/10.1215/08992363-15-1-11). For Mbembe a key question is 'under what practical conditions is the right to kill, to allow to live, or to expose to death exercised?' (Mbembe, 2003. Necropolitics. *Public Culture*, *15*(1), 11–40. https://doi.org/10.1215/08992363-15-1-11). This article will map the necropolitical underpinnings of racial and class-based health disparities and vulnerabilities in the current COVID-19 pandemic. The article will directly engage with the question of 'under what practical conditions are the right to expose to death' unfolding in the current COVID-19 pandemic. Drawing on news media representations and public health data in the UK and the U.S, the article will provide a disciplinary conjecture arguing for the importance of looking at what I call a 'state of acceptance' plays into the necropolitical dynamics of the COVID-19 pandemic.

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Introduction

The current COVID-19 pandemic has, by January 2021, caused more than 86 million confirmed cases globally, and more than 1.8 million deaths across the world.[1] While the pandemic is a global crisis, recent perspectives have shown that the pandemic is not a 'great equalizer' (Bowleg, 2020; Marmot & Allen, 2020) i.e. that it affects everyone equally in society. First, the mortality rate for COVID-19 increases dramatically with age, thus the elderly and those with underlying co-morbidities are disproportionality at risk of severe disease outcome or even death. Secondly, ethnic and racialized minorities seem to be affected harder both in terms of rates of infections and in terms of mortality (Khunti et al., 2020; Tai et al., 2020). This article aims to establish a disciplinary conjecture by extending Achille Mbembe's framework of necropolitics. It will primarily focus on Mbembe's work (Mbembe, 2003, 2019) and tease out what this concept can teach us about how health disparities and the COVID-19 pandemic has produced conditions not for living but for dying. This extension will argue that conditions of slow death and necropolitical outcomes are themselves not only the outcomes of a form of 'state of exception' but rather through what we can call a 'state of acceptance'. If the exceptional state of emergency that Mbembe draws upon to elaborate on the necropolitics of the war on terror or the colonial plantation, then this conjecture

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states that the necropolitics of global health inequality is driven *not* by a perpetual *state of emergency*, but by a state of *chronic acceptance* that some have poorer health than others.

This conjecture will be built first through a comprehensive literature review of scholarship on both necropolitics, state of exception (Agamben, 2005), slow violence (Nixon, 2011), and precarious life as it has been developed by Judith Butler (Butler, 2006, 2016). Secondly, since the aim of the article is primarily to make a disciplinary conjecture, it will foreground theory while using epidemiological data as well as examples from media discourses as a way of making the conjecture. As such, the media analysis conducted in this article is not a systematic analysis of media coverage of COVID-19 and its necropolitical impacts, rather the media discourses will act as examples intended to highlight the conjecture made in this article. Finally, the article will be focusing on the disproportional effect that COVID-19 has had on ethnic minority communities. More specifically, the article will focus on BAME (black, Asian, and middle eastern) communities in the UK by referencing epidemiological data as well as using online news media discourses as exemplars of how necropolitics and the state of acceptance fuel this disproportional impact of the pandemic.

Christopher Lee has made some observations that I will lead with to set the stage for my conjecture. Lee states that Mbembe's framework of necropolitics might allow us to better analyze the current situation by focusing on how

> neoliberal northern democracies such as Britain and the United States [are] facing a distinct challenge in responding from years of austerity and the privatization of medical care, neither should the opportunity be lost to think differently about what is at stake. COVID-19 isn't simply a medical or epidemiological crisis; it is a crisis of sovereignty. (Lee, 2020)

Part of the necropolitical regime of health care is that certain health care systems have created an environment not conducive to life but to slow death, in particular amongst some of its population. The COVID-19 pandemic has 'highlighted a long-term failure among some states to sustain public health, to sustain life, through their commitment to neoliberal agendas to end state welfare in favor of privatization' (Lee, 2020). The processes of privatisation, neoliberalism, and the fragmentation of state welfare, have created conditions where 'slow death' is an omnipresent danger. In terms of the current COVID-19 pandemic, the

> necropower dynamics of COVID-19 and other epidemics, whether Ebola or HIV, are of slow violence. After decades of reduced infrastructure for medical care in many countries, whether through limited medical facilities in rural areas or through the sheer scarcity of life-saving hospital equipment witnessed now, national governments cannot guarantee or even administer life, except through the crudest forms of non-medical state control and cold violence against non-citizens as cited earlier. (Lee, 2020)

Lee's point is crucial for my argument: the crisis narrative that has dominated much news coverage in the U.S, UK, and much of Europe, should not just be seen as an epidemiological crisis but a crisis of sovereignty. I want to highlight that the deployment of crisis is often as Berlant states,

