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**Government Techniques in the Management of the  
Coronavirus Outbreak: A Comparative Analysis on the  
Biopolitics of the UK and Turkey**

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## **Declaration of Authorship**

I hereby declare that my thesis is the result of my own work and that I have marked all sources, including online sources, which have been cited without changes or in modified form, especially sources of texts, graphics, tables and pictures.

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## **Abstract**

When the Coronavirus outbreak started, all governments around the world adopted similar and/or different methods to deal with the health and economic crisis derived from the pandemic. During the first 18 months of the pandemic, four waves of the pandemic were experienced. The 4<sup>th</sup> wave diverged from the previous waves in many countries, in terms of approach to and management of the pandemic. Unlike the first three waves, many governments did not prefer to implement wide-range measurements such as curfews or temporarily closing certain public or private places/businesses during the 4<sup>th</sup> wave of the pandemic and it provided a hint of a life living together with the virus. Although the daily cases and deaths are still close to the peak points of the 2<sup>nd</sup> and the 3<sup>rd</sup> waves, those high numbers stop being concerning for some of the governments and some of the citizens compared to the first appearance of the virus, after the mass vaccination campaigns. The change in approach brought a new understanding for the conducts of the governments which incorporate the coronavirus into other existent disease and pandemic management into a part of everyday governance by implicitly normalizing them. This paper looks at the government technics and management methods adopted during the Coronavirus outbreak by comparatively focusing on the two cases: the UK and Turkey. To answer why the UK and Turkey, despite all their differences in their methods, ended up with similar outcomes in terms of covid cases and deaths, this paper utilizes the policies of each government related to coronavirus and the speeches of government leaders about coronavirus as an analysis material. The findings demonstrate that governments' first clear reaction to the outbreak emerges as a highly securitized emergency response. To deal with the challenges brought by the pandemic, governments adopted different management technics derived from the existing governmentalities within the scope of their capacities and trade-offs. Throughout the pandemic, biopolitics determined governments' approach to the issue, and the decisions over life and death of citizens were taken to assure the sustenance of population and to secure all aspects of life rather than saving as much as life possible. Their second reaction emerges as an incorporation of the life with a virus into everyday life, a phase of normalization through delivering a constant governance and sometimes ignoring the health crisis and its outcomes.

**Keywords:** Coronavirus, Covid-19, Biopolitics, Governmentality, State of Exception, Immunity, Securitization, Modelling, Neo-liberalism, Ordo-liberalism, Prudentialism, Authoritarianism, Turkey, United Kingdom, World Health Organization

# **Government Techniques in the Management of the Coronavirus Outbreak: A Comparative Analysis on the Biopolitics of the UK and Turkey**

## **1. Introduction**

When the Coronavirus epidemic became a global issue, a pandemic, and generated a major challenge to the governments all around the world humanity met with its first global-scale health crisis. The severity and the deadliness of the virus alerted all countries and for the first time, the governments adopt very strict and extreme measures to prevent the spread of the virus, to cut the death toll, to keep functioning the economy and the society, and to deal the outcomes of the global pandemic. International transportation stopped, region-wide and country-wide lockdowns were implemented, many businesses halted, digital technologies of surveillance and documenting such as testing and vaccine passports were introduced, a huge amount of money influx injected to the citizens and businesses who could not work due to restrictions and so on.

Against this unexpected challenge, governments developed very different techniques and strategies such as herd immunity or curve flattening, or they adopted the practices and restrictions adopted by other governments, which seem suitable and applicable at home. Already existing practices of emergency measures against an unexpected event are adopted, and newly developed data science and modeling techniques are used.

Because of the impact of the health crisis, the governments and the citizens constantly felt in need to compare their countries' policy effectiveness and performance with other countries' while the global scale of the crisis provided the fruitful environment for the comparison of these performances. The daily new cases, daily death tolls, vaccination rates of each country became accessible as a form of data from the very beginning of the crisis. By relying on this data, global and national debates occurred about which country is performing well and why, and which policies and models are the best solutions to deal with the pandemic.

Although the attempts to measure the success of each country, the pandemic operates in waves in which the daily cases and death tolls are on an increase. Plus, country-specific qualities such as its geography, demography, and testing capacity are influential on the speed of the spread and statistical detection of it. So far, the fourth wave of the pandemic has occurred, and with the upcoming fifth wave of the pandemic, it seems that it is not close to an end. While the



measures taken against the pandemic can only decrease the spread of the virus to a certain degree, a total immunity and returning to the “normal life” seem very less likely to happen although the mass vaccination campaign. With this insight, it is arguable that what we call “success” becomes an arbitrary parameter to examine the policy effectiveness against the coronavirus. The problem of measuring success appears when there is still a loss of lives, disturbance in social and economic life, and never-ending waves of the epidemic. Success started to be measured with whether the health system is collapsed or not, whether the economy is functioning well or not, or whether the death toll and the number of daily cases are at tolerable levels or not. As in the case of the UK and Turkey, although the very different policy responses and very different capacities to deal with the health crisis, we can observe similar statistics while getting close to the end of the second year of the pandemic. Defining what is a success may be inevitably influenced by political stance or worldview. Plus, political will, public demand on or against specific policies may play a crucial role in policy making. Not only outcomes of policies, but also the process and unintended consequences are important to evaluate policy responses. A relative success can be also discussed when the possibility to deliver an effective policy is limited with state capacity. Statistics may also contain a degree of bias if the data is not collected well or is manipulated for political ends such as to gain public favor by showing “the government is doing well”. Yet, what is understood as success lies within the government logic that enacts specific policies at specific times under a specific goal. With that sense, “success” would become unmeasurable with the statistics, or policy outcomes, if the governments’ goal which is presented by its logic is not merely decreasing the daily cases and death tolls, but solely governing the crisis, making an anomaly governable.

