Viral contamination of healthcare policies during the COVID-19 pandemic in Wales

Diana Beljaars & Sergei Shubin, Swansea University (Summary AISU 2022 Paper)

CONTEXT Resembling other countries, the Pandemic impacted the many facets of life in Wales, and the Welsh government developed and implemented a plethora of policies to reduce many of its intense effects. Wales, as Western capitalist state, governs at the population level through political strategies that interfere with the biological processes of this population to achieve economic growth stability that is measured in the life and death of its inhabitants (Foucault, 1976).

METHODOLOGY This paper brings together analyses of (1) pre-pandemic and pandemic social and healthcare policy, (2) philosophical and geographical literature on biopolitics, vulnerability, and virus, and (3) interview data with pandemic policy and implementation experts.

ANALYSIS A key aspect of the Welsh pandemic response consisted of making the virus recognisable within the existing political and healthcare system. Doing so through comparisons with other (known) viruses and employing the same practices to find solutions rendered the unique qualities of COVID-19 obsolete. For instance, pandemic healthcare policies focused mostly on the material presence of the virus, foregoing its intangible and affective effects, such as changes in people's social lives, lifestyle, and views of authorities and healthcare institutions. Also, the virus was represented as a threat and 'foreigner', which aided policy discourses of separating those who were contagious from those seemingly 'free' from disease. Following biological – rather than *also* social – rationalisation exercises, pandemic policies employed gradations of risk based on data collection. In turn, risk indications have been used to categorise people based on *existing* clinical pathways through *known* medical conditions, such as asthma, diabetes, and cancer to imply who is 'closer to death'.

The understandings of the virus that supported the Welsh pandemic policies were thus based on pre-existing notions of what constitutes human vulnerability. This meant that lesser prevalent symptoms and new variants have been extremely difficult to recognise and disrupted the effects of the active pandemic measures, such as distancing, number of people deemed safe in a room, and the form and duration of lockdowns. In addition, pandemic circumstances were overlooked of social groups that historically tend to be neglected in social policies and have less political representation, for instance, rough sleepers and minority ethnic migrant women.

Efforts of the Welsh government to diminish the effects of the pandemic on society coincide with its ostensible oppositional efforts to assimilate COVID-19 into the 'natural' biological processes of a population. This does not only entail the evolutionary ecological idea of 'herd immunity', which can only be achieved by letting people die. These responses also produce vulnerable people by 'fragmenting' individuals into attributes (disability, or the lesser ability to work), characteristics (causing higher healthcare costs), or identities (ethnic minority; 'less likely to live' according to Welsh norms) that do not make a whole person.

RECCOMMENDATIONS The viral form of COVID-19 thus challenged pre-existing divisions and binaries in the organisation of healthcare and social life in Wales. The pandemic should have been managed following the virus as multiple and hybrid presence as both biological *and* social. The virus' capabilities to disrupt governmental organisation and healthcare services would have been clearer, which would have led to more novel cross-sector collaborations between institutions. Beyond rationality, the intensity of the pandemic rippling through people's emotional and affective lives would have been more visible.

CONCLUSIONS

1. Our modern ways of living suggests COVID-19 and other viruses should be understood as 'exogenous'; caused by an external force, to 'endogenous' (Nancy, 2020:17)
2. The Welsh government's attempt to manage both biological processes (life and death) and control society confused its pandemic response and created conflicting outcomes, which demonstrates its incapacity to 'absorb' COVID-19 in politics as usual.
3. The virus created possibilities for changeability of previously static and unmoveable institutions and their political, organisations, and healthcare practices, to re-organise itself into new collaborative collectives and bolster new collective action.
4. COVID-19 altered our understanding of proximity and relation to others in the face of potentially imminent death of oneself and others. It highlighted the importance of emotions, feelings, and affects in the organisation of society and role of biomedicine. It leads to a renewed ethics of death that revises one's own death as unthinkable and avoids turning death into neutral, indifferent occurrence (Cohen & Cohen, 2022).