> a distorting or misdirecting gesture that aspires to make an environmental phenomenon appear suddenly as an event because as a structural or predictable condition it has not engendered the kinds of historic action we associate with the heroic agency a crisis seems to already to have called for. (Berlant, 2007, p. 760)

This links to my point: the COVID-19 pandemic is entangled with necropolitical factors of slow violence and death that preceded the pandemic and adds to the disproportional distribution of vulnerabilities towards the risk of infection, death, and economic impoverishment. Secondly, Berlent's point also underlines the fact that a crisis often calls for action while an endemic situation of health disparities becomes a state of acceptance. Necropolitics is often 'chronic' and slow, yet its influence on people's lives often comes to the fore when an abrupt crisis emerges such as COVID-19. However, and much like Mbembe and Agamben, Lee says little about the connection that necropolitics has to the affective dimension of acceptance. While I take inspiration from Lee's focus on structures of underfunding, neglect of welfare schemes, and the privatisation of health care, I argue that we need to highlight how necropolitics is also linked to a state of acceptance.

Building up the conjecture: Towards a theory of 'a state of acceptance'

In building the conjecture of a state of acceptance, Mbembe's work on necropolitics is at the heart of my argument. It should be noted that my concept of a state of acceptance could be linked to such concepts as epistemic violence (Spivak, 1988); symbolic violence (Bourdieu, 1979); gendered violence (Pain, 2014); colonial violence (Fanon, 1995); normalised violence (Bourgois, 2001); banal violence (Yusoff, 2012); everyday violence (Lockhart, 2008; Scheper-Hughes, 1992); social detriments of health (Marmot & Wilkinson, 2005); slow death (Berlant, 2007); racial capitalism (Bhattacharyya, 2018; Melamed, 2011); and violent inaction (Davies et al., 2017). Each of these tries to unpack different ways of understanding the term violence and how it is embedded in different social, cultural, economic, legal, and political frameworks. However, it is beyond the scope of this article to articulate how a state of acceptance relates to the terms above, and as such, the focus will be to develop acceptability as a term that plays on but also stands in contrast to, the state of emergency as it figures in Agamben and Mbembe.

Necropolitics

As is well known by now, Mbembe's concept of necropolitics is an extension of Michel Foucault's concept of biopolitics (Foucault, 1990, 2007, 2008). It also relies heavily on the work of Georgio Agamben and his work on *homo sacre* and the idea of a 'state of exception' which in turn is derived in part from Carl Schmitt (Agamben, 1998, 2005; Schmitt, 2014). In Mbembe's analysis, the right to 'make' live and 'let' die in Foucault's analysis (Foucault, 2008) needed another focal point. This focal point rests in the sovereign's power not only to 'let die' but indeed to expose people, including a country's citizens, to conditions so detrimental to health that people will ultimately die (Mbembe, 2003). The cases Mbembe draws upon are slavery, colonisation and the colony, apartheid in South Africa, and the 'War on Terror', all to show how necropower takes hold of various bodies and exposes them to conditions that make life highly precarious. Mbembe seeks to investigate 'under what practical conditions is the right to kill, to allow to live, or to expose to death exercised?' (Mbembe, 2003, p. 12). The primary focus here is precisely how conditions of death and disease are created in such a way that particular groups and communities are relegated to zones of living that are not life-giving but conditions of slow death. A central question for Mbembe is 'What place is given to life, death, and the human body (in particular the wounded or slain body)? How are they inscribed in the order of power?' (Mbembe, 2003). We might want to add here 'what place is given to the sick and infirmed body', the body that has been and continues to be exposed to conditions of slow death either through poverty, detrimental working conditions, nutrition, and pollution (Davies, 2018)? My argument is that necropolitics should fix its gaze on the everyday death-worlds created by health inequality and the conditions that foster ill-health and premature deaths across the globe. It is through a chronic state of acceptance that necropolitical conditions are allowed to continue exciting and thus creating zones wherein people are exposed to conditions not conducive to living but 'slow death'.