As it is still a very new subject for social sciences, the government responses to the health and economic crises due to the Coronavirus pandemic are worth examining because of its impact, but also it contains a very rich field of analysis for social scientists to make sense the world and the reality we experience right at the moment. Despite the benefits of using statistics to evaluate the policy effectiveness within social sciences, I think it is needed a completely different approach to evaluating the policy responses from the governments to explain why we do get similar outcomes in different countries and to understand how “success” (or policy effectiveness) is measured by the government logic. Shedding light on the very logic of the policies and government rationalities and making a critical analysis on that may provide a better

understanding of this problem. Some alternative works explain the differences between policy responses in each country, for instance, with the nature and level of policy capacity of respective governments, the role of (in)adequate preparation and lesson-drawing from past experiences with similar outbreaks or crises, nature of national leadership, the organization of government and civil society, and blind spots towards the vulnerabilities of certain population segments (Capano et. al. 2020), however, my research and proposed discussion in this work try to introduce a critical rather than an explanatory evaluation of different pandemic policy responses focusing on the government logics.

In this paper, I will try to find answers to the question that “what is the rationale of governments to deal with the pandemic and how does this rationale reflect upon policy responses?”. To do that, I adopt a critical theory approach to examine the logic and the practices of the governments in response to the Coronavirus pandemic via examining the policy responses and coronavirus pandemic management processes of the UK and Turkey as my case studies to provide a critical and comparative examination over a real-life example. The analysis in this paper connects Foucauldian approaches of “governmentality” and “biopolitics” and other literature from the field of biopolitics, with a variety of other perspectives such as “state of exception”, “securitization” and “immunity”. To conduct this research, I examine the timeline of the policies and actions as well as the speeches of the head of the government and minister of health from the primary sources such as official documents and social media contents and secondary sources such as newspaper articles and related academic articles. This research highlights that, despite the differences between policy measures and policy approaches, the governments share a similar set of logic while deciding on the equilibrium between multiple elements of the society during the management of coronavirus outbreaks.

Despite the critiques against Foucauldian biopolitics as it is being irrelevant during the coronavirus crisis, I argue that biopolitics is still at the core of government logic (governmentality) and it is still relevant to the way governments’ handle the current health crisis. Within the various biopolitical governmentalities, all policies and approaches adopted by the governments in response to the coronavirus outbreak serve the purpose of governing and administrating the health crisis whose goals are predetermined by these governmentalities. Since the life of individuals is not the only aspect of the totality of the life (the life of population), rather a part of it together with economics, well-being, sustenance, or institutions, governments

needed to give a direction to the coronavirus outbreak to keep alive the totality of the life by deciding over who will be made life and who will be let die. The power that exerts biopolitics can also define the world as normal or exceptional to justify the shift in government conduct in order to suspend the normal way of functioning of the society and human rights at certain degrees. When facing an immediate security threat from a part of the life against the totality of life, exceptional measures can be taken within the logic of securitization. To govern the life within biopolitics, governments frame the reality through certain governmentalities that are already adopted by the governments, and they produce different government technics to govern that fits this frame. Although each framing of reality varies, they can co-exist and can be used interchangeably depending on the issue. All the policies developed through different governmentalities served so far with the logic of sacrificing a part of society in a controlled way to keep the rest alive or functioning. Instead of eliminating the exceptional situation and returning to normal life, biopolitics incorporated the exceptional situation into life by making it the new normal. In this new normal, in a controlled and contained manner, the epidemic can still infect people and cause deaths. As long as it does not disturb and generate a security threat to the totality of life, the epidemic remains negligible in biopolitical lenses and coronavirus can be seen as a regular “normal” common illness like the many others, for instance, common flu.

Within this approach, it can be concluded that the numbers of daily covid cases and deaths are not credible indicators to explain the performance of the governments. Rather, they are the result of selective and controlled causalities to keep alive the rest. In other words, they are the indicators of a threshold on which governments decide to act. Thus, the aim of biopolitical logic was never solely to decrease the deaths and to end the pandemic for good. It was about controlling and governing life through the exertion of the power of over to find an equilibrium.

Following the introductory chapter, chapter two focuses on the theoretical approaches that formed the basis of my argument. First, I will introduce the concept of “state of exception” of Carl Schmitt (Schmitt 2005) and developed later on by Giorgio Agamben (Agamben 2005). Second, I will examine “governmentality” and “government technologies” which are originally belong to Michel Foucault, later deepened by Mitchell Dean (Dean 2010). Third, I discuss another Foucauldian term, “biopolitics” (Foucault 1978). Fourth, I will discuss the limitations of these theories to the point where they may meet with a challenge on their relevance in the context of the coronavirus pandemic. The theories that I use to build up a theoretical framework

will lead to the necessary conceptual base for the analysis part where I broadly discuss the argument that I put into discussion above.

In the third chapter, I briefly present my methodology and explain how I contextualize these theories into the coronavirus pandemic cases, how I conduct the research, and how I apply the insights provided from the theoretical approach in my research.

In the fourth chapter, firstly I review characteristics of coronavirus to present how the virus acts and influences individuals. Secondly, I review epidemic management strategies, informed by the manuals of the WHO (World Health Organization), and introduce the concept of immunity to grasp the logic of these strategies. Thirdly, I focus on epidemic modeling and specifically on Report 9 of Imperial College's Covid-19 Response Team concerning coronavirus modeling technics. Following these sub-chapters, I present my case research on the UK and Turkey by focusing on their pandemic management strategies, logic, and their policy responses in chronological order.

In the fifth chapter, based on my research and my findings, I will discuss my argument in the light of the theoretical framework that I introduce in the second chapter. In the first part, I analyze how and why governments introduced highly strict measures within the concept state of exception. Then, I explain how the coronavirus pandemic securitized and how it is approached within a war logic. In the second part, I introduce firstly governmentality of modeling to explain how government logic governs unknown situations through knowledge production. Secondly, I discuss prudential and authoritarian governmentality to explain the way of categorization of individuals with the former and to explain the logic of strict measures such as lockdowns, curfews, and fines with the latter. Following that part, thirdly, I introduce ordoliberal and neoliberal governmentality to explain the logic of market intervention as a result of strict measures with the former and to explain the logic of loose measures and with the latter. In the third part, I discuss firstly, how biopolitics decides over life and death during the coronavirus pandemic, and secondly, I bring in the discussion of normalization through the incorporation of the coronavirus into life. In the sixth chapter, I put my concluding remarks on the discussion and present limitations and alternative explanatory factors to study on for further research.

## **2. Theoretical Framework**

### **2.1 State of Exception and the Normal**

The concept of “state of exception” is one of the key elements to understand how all extreme measures are adopted during the management of a global scale pandemic at the national level, the logic behind it, and its limits.

Agamben borrowed heavily from the political philosophy of Carl Schmitt while writing his ideas based on the concept of “state of exception”. According to Schmitt, the concept of “exception” is a situation that is not codified in the existing legal order which may pose an extreme level of threat to the existence and the sustenance of the state. To Schmitt, it is the sovereign who decides on the situation whether it is a “state of exception” or “a normal state”. (Schmitt 2005). In that sense, the sovereign has the power to define the reality: It is a power to determine the “normal”, the manner in which the entirety of the elements under the state (namely, society, institutions, or economy) should function. And a power to determine after which threshold, the entirety of these elements no longer function in a “normal” way.

In addition to that, the sovereign is the one who decides what must be done to eliminate the exception. The very reason for the elimination of the exception is to protect the entirety of the elements under state against the posed threat by the exceptional situation, with that, to return “normal” (Schmitt 2005). The ability to define which measures are necessary to fight against it is justified with the threat emerging from the state of exception. To return to normal, any means can be justified since the whole aspect of life is at stake. This might be a war situation, a terrorist attack or a natural disaster, an economic crisis, or an epidemic. Everything that can pose a threat and disturb the normal state, can be codified as an exceptional state. To deal with the exception, exceptional measures that did not codify in the law can also be adopted.

Agamben continues the analysis on the “state of exception” by pointing out the contradictory nature of the concept. He argues that in the state of exception, the current norm (that organizes the life and the constitution) must be suspended to ensure the application of the norm once again. State of exception separates the norm from its application, and it makes possible the adoption of measures that are outside of and conflicting with the norm (Agamben 2005). Thus, during the exceptional state, it can be adopted exceptional measures to re-organize the life and all elements under the domain of the state. The policies and decisions once seen as a

violation of rights become legitimized instruments to evade the exceptional situation. The norm or the rights has no validity in the face of an immediate threat to life. Limitation on mobility, property rights, freedom of speech or forced labor, seizure of resources, or long-term detention without valid proof can be a part of the policy tools while they are contradicting with the existing law or norm.

To Agamben, the force of law, in its technical sense, is the authorization of executive power by law, but also during the state of exception. Since the law can never tolerate the use of coercion/violence outside of the law, the force of law is included in the law and with that, the law allows its annulation to reestablish itself. In this exceptional state, the law authorizes the use of power outside of the law to make the norm applicable again. With that, an anomic zone emerges in a state of exception where the force of law exists, but the law does not exist. In this way, the law seeks to annex the anomie, and the order captures which stands outside of the order (Agamben 2005). Thus, the anomie becomes a part of the normal. The difference between the disorder derived from the exceptional situation and the anomie derived from the new measures adopted outside of the law comes from the intentional interventions of the sovereign. Both the disorder and the anomy interrupt everyday life but the latter gets its legitimacy from the elimination of the former.

Three important theoretical questions arise from this discussion so far. First, how does the state of exception end? Second, how does the sovereign decide what instrument will be used during the exceptional situation? Third, who is the sovereign?

To begin with the first, the state capacity and characteristics of the threat are influential factors to determine how and when the threat will be eliminated. For instance, during years of war being unable to defeat the enemy, night blackouts, sheltering under bunkers, recruitment for long years, and sacrifice of all public goods for total war, memories of old life but very less remained from the old life habits depict a situation which exception does not end and can not be ended. The repeated practices of all the elements under the state for years point out kind of a new normal, rather than an exceptional situation. Or, as a more solid example, during a global climate crisis where a severe drought occurs, food rations and use of water can be controlled and the free market dynamics on these resources can be abolished permanently. This new situation becomes the new reality of life and what can be seen as an exception once, become very normal. Or

during an asymmetric war with a terrorist organization, exceptional security measures can be implemented for years against a “potential threat” even though there wasn’t any terrorist attack that occurred for a very long time. The existence of potential may also incorporate the exceptional situation into normal.

To continue with the second, Agamben asserts that every state decides which life is “devoid of value” and hence, blurs the line between the decision on life and the decision on death (Agamben 1998). The logic behind this statement is coming from the arbitrariness of these decisions. Each exceptional policy measures either target a specific part of life and involved only a part of the individuals or individuals are not affected equally by these policies even though they target all people. Thus, some part of the society is sacrificed under exceptional measures to ensure the sustenance of the state or the well-being of the rest. The arbitrariness, however, is not about a random selection. Within the anomaly, the measures are exceptional in the sense that some members of the population perceived as a means to an end, a greater good, while in the normal situations they are more likely to be seen as an end in itself, in Kantian ethical terms. This indicated a fluctuation between Kantianism and utilitarianism. Utilitarianism requires a calculation of the total pain and pleasure, however, it is not a mathematical one, since measuring these concepts is impossible. Thus, the metrics used for the calculation to decide on which policies will be implemented are required a certain form of logic, a form of mentality, later on, I will discuss it under the concept of “governmentality”. Plus, the executive power used during a state of the exception made choices between people and impact individuals differently, which makes them inherently political. The modern state carries out its own politics including the times of state of exception. I will discuss the political understanding of the modern state under the concept of “biopolitics”.

As the third point, in the legal sense, we see the concept of “state of exception” as a form of new acts and laws legitimized by the politicians which are not strongly contested by other components of the state or as a form of a declared state of emergency by the governments or national parliaments. Although the legislative and executive forces of the state decide on and implement exceptional measures, they are the agents of the state to exert the politics of the modern state. The idea of the sovereign does not correspond to a person, a group of people, or a body. I see it as a form of mind that makes it impossible for the modern state to operate outside of the logic produced by that mind. No matter which government or the politician takes the lead

of a state, and no matter on which country does the modern state established, the state eventually will operate according to the (sovereign) mind and under the frame of biopolitics. The justification for the suspension of all competing and existing logic such as freedoms, market, social justice, came from and for the sake of biopolitics. Thus, the “state of exception” should be understood as one of the modern technologies of government under biopolitics.