From a state of exception to slow violence and slow death

Crucial to Mbembe's project to develop necropolitics is how Mbembe draws upon a notion of the state of exception. The state of exception has often been discussed in relation to the Nazi regime, totalitarianism, and the death camps (Agamben, 1998, 2005; Mbembe, 2019, p. 67). The death camps of the Nazi's have been highlighted as the ultimate expression of power in the negative, indeed it is here that Agamben for instance, finds the best example of the suspension of law and how it turns into a permanent spatial arrangement wherein the camp's inhabitants remain forever outside the law's normal state (Agamben, 2000). The state of exception is defined as a 'special condition in which the juridical order is acutely suspended due to an emergency or a serious crisis

threatening the state' (Giordanengo, 2016, p. 1). In this situation, the sovereign prevails over all others and basic laws and norms can be violated by the state under the ongoing crisis. For Agamben this has obvious biopolitical consequences: since the state of exception is a state of exceptionalism, such suspensions of legal rights and norms not only affect people as political subjects or citizens but as human beings as such (Giordanengo, 2016, p. 2). Key here is how the bodies of certain subjects are divested of the right of legal protection and the protective shield of social norms, exemplified in Agamben's use of the figure of *homo sacer* (Agamben, 1998). Such subjects are reduced to a state that Agamben calls 'bare life', which entails that the sovereign has complete power over homo sacer. This means that the authority the sovereign has over the subject which has been reduced to bare life, is not only power understood as power over the citizen of the state' but indeed to the point of acting upon his/her own natural life and in the process depriving the individual with the right to live (Agamben, 1998). Agamben's and Mbembe's use of the state of exception allows for two things: on the one hand, it demarcates a form of temporality wherein exceptional suspension of legal and normative rights are done. On the other hand, this allows for such states of exception to carve up space into what Mbembe has called 'zones of slow death'. These spaces are not only the concentration camps of the Nazis, but as Mbembe states, these can be extrapolated to include the plantation, the detention centres used in the 'War on Terror', or the colony and the colonial zoning practices of different colonial powers (Mbembe, 2019). However, Agamben and to a lesser degree, Mbembe, focus all too little on the role played by society and less exceptional mechanisms for how zones of death and dying are produced (Giordanengo, 2016, p. 5). I conjecture that we need to pay more attention to the mundane, the economic, and the cultural to better understand how pandemics and health disparities are the results of a necropolitics that is not only a state of exception but rather a state of acceptance. This leads me to draw on Rob Nixon's term of slow violence.

Slow violence can be defined as 'a violence that occurs gradually and out of sight, a violence of delayed destruction that is dispersed across time and space, an attritional violence that is typically not viewed as violence at all' (Nixon, 2011, p. 2). Right away we can note some of the differences between Agamben and Mbembe's focus on violence: where Agamben and Mbembe focus on a state of exception and a very visible form of violence (particularly the death camps of the Nazis' or the zoning of imperial colonies), slow violence focuses much more on the gradual, the less visible and dispersed forms of violence. Whereas necropolitics and the state of expectation as temporal concepts focus on the event, the crisis, and the suspension of the law and norms, slow violence focuses on the drawn-out, time-delayed, everyday violence. As Davies states, slow violence demands of us that we unchain our analytical gaze from the present and direct our gaze towards the past, towards the 'violent structures of inequality that saturate contemporary life, and may lay waste to the future' (Davies, 2018, p. 2). As spatial concepts, necropolitics and Agamben's state of exception focuses on zones of 'bare life', on highly regulated and clear spaces such as the colony, the death camp, the zoning of apartheid, and the plantation (Agamben, 2005; Mbembe, 2001, 2019). Conversely, slow violence focuses on 'the gradual deaths, destruction and layered deposits of uneven social brutalities within the geographic here-and-now' (Davies, 2018, p. 2). Slow violence is 'violence that occurs gradually and out of sight; a delayed destruction often dispersed across time and space' (Nixon, 2011, p. 2). This form of violence, often exemplified by cases that deal with environmental issues such as toxic waste, climate change, or species loss, is less clearly bounded spatially than necropolitics and Agamben's state of exception. Indeed, where Agamben sees the state of exception as anchored in a narrative of crisis, and Mbembe sees necropolitics as embedded in a form of biopolitics which suspends legal and moral norms often through highly racialized imaginaries, Nixon's slow violence 'insists we take seriously forms of violence that have, over time, become unmoored from their original causes' (Davies, 2018, p. 2). Slow violence offers us a way of thinking past the extraordinary, past the moment of political crisis, and past the issue of a sovereign since it is much more attuned to thinking in terms of the delayed, the hidden, the mundane, and the slow nature of violence. This delay and slowness can be reflected in Lauren Berlant's concept of slow

death (Berlant, 2007). For Berlant, slow death implies shifting focus away from 'traumatic events' to looking at temporal environments located in the ordinary, in the everyday activities of needs, desires, and the horizons of the taken-for-granted issue of everyday living and dying (Berlant, 2007, p. 759). This once again aligns itself with both the conceptualisation of Davies on slow violence and my argument about the state of acceptance: the slow and steady violence and death zones created every day rely on an affective mode of *expecting* and *accepting* that certain people and communities will die and suffer. The ongoing COVID-19 pandemic has shown that while the 'event' and crisis narrative of the pandemic is important, it is the underlying health disparities that have fostered so much extra suffering and deaths. These underlying issues are *endemic* rather than epidemic in nature and as Berlant states, slow death belongs to the temporalities of the endemic (Berlant, 2007, p. 756). I will argue that necropolitics alongside slow violence and slow death, clearly shows that the COVID-19 pandemic entangles, on the one hand, the crisis of a newly emerging infectious disease, and on the other hand, the endemic health disparities further are exacerbated by a state of acceptance.