## **2.2 Governmentality and Technics of Government**

The concept of “governmentality” is a key to grasping the action “to govern” and under which manner and frame the government operates. This concept is not particular to crisis management, rather it corresponds to the existence of a general approach of governments to an issue and how they elaborate and govern that issue.

The concept of “government” entails any attempt to shape individuals’ behaviors with some degree of deliberation according to a particular set of norms and for a variety of ends. According to Dean, “to govern” does not only mean to order people about or to move things around but also it does mean to involve some sort of attempt to deliberate on and to direct human conduct, which can be regulated, controlled, shaped, and turned into specific ends (Dean 2010). While the particular sets of norms adopted by the government correspond to a worldview, the variety of ends corresponds to a specific goal determined under that worldview. The action to govern has its mentality, logic, and aim. Thus, governmentality can be summarized as the reason of government, its logic, and its aim. To reach specific ends that are determined by its reason, it obtains different techniques and technologies.

According to Foucault, governmentality consists of the set of institutions, procedures, analysis and knowledge, calculations and tactics that enable, legitimize, and justify the exercise of a specific and complex form of power—a power that finds in the population its main object (Foucault 2007). While it presents government actions as necessary, rational, and true, it functions as a form of justification and legitimation.

To Dean, the act of governance contains certain rationalities on how to govern. This rationality uses systematic thinking, calculations, various knowledge technologies to make the calculation better to decide on how things are and ought to be (Dean 2010). The statistics, modeling and digital technologies, experts, media, and an army of bureaucrats are some examples of these various knowledge technologies. The government tries to process the reality



with its technologies and produces a form of knowledge as a product of measurement. Before governing its object, it tries to measure it and it operates according to its measurements. According to these measurements, it develops certain strategies to tackle the problems and to reach its ends.

“Governmentality”, however, is not a unique form of a rational mind. It varies according to its form of rationality, its way of measurement, and its tools to reach its ends. According to Foucault, governmental approaches have three common characteristics. First, the action of the government to define a problem and to offer certain strategies to solve that problem occur as a means of justification of exercise of power in a rational way. Second, political technologies such as procedures, programs, and institutions attain a logical context to operate under it via an intellectual procession of reality. Third, the way of governing does not occur as merely controlling the individual, but it governs the individual by providing and limiting its space for self-governance by rendering it autonomous (Lemke 2001) (Foucault 2007). Dean argues that there is a multiplicity of rationalities, of different ways of thinking systematically, of making calculations, of defining purposes, and employing knowledge (Dean 2010). Although the governmentalities that are covered by Foucault are mainly different forms of “Liberal Governmentality”, such as “ordo-liberal” and “neo-liberal” governmentalities, Mitchell Dean offers additional governmentalities such as “authoritarian” and “prudential” governmentalities (Dean 2010). Each type of governmentality has its unique way of framing reality, processing knowledge, and producing strategies to govern.

Although each governmentality stands as an ideal type, a government in the real world may adopt different governmentalities on different issues. Other than that, multiple governmentalities can operate simultaneously on the same issue, depending on the sub-branch of the issue and the different stages of the problem. As the issue gets more complex and spread over a longer time, it is possible to see different framing methods and government technics to enact. These different strategic logics are already a part of a sovereign mind, and they are ready to use in different policy areas. Whenever they fit the ends of the government, they become rational in current use. Three important theoretical questions arise from this discussion so far. First, how does the government choose which governmentality it adopts? Second, is there anything that defines the limit of governmentality? Third, what are the norms and values that determine the ends of the government?

To begin with the first, the choice made between the governmentalities is an arbitrary choice that is made by the sovereign. Sovereign power has the monopoly on both to define the normal and exception, and the frame and process the reality. The government logic may operate in a more authoritarian or a more liberal way. The strategies may be more Kantian or utilitarian. It may be more reductionist or interventionist. Despite its arbitrary character, the choice is not boundless, and it is limited to certain characteristics of the context and capacity of the government. What limit the adoption of certain governmentality are the lack of state capacity to pursue the strategies developed by that governmentality and the lack of means and government technologies to justify the adoption of the policies and the programs that are seen necessary by the sovereign. However, the concept of “state of exception” functions as a government technology that produces the needed justification to implement policies and programs during “exceptional times”.

To continue with the second, what limits a type of governmentality are its assumptions about the reality and its methods of calculation and measurement. It is limited with the scope and correctness of its calculation, and the validity of its assumptions on reality. Although the rationale behind each governmentality is an outcome of a complex and intellectual way of processing reality, it is very simple because it needs to render calculable and measurable every factor about the tackled issue. To measure and calculate all dynamics and prospects about the individuals and society require a degree of simplification of the reality by using statistics, behavioral science, and assumptions. Thus, it creates a margin of error due to missed details under the reduction of reality. In that sense, the real “art of government” is to tackle the issues derived from the missed details under certain governmentality, by adopting another governmentality.

As the third point, the norms and values that determine the ends of the government are the dominant politics of the sovereign mind, that is, the goals that the sovereign wants to achieve and the willful use of its power to achieve these goals. Depending on each country and each policy field, the sovereign mind may seek social justice, a regulated market, or a thicker civil society. However, neither of these ends are the dominant politics of the sovereign mind. As I introduce in the next sub-chapter, it is biopolitics. What makes it “the dominant politics” is that all the other ends can be suspended or sacrificed for the sake of the dominant politics of the sovereign mind. Eventually, all governmentalities and governmental technologies produced from

it can be used in the implementation of biopower and biopolitics is always the first on the agenda of the modern state in any case.

### **2.3 Biopolitics, Population, Life, and Death**

To begin with, the concept of biopolitics, Michel Foucault, to explain the emergence of biopolitics as a phenomenon of the modern state, points out a shift in the state strategies away from the maintenance of rule as an end in itself, towards the maintenance and cultivation of populations as the proper end of government (Foucault 1978, 2003). In its very basic sense, it refers to the ways in which the state claims authority over life in the form of the power to make live and let die. Biopolitics reflects an opposite shift in the sovereign characteristic of the state in securing its political rule. While the pre-modern state chooses between “making kill or letting live”, the modern state chooses between “making live or letting die” (Foucault 1978). The pre-modern sovereign power was exercised at the level of individuals. It was the ruler’s right to seize things, bodies, and life.

During the modernization process, sovereign power started to aim not only to seize but also to administer the life of the population as a whole. While the former approach relied on solely disciplining individuals by fear to its end, the latter approach includes management of the population through different techniques. To Foucault, biopolitics addresses a multiplicity of individuals, not to the extent that they are nothing more than their bodies, but to the extent that they form a global mass, a population, which is affected by overall processes of birth, death, production, and illness. (Foucault 2003). The government of life addresses individuals as living beings to the point which all the different ways in which life of individuals sustained, organized, mobilized, and optimized. The term “population” makes conceived in the aggregated biological terms of birth, sickness, and death, yet this aggregated multiplicity is also conceived of as comprising a society with its multiple aspects such as civil society, culture, economy, polity, and community. One of the most useful instruments of biopolitics is the science of statistics that reduces individuals into units of population, meaningful data that can be used while governing life. Accordingly, “the population” appears the key object of knowledge production and political intervention through biopolitics.

To Lemke, there are two semantic elements of biopolitics. The first one is “life as the basis of politics” and the second one is “life as an object of policy” (Lemke 2011). Although life

constitutes the target of politics which establishes itself around life, keeping alive no matter what cost is not the main objective. In biopolitics, life becomes an object of knowledge and gets subjected to power and management. To Foucault, under biopolitics, the body turns into an object of political investment which can be trained and disciplined to carry out tasks and to be used as a force of production. The body is a useful force only when it is both productive and subjected (Foucault 1995). The process of politicization of the body is linked with the development of capitalism since biopolitics provides the mechanisms by which bodies and populations could be managed and rendered more productive and adjustable to economic growth and processes (Foucault 1978).

The security and the continuum of the state are highly connected with the well-being of the population. The enhanced well-being of the population with the improvements in health, education, life quality, and in other fields can contribute to the economy and in return, the sovereign state can extract more resources to secure its ends thanks to its political investment towards the body and on the well-being of the population. In that way, the body and the life are valorized and become a form of capital that the state can benefit from (Foucault 1984). Thus, the perpetuation of the rule does not disappear as a goal but rather is increasingly secured indirectly, through prioritizing the needs of the ruled (Hannah et al. 2020).

In accordance with the aim of the sovereign to secure its political rule, the body becomes useful if it can be rendered productive and subjected. Thus, the life, without useful bodies has no use for biopolitics. Rather, it is disposable. The principle of “making live and letting die” is concerned with ensuring and improving the lives of individuals, the constituents of the population, by eliminating threats and deficiencies or by protecting them from all possible dangers in order to sustain and secure the state. Since life is both object of policy and the basis of politics, biopolitics contains a paradox. It can suppress the very life it promised to sustain. It can sacrifice a part of well-being to sustain the rest. It can sacrifice individuals to protect the population, thus securing the state. Foucault interprets the moment when a break between “what must live and what must die” occurs and the domain of life is taken over by power as “racism” (Foucault 2003).

During a racist moment, a hierarchy is created among living beings with more or less the same biological needs and the same value of life, in a way that a part of the population is

rendered more vulnerable and exposed more to the risks. To Foucault, the differential exposure of individuals to social and health risks is an evident characteristic of biopolitics. Racism is the condition of acceptability of a differential exposure of lives that occurs as a result of exercised power to protect the biological life of the population to enhance or sustain its productive capacity (Foucault 2003). Therefore, biopolitics functions with racist underpinnings which make direct and indirect exclusions and murders acceptable, and it indicates a form of power with the rationality of its own. The "rationality of biopower" can be understood as a rationality that is oriented to ends of "the population" as its object, and the well-being of this object which is assured by specific "biopolitical measures" and various technologies (Hannah et al. 2020). A logic or a set of logics, namely governmentalities, decide on those biopolitical measures, and on "what must live and what must die". As Collier argues, different governmental rationalities may target the same problem from within each of their limited optics, ascribing to it fundamentally divergent meanings, causes, and effects. Problems inherent to a living population may oscillate between different governmental rationalities (Collier 2009).

According to Foucault, modern society crossed a threshold which biopolitics processes the life of individuals as a crucial issue for political decision-making. It is a new problem to be addressed by governments, and this is not a rationale in use during "exceptional" circumstances such as wars, famines, or epidemics, that rationale is also adopted in "normal" circumstances as well. (Foucault 2003). The main feature of the state of exception in the era of biopolitics is that, in a modern state with its rational law, an individual can be completely deprived or significantly restricted in their legal status on a legal basis to ensure the well-being of the population. Thus, the state of exception should be understood as a concept which not only prioritizes biopolitical rationale but also as a governmental technology appropriated by biopolitics to restrict the rights and freedoms of individuals. The existence of a constant threat to life can render exceptional rule over life normal, a part of the everyday governance of the modern state. However, biopolitics can assimilate the anomaly by governing it and incorporating it to the normal through constant interventions and regulations.

## **2.4 Critique and Limitations to Biopolitics**

To its very basic sense, biopolitics should be understood as the use of sovereign power to control, discipline, and govern individuals by reducing them to a population with the aim of

controlling all aspects of life to enhance the well-being of life and the state. However, this theoretical framework is needed to be contested, before using as the basis of critical analysis. In the practical sense, is the state capable of pursuing biopolitics? What about the influence of political actors, such as leaders, politicians, civil society, and citizens on biopolitics? Or could we omit the influence of other dominant established social dynamics such as market forces or human rights while interpreting biopolitics? Do non-credible governments pursue the same interests in the line of biopolitics?

To begin with the first, the state power is limited to its resources and institutional capacity, as well as the severity of the tackled problem. Governments under poorer states may need to develop different strategies and techniques than richer states to govern their population. In the case of emergencies, countries' current preparedness may also play a crucial role while responding to the crisis. The capacity to mobilize enough resources to satisfy the needs to deal with a crisis is also an important element to determine the process of crisis management. Although the different capacities among modern states, they adopt different governmental technologies based on their capacities and limitations, their preferences, and disregards to pursue biopolitics. To defect security threat towards life may not be possible every time, but each government would try to govern and render manageable the problems.