Precarious life and acceptability

Judith Butler has provided a highly illuminating perspective that can be extrapolated to the issues described in the above through her work in *Precarious Life* (Butler, 2006) and in *Frames of War. When is Life Grievable?* (Butler, 2016). I argue that the philosophy of precarious life and the question of when life can be grieved is highly apt in the context of COVID-19 and the state of acceptance. In *Precarious Life*, Butler states: 'the question that preoccupies me in the light of recent global violence is, who counts as human? Whose lives count as lives? And, finally, what *makes for a griveable life*?' (Butler, 2006, p. 20, italics original). These questions offer us an obvious parallel to Mbembe's questions of

> under what practical conditions is the right to kill, to allow to live, or to expose to death exercised? […] What place is given to life, death, and the human body (in particular the wounded or slain body)? How are they inscribed in the order of power? (Mbembe, 2003)

In following this line of questioning, my line of argument is 'under what conditions do we accept that some lives will end and other lives will be saved under a pandemic? What kind of power structures allows certain lives to be conceptualized as acceptable deaths?'

If certain lives are more grivable than others, it is because we have come to *accept* that certain lives in certain situations will be exposed to the necropolitical condition of slow violence and death. Butler states that these questions revolve around the framing of which lives count as livable, and thus also griveable (Butler, 2016, pp. 6–12). For Butler, this is a question that can be answered by attuning to how

> some lives are grievable, and others are not; the differential allocation of grievability that decides what kind of subject is and must be grieved, and which kind of subject must not, operates to produce and maintain certain exclusionary conceptions of who is normatively human: what counts as a livable life and a grievable death? (Butler, 2006, p. x)

Read in another manner, I argue that this process of inscribing who is grievable and who is not, has to do with a state of acceptance: whom we count as grievable is deeply entangled with how we have come to accept that certain lives will be more vulnerable and more likely to have ill-health and even die prematurely. For Butler 'we all live with this particular vulnerability, a vulnerability to the other that is part of bodily life […] This vulnerability, however, becomes highly exacerbated under certain social and political conditions' (Butler, 2006, p. 29). The key point here is that we need to start to think about the political and social conditions that make certain bodies more vulnerable to this fundamental vulnerability. Certain lives are *more* protected than others and some lives are less grievable than others as can be discerned from for instance how few 'deaths from AIDS were publicly

grivable losses at the beginning of the AIDS pandemic or the extensive deaths now taking place in Africa are, in the media, for the most part, unmarkable and ungriveable' (Butler, 2006, p. 35). My argument is that this is connected to a state of acceptance. A case in point would be Steven Epstein's work on the beginning of the AIDS epidemic in the U.S. Here the early deaths of gay men from AIDS were in news discourses often highlighted through recourse to a hedonistic 'lifestyle' and promiscuity (Epstein, 1996). As such, due to the entanglement between stigma, homophobia, and rhetoric of lifestyle 'choices', these deaths were not only less griveable but indeed it was accepted that they would die. Butler is attentive to the unequal distribution of precariousness and precarity that is the result of 'a differential field of power and, specifically, the differential operation of norms of recognition' (Butler, 2006, p. 44). As such, and this can be linked to necropolitics, "social and political organization of the world has led to a historical development wherein some lives are more precarious than others, often articulated through the political notion of 'precarity" (Butler, 2016, p. 3). This implies an analysis that is not only attentive to a form of internal drive to live or to survive but that 'the possibility of being sustained relies fundamentally on social and political conditions' (Butler, 2016, p. 21). Conversely, we need an analysis of how we have come to *accept* that certain lives live more precarious and are more vulnerable.