To continue with the second, every social and political actor has the potential to influence which governmentality will be adopted and to what extent they are legitimized and practiced. However, they can not change the biopolitical nature of the modern state. They can only influence the rationale used on themselves. Since the life is essential for all the components of society, they can not abandon it. The policies of the governments may fluctuate between the types of intervention, or intervention and non-intervention, however, they are all government methods to govern the life.

As the third point, established social forces such as market forces or human rights discourses can contest the biopolitics, yet since they constitute other aspects of the life, their influence on biopolitics will be similar to the influence of social and political actors. In the states where market forces and human rights discourses are the strongest, namely Western Liberal Democracies, biopolitics can suspend market dynamics and human rights with limited contestation, especially in the case of exceptional circumstances. To end with the fourth point,

non-credible governments, that have nepotistic relations and arbitrary governance in favor of a part of society or that refuse the existence of an obvious security threat, are still urged to pursue biopolitics. Their stance on the issue is a form of racism as is mentioned above or a result of specific governmentality that prefers governance by not governing. The biopolitical measures may not be adopted fully, or the elites and supporters of the government may be immune to certain biopolitical measures. This situation indicates either lower state capacity or a way of choosing whom to make live and whom to let die.

### **3. Methodological Approach**

#### **3.1 Contextualization of Theoretical Framework and Literature Review**

From the beginning, the coronavirus epidemic presented a threat against the everyday functioning of society and governments started to develop certain strategies and implemented a wide range of policies to deal with the immediate health crisis. In almost all modern states, the coronavirus epidemic was treated as an exceptional situation and some exceptional measures are adopted to deal with the threat and its consequences. From restrictive measures such as curfews, case isolation, or closing of shopping centers to surveillance technics such as testing, vaccine passports, or categorization of individuals based on their ages or jobs, all government policies indicate a rationale, a set of logic and calculation for an aim. Each decision for an action or inaction influences different segments of the population based on their freedoms and mobility and on their risk to be exposed to the virus. Social groups are divided according to multiple factors such as lifestyle, jobs, and age. With this aspect, the coronavirus epidemic and its management appear as a convenient case to read and interpret under “biopolitics” and concepts around it.

In the last two years of the global crisis, many scholars and academics adopted an understanding inspired by Foucauldian ideas of biopolitics to analyze contemporary events related to coronavirus pandemic (Hannah et al. 2020; Agamben 2020; Demetri 2020; Demirović 2020; Sarasin 2020; Sotiris 2020; Sathyamala 2020; Denisenko&Trikoz 2020; Randolph 2021). Another group of scholars approached the issue as “failure of biopolitics” by indicating its failure to fit today’s crisis situation due to limited state capacity and narrow scope of calculative and digital technologies to measure and govern the epidemic (Kalpokas 2020; Arminjon&Marion-

Veyron 2021; Chandler 2021). The tension between human rights, social justice, and economics during coronavirus pandemic management is discussed by some of the scholars, by not pointing out the recent events as “failure of biopolitics” but interpreting it as “prioritization of capitalist economic relations over human life (Laterza & Romer 2020; Ayala-Colqui 2020; Colombo 2020; De Genova 2021). Some other scholars analyze how were calculative and digital technologies used during the coronavirus pandemic to shed light on the way individuals and populations are governed (Bigo et. al. 2021; Jayasinghe et. al. 2021). Another group of scholars made policy analyses on specific country cases to discuss policy responses against coronavirus and their logic (Ghosh 2021; Cairney 2021; Egger et. al. 2021, Wagner et. al. 2021).

With this paper, I intend to contribute a discussion based on biopolitics regarding the management of coronavirus. Although many authors discussed the events based on biopolitics, governmentality, and state of exception, the scope of their work can not answer the questions such as “when and how do the governments decide on to implement restrictive measures” or “why we have still new cases and daily death tolls”. The discussion around governmentality is not developed so far and specific governmentalities were not analyzed deeply by interpreting their way of framing the reality and the policies linked to these understandings. Because each academic work can elaborate only on a specific topic under a broader issue, this paper contributes to the literature by providing a holistic approach with the aim to answer a very fundamental question about coronavirus pandemic management: “What is the rationale of governments to deal with the pandemic and how does this rationale reflect upon policy responses?”

### **3.2 Method of Case Analysis and Document Selection**

This paper critically examines the different strategies through which the governments of the United Kingdom and Turkey are battling against the coronavirus outbreak. In particular, the article examines the policies and biopolitical implications of the two governments from the time just before the first coronavirus case is detected to the point which the immediate effects of the new Omicron variant of the coronavirus, namely, the beginning of the fifth wave.

The reason to choose these two countries is their similar death toll and total cases regarding their population. Despite their difference in state capacity (including the health system, availability of vaccines, testing capacity, financial resources, communication), geography



(including international transportation necessities, neighbors, level of globalization), policy measures (including the extent and duration of lockdowns), way of conduct (including democratic capacity, transparency) and rationale, we can observe similar performance for the two countries based on “confirmed case”, “confirmed deaths”, “confirmed cases per million people”, “confirmed deaths per million people”, “confirmed cases as a proportion of tests” and “tests per thousand people”. According to Lowy Institute’s “Covid Performance Index” that calculates each country’s performance and gives scores between 0 to 100, based on these six indicators, on the 13<sup>th</sup> of March 2021, we see Turkey with a score of 35.3 (72<sup>nd</sup> place in 116 countries) and the UK with a score of 34.4 (74<sup>th</sup> place) (Lowy Institute 2021).

Although the fact that behavioral science should be included to explain the differences based on culture, lifestyle, distribution of economic activities such as production and service, the aim of this paper is not to try making sense of the similar performance score of each country by regarding their different strategies and policy response. Rather the comparative analysis aims to discover the reflexes of modern governments in each step of coronavirus pandemic management to convey biopolitics and to show the commonalities between the two governments in terms of their logic and approach to the issue. Dean defines “an analytics” as a type of study concerned with an analysis of the specific conditions under which particular entities emerge, exist and change. Thus, it does not treat particular practices (of government) as instances of ideal types and concepts, rather it examines the conditions under which regimes of practices come into being, are maintained and are transformed (Dean 2010). With the analytics of government, my aim will not be simply read off particular policies and programmes that adopted during the coronavirus pandemic. Rather I will explore the operation of strategic logic of different regime of practices within the coronavirus context which the policies and programs are the results of the operation of that specific logic in a critical sense. In the analytics of government, I will focus on a) distinctive ways of thinking and processing reality of government by relying on a specific vocabulary, b) specific ways of acting, intervening and directing of government with definite mechanisms, techniques and technologies and c) the ways defining and forming the characteristics of subjects, selves, persons and actors by the government. I will conduct my research to collect necessary inputs to make analytics of government in coronavirus pandemic context.

The data deployed in this paper is mostly gathered from a) my observations of the pandemic management in the two countries, b) primary resources such as health ministers' or heads of the governments' speeches and social media contents, policy papers, laws, and government decrees, c) secondary sources such as newspaper articles, reports published by national and international organizations and academic journals. It should be noted that the UK has a highly developed documentation system for policy measures taken and the speech of government officials delivered, on the website of the government. Tracking the events based on official documents is very practical. However, in the case of Turkey, there is significantly poor documentation and very limited access to official documents. To cover the events in Turkey, I had to rely on mostly newspapers as secondary documents and video records as primary sources.

My investigation of the two cases provides necessary insights to analyze a whole set of government responses by using the theoretical framework to make sense of the government logic, in a critical way. The comparative case analysis produces a fruitful base to discover the meaning, intention, potential outcomes, and defects of each policy measure taken while detecting similarities and differences of each strategy.

My intention was not to investigate incapacity, inconsistency, or communication and coordination problems between the executive bodies in both cases. My way of interpreting these events is differentiating from the works related to Turkey (Bakir 2020) or the UK (Cairney 2021) which includes the policy failures and implementation problems. The measures of the two countries were also heavily criticized in their media and politics. Instead, I aim to make a critical analysis on the findings on UK's and Turkey's responses to Covid-19, to discover the logic and calculation of each policy concerning politics of life, without emphasizing the problems on delivery of the policies. During the pandemic management, although there might be the poor implementation of a policy, there is no right or wrong decision since every variation of the management measures would impact negatively certain segments of the society. This kind of positioning would be a moral positioning between Kantian or utilitarian approaches based on the value of human life and maximization of aggregate benefit. I should note that this research is made by being aware of the ongoing discussions on coronavirus pandemic management in the public sphere in both the UK and Turkey, but not covered in this paper since many of them stay apart from the scope of this work.

To conduct my analysis, this paper heavily draws from the works of influential thinkers such as Michel Foucault, Giorgio Agamben, Roberto Esposito, Mitchell Dean, Achille Mbembe, and Partha Chatterjee and builds the arguments based on the concepts they contribute to the academic discussion.

#### **4. Case Study: Pandemic Management in the United Kingdom and Turkey**

##### **4.1 Review of Coronavirus Pandemic Management**

###### ***4.1.1 Characteristics of Coronavirus***

Coronavirus is a general term for a specific family of viruses. The novel coronavirus, namely Covid-19, or SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2), is a new virus reported by WHO on 31 December 2019 after a cluster of cases of ‘viral pneumonia’ in Wuhan, People’s Republic of China. According to data provided by WHO, the novel coronavirus has the capacity to easily transmit from person to person via droplets in the air and contact. On average, it has a 5 to 6 days (can extend to 14 days) incubation period before showing any symptoms. Although it has many symptoms, the most known symptom is shortness of breath since the virus target the respiratory system. There is not any developed effective treatment for the virus so far, yet the mild cases (80% of all cases) can recover without needing hospital treatment. In some cases, people can transmit the virus even though there are no symptoms. While serious cases (15% of all cases) require oxygen, critical cases (5% of all cases) need intensive care. Case fatality rate fluctuated between 2% to 3% however, with the introduction of mass vaccination campaigns worldwide, the fatality rate dropped to just above 1%. Although all age groups can get sick with Covid-19 and become seriously ill or die, older people, especially people aged 60 years and over, and those with underlying medical problems such as high blood pressure, heart and lung problems, diabetes, obesity, or cancer are at higher risk of developing a serious illness. Covid-19 can be detected by certain testing methods such as polymerase chain reaction (PCR) and rapid diagnostic test (RDT). There are multiple vaccines in use and the first mass vaccination campaign started in early December 2020, approximately a year later from the reporting of the first case. (WHO 2021a).

All these characteristics of the virus determine the way epidemics occur. For instance, transmission via body fluids instead of via air would create an entirely different epidemic control approach and would necessitate different individual protection measures. If the symptoms were related to the immunity system or digestive system instead of the respiratory system, the requirements, equipment, and procedures for the sustenance of the health system would have been different. If the younger age groups were at higher risk groups, or if the virus had higher mortality rather, there would have been completely different epidemic management at the social level.

As of February 6, 2020, a total of 28,276 confirmed cases with 565 deaths globally were documented by WHO, involving at least 25 countries (WHO 2020a). On 11 March 2020, the Director-General of WHO indicated that there were more than 118,000 cases in 114 countries, and 4,291 people have lost their lives (WHO 2020b). In the same speech, it was declared that Covid-19 is a pandemic, a first pandemic caused by a coronavirus (Ibid). This radical change in the course of an epidemic occurred just within a month, and human-to-human transmission and transmission via air are the main characteristics of the Covid-19 that makes it a pandemic, in a globalized world, where governments were not prepared for a health crisis at such level.

As on 30 November 2021, 263,088,555 cases detected globally, with a 2.16% mortality rate (5,239,679 death in total). The covid-19 epidemic occurred in four waves so far. Although each wave's period and impact differ from country to country, they share similar characteristics. The waves were highly related to the policy response, strict or loose lockdown regimen of the governments, increase and decrease in the temperature, effectiveness of vaccination campaign, and the emergence of a new variant that becomes the dominant virus in circulation. We can observe all around the world there is a decrease in the daily cases and deaths for instance after a lockdown policy, during the summer times, or when the number of vaccinated people reached a certain level. Similarly, we can observe that during winter times, when strict measures are not implemented for a long time, or with the emergence of a new variant such as Delta or Omicron, there is an increase in the daily cases and deaths.