What the COVID-19 pandemic makes us see: The conditions of racialized necropolitics and health inequality

In June 2020, several articles in the UK press were published wherein the topic was the disproportional impact of COVID-19 upon black, Asian, and middle eastern (BAME) communities were addressed. The framing of the disproportional impact that COVID-19 has had upon BAME populations has ranged from biological factors, pre-existing health conditions, overcrowded housing situations, and socio-economic status. A case in point would be an article from *The Guardian* with the headline 'Why does Covid-19 affect ethnic minorities so badly? It isn't to do with biology'.[2] In it, the author puts inequality, discrimination, and socio-economic differences at the heart of why COVID-19 has affected BAME communities harder. Two other articles, also published in June, one by the BBC and the other by *The Independent* followed suit. The BBC article was titled '*Why are more people from BAME backgrounds dying from coronavirus?*'[3] In the article, we once again see how in the media, factors such as pre-existing health conditions, overcrowded households, and socio-economic factors, were highlighted as part of the ongoing impact of COVID-19 upon BAME communities. This was also echoed in the article published in *The Independent*. Here the title reads 'Coronavirus tracked: How Covid-19 deaths in the UK compare by race and ethnicity' and the subsequent subtitle stated 'huge disparities in the health of our nation'.[4] The point of referencing the public media landscape here lies in how the many conditions that underlie ethnic and racialized disparities within the ongoing COVID-19 pandemic are present in the news media and not just in epidemiological data. It also clearly illustrates the necropolitical conditions of the current pandemic. While many of the factors contributing to increased risk of infection and in turn higher prevalence of more severe COVID-19 cases *do* crop up in media discourses, my point is that while this is one important step on the way towards correcting these issues, few list the *root cause* of such structural issues. On this topic, I want to highlight an important insight from Judith Butler on the vulnerability that we all live with but which nevertheless is often distributed in such a way that certain communities are more vulnerable than others. Butler states 'we all live with this particular vulnerability, a vulnerability to the other that is part of bodily life […] This vulnerability, however, becomes highly exacerbated under certain social and political conditions' (Butler, 2006, p. 29). It is precisely these exacerbated vulnerabilities that I now turn to analyze some of the necropolitical underpinnings of the current COVID-19 pandemic and its impact upon racialized minorities of lower socio-economic backgrounds.

The necropolitics of risk of exposure: Housing, work, and social worlds

In the UK there has been a great deal of focus on the disproportional effect that the COVID-19 pandemic has had on black, Asian, and middle eastern communities (BAME). Indeed, Public Health England (PHE) has released two reports on the matter (Public Health England, 2020a, 2020b) and the reports conclude that

> the unequal impact of COVID-19 on BAME communities may be explained by several factors ranging from social and economic inequalities, racism, discrimination, and stigma, occupational risk, inequalities in the prevalence of conditions that increase the severity of disease including obesity, diabetes, CVD and asthma. (Public Health England, 2020a)

The factors listed by PHE bespeaks of living conditions that align with the framework of necropolitics. The neglect and inaction in ensuring that BAME communities live in conditions conducive to good health and wellbeing stand in direct relationship to the ill-health and social inequalities that COVID-19 has unveiled for us.

Data from the Intensive Care National Audit and Research Center in the UK listed that as of September 25, 3,553 patients of 10,418 critically ill patients were of BAME background, thus comprising 33.91% of all critically ill patients (Intensive care national audit & research center, 2020, p. 12). This is in contrast to the fact that ethnic minorities make up 14% of the UK population, clearly showing a vast overrepresentation in intensive care units in the UK. Data also shows that ethnic minorities receiving critical care in the UK are to a much higher degree suffering from multiple deprivations as measured by the 'index of multiple deprivations' (IMD). In the two quintiles showing *the least deprivation,* white patients in critical care were overrepresented while in the two quintiles showing *most deprivation*, ethnic minorities were overrepresented (Intensive care national audit & research center, 2020, p. 13). Moreover, data shows that ethnic minorities were much more likely to be so ill that they needed mechanical ventilation (65.7% of all critically ill BAME versus 54.3% amongst white populations) (Intensive care national audit & research center, 2020, p. 13).

How can we understand these figures concerning the overarching theory of necropolitics? First of all the key here lies in connecting these figures to the necropolitics of *risk of infection* and what Mbembe has highlighted as the 'power to expose' subjects to conditions of slow death. The emphasis here will be on how racialized minorities in the UK have to navigate living conditions and social worlds where they are *more exposed* to hazardous and in this case, infectious situations. I want to avoid here the invocation of a purely sovereign state as the agent of the 'power to expose to', a point that Berlant has made about the 'obesity epidemic' in the U.S and which Davies has made concerning the slow death of people living in zones of toxic environmental hazards (Berlant, 2007; Davies, 2018). Rather I want to highlight how racialized minorities have to navigate necropolitical conditions of health and wellbeing as the result of an *assemblage* of institutions, some of which belong to the state, while others are driven by corporate and private institutions and for-profit organisations. What I want to note here, is how the data above can provide a bridge between Mbembe and Butler. Butler states that

> To say that a life is injurable, for instance, or that it can be lost, destroyed, or systematically neglected to the point of death, is to underscore not only the finitude of a life (that death is certain) but also its precariousness (that life requires various social and economic conditions to be met to be sustained as a life). (Butler, 2016, p. 14)

The above argument is testimony to a state of acceptance, i.e. that we have come to *accept* that racialized and socio-economic poorer communities live more precariously and are thus exposed more frequently to harmful living conditions and in this case, more susceptible to COVID-19 infections. To understand not only how *underlying and pre-existing* health conditions influence COVID-19 outcomes, but also to understand the *risk* of infection we need to turn an eye towards the broader social inequalities such as working conditions, living conditions, and social worlds, long structured by racial inequalities.

The impact of economic inequality also structures the risk of infection through how proximal one is to COVID-19. In particular when it comes to how certain occupations are more likely to be at the frontline when it comes to probable contact with COVID-19. The point here is not only to point out the risk of exposure to COVID-19 but also to link it to how proximity and precarious living in a pandemic is also about economic and material living conditions.

Being able to social distance is not just about following public health directives but is deeply connected to the intersection of income and unequal access to information(Norris, 2001) and attitudes towards risk(Yesuf & Bluffstone, 2009). Moreover, lower-income households are 'constraint in many ways, for example, in the capacity to work from home, take paid or unpaid time off of work, and draw on savings to limit shopping trips to meet basic needs' (Weill et al., 2020, p. 19658). These factors add up and in total puts socio-economically poorer communities at heightened risk of COVID-19. Two issues, in particular, are at play here: the ability to take time off work and crowded housing conditions. First of all, in racialized poorer communities where people cannot take time off, risk exposure because of their relative risk in high-contact, high-risk occupations (i.e. frontline workers), but in particular those that rely on public transportation (Garcia et al., 2020). An article published by the Institute of Employment Rights noted that 'BAME women are twice as likely to be in low-paid work and occupations that expose them to a high risk of Covid-19 infection'.[5] Moreover,

> because workers in insecure jobs have fewer employment rights, it is much harder for them to access flexible working conditions that allow for childcare when nurseries are closed, and to self-isolate or shield due to a lack of adequate sick pay.[6]

These socio-economic factors produce an environment akin to the necropolitical environments that expose certain people to vulnerabilities. However, this exposure is also the result of a state of acceptance wherein we, as a society, have come to accept the status quo. Explanations such as 'individual behaviors' and recourse to a neoliberal explanatory model based on 'rational actor theory' occludes the fact that structural factors such as the once described in the above force people to navigate as best they can condition of necropower. This is exacerbated by a societal state of acceptance wherein the slow violence of these conditions leads us to slowly but surely accept such living conditions.

Secondly, data shows that racialized and ethnic minorities in the UK to a much higher degree live in what is categorised as overcrowded housing conditions (Mikolai et al., 2020). In the UK, ethnic minorities have the highest rates of overcrowded households where 'the highest rates of overcrowding were in the Bangladeshi (24%), Pakistani (18%), Black African (16%), Arab (15%) and Mixed White and Black African (14%) ethnic groups'.[7] Moreover,

> White British households were less likely to be overcrowded than households from all other ethnic groups combined – this was across all socio-economic groups and age groups, most regions and income bands, and regardless of whether they owned or rented their home.[8]

If we then also consider the fact that

> Households with lower income are more likely to be overcrowded. In the bottom fifth of the income distribution, 8% of households are overcrowded. This is compared to 3% of households in the middle of the income distribution, and less than 1% of households in the top fifth,[9]

it becomes clear that the political economy of structural violence wherein certain racialized and economically impoverished communities have been exposed to neglect and inaction puts them at an elevated risk of COVID-19 infections. In a different setting, Judith Butler has noted that 'there are ways of distributing vulnerability, differential forms of allocation that make some populations more subject to arbitrary violence than others' (Butler, 2006, p. xii). However, we might here change Butler's focus on violence and rather highlight how structural issues and economic factors make certain communities more vulnerable than others, such as through housing, work, and access to material goods that might mitigate the risks of being exposed to COVID-19.

The necropolitics of Risk of severe disease: 'Pre-existing conditions' and ill-health

The CDC and the ECDC as well as the WHO have listed age as a factor onto itself to be a primary risk factor for death and severe disease outcome for COVID-19 yet they have also listed a set of other underlying or pre-existing conditions, which pose as a risk factor for disease outcome. In the UK, there has been a debate about whether or not underlying health conditions could explain COVID-19 mortality rates amongst BAME communities. A report published by Public Health England stated that some evidence suggested that 'some co-morbidities which increase the risk of poorer outcomes from COVID-19 are more common among certain ethnic groups'. The report then went on to list that 'people of Bangladeshi and Pakistani background have higher rates of cardiovascular disease' and that 'Black Caribbean and Black African ethnicity have higher rates of hypertension compared with other ethnic groups' and finally, that type 2 diabetes has a higher prevalence amongst BAME communities than amongst other ethnic groups.[10]

However, the notion that ethnic and racialized minorities are at increased risk of severe COVID-19 disease outcome due to pre-existing conditions should be critically investigated as a product of slow violence and social inequality, and not as a blanket statement about 'lifestyle' diseases or as a black box for coming to grips with the death of racialized ethnic minorities. Indeed, Herrick states that

> 'in our new socially distanced world, those with NCDs are now classed – and class themselves – as 'vulnerable'. But this language erases the politics of that vulnerability – the genesis of the conditions themselves – and creates a flat earth in which NCDs themselves do not *emerge*, do not have a cause, but rather are always already existing. Perhaps most importantly, it also discounts the loss of life, as if mortality explained by virtue of the 'pre-existing' is somehow to be expected: a human tragedy but one that can be explained'. (Herrick, 2020)

Herrick's insights into how we come to expect the loss of life when it has been categorised as having a 'preexisting condition' are apt in this setting. Not only does the label 'preexisting' render certain deaths to be expected, but also indeed, we have come to *accept* this. This is the subterfuge of necropolitics: it obscures the cause of the cause of chronic diseases and the politics of the conditions which create obesity, poor pulmonary health, hypertension, and vulnerabilities to COVID-19 are erased. Such erasure plays into how we come to accept that some communities have higher rates of 'pre-existing' medical conditions. Berlant notes that

> slow death, or the structurally motivated attrition of persons notably because of their membership in certain populations, is neither a state of exception […] but a domain of revelation where an upsetting scene of living that has been muffled in ordinary consciousness is revealed to be interwoven with ordinary life after all. (Berlant, 2007, p. 761)

By looking at the interwoven structures between a pandemic on the one hand and the endemic disparities in health and economy, we can see that the current necropolitical outcomes of COVID-19 are not just the results of a state of exception. Rather, we expose what Berlant calls 'the muffled scene of living in ordinary consciousness which I call "a state of acceptance". By erasing the various social detriments affecting vulnerable communities' health, we come to more easily accept that some lives are more precarious and that the vulnerability that they have in the face of COVID is indeed a naturalised 'fact', something we have come to accept.

It is important to keep in mind how particular bodies are imagined as lesser than, and inferior to others and therefore regarded as disposable during a pandemic of the scale of COVID. In the rhetoric of COVID and its neoliberal focus on weighing the economy versus life, people in 'high contact, high risk' jobs are positioned as sacrifices to the relatively well-off and protected (Mcivor et al., 2020). In this framing, the necropolitics of COVID-19 is contingent upon what kind of job people have. From the U.S, we can read Jennifer Suggs, a Walmart cashier in New Orleans who says, 'We're not essential. We're sacrificial. I will be replaced if I die from this'.[11] How we come to accept that certain people are at higher risk of infection and even death is also a question about how we come to value certain kinds of jobs, and certain kinds of communities. The underlying ableism and

structural precariousness that structures the COVID-19 pandemic shows us that it is 'those who were already viewed as disposable even before the onset of the pandemic who are now falling ill and dying in disproportionate numbers' (Mcivor et al., 2020). Indeed while both in the U.S and the UK several professions have been labelled 'essential' through the term 'essential workers', the majority of whom are women, and women of colour, in particular, these jobs have long toiled through undervaluation and are underpaid as well as often lacking robust social security mechanisms. Another point has been how BAME communities are also disproportionally affected when it comes to the risk of severe COVID disease outcomes. Here as we have seen the label of 'underlying health condition' has served as a shorthand for erasing the structural issues that have created these conditions in the first place. This is also entangled with the notion of a state of acceptance, disposability, and a certain form of ableism.

A case in point here would be Toby Young's visceral opinion piece in The Critic, a conservative publication on the 31 March 2020. Young launched an attack on the now well-known COVID mitigation model provided by Neil Fergusson and the expert group at Imperial College (Ferguson et al., 2020). In the article, Young uses the quality-adjusted life-year (QALYs) established by the National Institute for Clinical Excellence (NICE) and his calculations and concludes that 'the lockdown is extending the lives of 370,000 people by an average of less than one-and-a-half years' (Young, 2020). Moreover, with the Government's current price-per-life, each individual would have to live 11 years to make financial sense; even in this scenario, he argues, we're still over-valuing those lives since NICE would price those 11 years at £330,000, not £500,000 (Young, 2020).

Through this form of criticism of the lockdown in England, Young's understanding of health and the right to life is highly contingent upon a form of ableism wherein 'a good life' is equated with a life that is productive in the capitalist sense of the word. Through this analysis, Young singles out two groups of people as being 'less valuable': the elderly and those with underlying health conditions. Young concludes that

> in the unlikely event of the NHS being overwhelmed, the majority of people whose lives could have been saved only have one or two years left and those will not be good years. It isn't worth spending £185 billion to save them. (Young, 2020)

which underscores that those that deserve to be saved must be able to live a productive life. In Young's economic matrix, the good life is equated with capitalist production and thus his analysis forecloses the possibility that the elderly and those with underlying health conditions can be part of such a life. This is but one aspect of how certain bodies become marked as disposable and thus contributes to a state of acceptance wherein certain bodies (those that work in certain professions or those that are elderly or have underlying health issues) are marked as acceptable losses.

Conclusion

COVID-19 clearly shows and lays bare not only the intersecting issues of an emerging infectious disease and NCDs but also their social detriments and socio-political structures which in turn have created necropolitical conditions wherein certain communities are made more vulnerable and more precarious than others (Butler, 2006, 2016). This vulnerability and precariousness are not just driven by material and socio-economic drivers, but like Butler's analysis of what lives are grievable shows, is driven by norms and cultural sentiments. I have tried to surface how necropolitics and the slow violence of COVID-19 are driven not just by a state of exception but are deeply connected to a state of acceptance. As such, I have tried to introduce a new optic between the necropolitics of Mbembe and the slow death of Nixon: a state of acceptance. In doing this I hope to have contributed to a more nuanced reading of necropolitics in global health. By drawing on slow death and slow violence, it is my argument that necropolitics needs to become more attuned to the mundane, the slow, and the chronic more so than the usual focus of necropolitics on the moment of crisis, the extraordinary, and those spaces that are marked as exceptional. The addition of slow

death, slow violence, and a state of acceptance add just this: a focus on the slower tides of health inequality, the mundane yet chronic underfunding of health systems, as well as the slow violence brought about by marking certain bodies and jobs as disposable and thus their lives and bodies acceptable losses in a pandemic.

COVID-19 and how it has impacted BAME communities in the UK might seem like a crisis of epidemiology and of the sovereign power to protect its citizens, but as I have argued for in the above, the underlying structures which make these communities more vulnerable to COVID-19 should be seen as examples of necropolitics. By attuning to their slow and uneven distribution we can also start to make a conjecture about the role of a state of acceptance wherein the process of slow violence and ultimately slow death have come to be expected and accepted. A turn towards the affectual and affective motives for why we allow necropolitical conditions not only to emerge but to be sustained is called for to better understand precisely why some people are made to become more vulnerable and live in zones of precarious living.

Notes

1. See the COVID-19 tracker dashboard at Johns Hopkins COVID-19 resource centre: https://coronavirus.jhu.edu/map.html.
2. See the article in full: https://www.theguardian.com/commentisfree/2020/jun/22/covid-19-britain-ethnic-minorities-government-race-inequality-epidemic.
3. See the article in full: https://www.bbc.com/news/uk-52219070.
4. See the article in full: https://www.independent.co.uk/news/uk/home-news/coronavirus-death-toll-uk-race-white-black-asian-bame-ethnicity-cases-a9557076.html.
5. See the IER's webpage: BAME women 'at twice the risk' of both Covid-19 and low pay, research shows - IER.
6. See the IER's webpage: BAME women 'at twice the risk' of both Covid-19 and low pay, research shows - IER.
7. See data from GOV.UK: https://www.ethnicity-facts-figures.service.gov.uk/housing/housing-conditions/overcrowded-households/latest.
8. See data from GOV.UK: https://www.ethnicity-facts-figures.service.gov.uk/housing/housing-conditions/overcrowded-households/latest.
9. See data and full article from The Health Foundation: https://www.health.org.uk/news-and-comment/charts-and-infographics/overcrowding-is-highest-for-those-with-low-incomes.
10. See the PHE report on page 40: Disparities in the risk and outcomes of COVID-19 (publishing.service.gov.uk).
11. See the full Slate.com article here: https://slate.com/news-and-politics/2020/04/coronavirus-humans-vs-heroes.html.

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