Although the effects of climate on the contagion level cannot be controlled, the decision to implement lockdowns and adopt stricter measures or not is up to governments. Plus, as well as the effectiveness of the vaccination campaign, the effectiveness of the current vaccines against

the new variants are also influential factors. However, mutations in the virus are indirectly influenced by the course of the epidemic. Since the mutations occur as a result of the errors during the multiplication, each new case is prone to create a new variant. Each new variant may have different characteristics which are derived from its genetic sequence. They might be either more contagious or less deadly, more resistant to a hot climate, or showing different symptoms. Not all of the new variants spread around the globe and only very few become the dominant variant. Since their genetic sequence is different, the vaccines that are produced to be effective against older variants may not be as effective against the newer ones. Plus, the immunity system of bodies may respond differently against the new variants since they are different viruses. People who got sick due to older variants have a chance to get infected by the new variants.

While conceptualizing “epidemic management”, all these characteristics should be considered. Characteristics such as “human to human transmission”, “transmission via air and contact”, “symptoms in the respiratory system”, “up to 14 days incubation period”, “more severe and deadly for older people”, “high mortality rate”, “high rate of serious and critical cases”, “availability of vaccines”, “unavailability of effective treatment”, “mutations” are key elements to develop a strategy for epidemic management. All these characteristics influence the policy decisions, procedures, guidelines, and individual behaviors against the epidemic.

#### ***4.1.2 Management Strategies of Epidemic and Immunity***

##### ***Management Strategies of Epidemic***

There are two main lines of strategy to deal with an epidemic. The first one is preventive strategies, which are a) to stop transmission of the virus by preventing human contact with the source of the virus (in the case of Covid-19, it is human to human contact) and b) to render virus ineffective via increasing the capacity of immunity systems via vaccines. In an ideal sense, in the former, if the virus cannot transmit from person to person, eventually it has to be eliminated with the last body that is infected. In the latter, if the immunity systems of bodies fight effectively against the virus, the virus can be eliminated without having a chance to multiply itself and transmit to another body. The second one is therapeutic strategies, which are basically a) to cure people who get sick with medicines, medical support at home or hospital and treatment by relying on the health systems and b) to let people develop their own immunity response by allowing exposure to the virus. In an ideal sense, in the former, epidemic is treated as just

another illness and the deaths are prevented by focusing the resources of the health system towards the necessities to cure the people. In the latter, as people get infected and their bodies develop immunity response to fight against the virus, the more people become immune against the virus, so that the virus can not find a new body to infect and multiply itself.

These strategies, as in their ideal versions, are built with different logics and target different aspects of a pandemic. The preventive strategies are developed to deal with “potentials”, the potential of a person to get sick, without knowing whether they will get sick or whether they will transmit the virus to more people or whether the course of their sickness is a mild or severe condition. Those strategies have to include the entirety of the population in a region or a country since every people who are present in the location where the virus is detected or might be detected in the future have to be ready to prevent transmission. The therapeutic strategies are to deal with “certainties”, the certainty about whether a person is sick or not, whether a share of the society becomes biologically immune by getting sick. Many people will certainly get sick, some of the people need to be hospitalized and some of the people can not survive from the sickness. The cases are precise, and the resources can be focused on these precise targets.

There is an efficiency issue between the two strategies. On the one hand, preventive strategies are not efficient since they spare the resources to all due to practically overspending and implement restrictive measures by making limited differentiations among the target groups. However, they are efficient since they can prevent additional costs (such as intensive care) and outcomes (such as additional deaths) that are derived from the increased number of sick people. On the other hand, therapeutic strategies are efficient since they do not interrupt the economy or social life with restrictive measures and do not waste resources for the people who won't meet the virus practically. These strategies, however, are inefficient in a way that they may lead to unintended consequences such as overburden in the health system and disruption in the economy and social life due to a higher risk to get sick and a higher fatality rate. Both strategies can be adopted simultaneously, or interchangeably for a certain period during the epidemic, depending on the preference of governments. In the light of these strategies, there are multiple sets of policies to deal with an epidemic.

From moving on from Foucault's work: leprosy, plague, and smallpox, Sarasin (2020) focus on three strategies for different infectious diseases to understand the strategy used against coronavirus. In the leprosy model, the healthy separated from the sick, in the big infirmaries, ideally outside the city gates, by no longer caring about them, as a matter of exclusion. In the plague model, a system of uninterrupted control of all borders and crossings in the city is established and it demands the strict confinement of citizens in their homes, otherwise, citizens face contagion or punishment, as a matter of discipline and surveillance. In the smallpox model, inoculation practices such as finding the number of infected people, age groups, symptoms, fatality rate, the risks of vaccines, the probability of an individual dying or being infected by smallpox despite vaccination, and the statistical effects on the population in general, as a matter of knowledge. The model respects the relative "impenetrability" of society, even at the cost of a certain risk of infection, and avoids governing too much and dealing with the infection with medical campaigns. By considering all three models to evaluate the responses against Coronavirus, he argues that there are transitions and overlaps between the different models all around the world.

When the pandemic was declared, the Director-General of WHO pointed out that "All countries must strike a fine balance between protecting health, minimizing economic and social disruption, and respecting human rights." (WHO 2020b). WHO's Covid-19 Strategy Update on 14 April 2020 formulated a general strategy that recommends implementation of National Action Plans for each country "...based on a whole-of-society approach and a realistic appraisal of what is feasible to achieve first in terms of slowing down transmission and reducing mortality, and subsequently in terms of sustaining low-level transmission while society and economic activity resumes." (WHO 2020c, p.7). The strategy recommendation of the WHO was built on four main steps: a) coordination and planning under an emergency or crisis frame with the involvement of all related ministries and governing bodies, b) engagement and mobilization of communities to limit exposure through informing individuals on hygiene and protection measures, and establishing authority and trust, c) finding, testing, isolating all suspected cases, quarantining and monitoring contacted people to control transmission by enabling self-surveillance and self-report, d) maintaining essential health services by mitigating the risk of system collapse, and providing clinical care to reduce mortality by increasing the supply of medical oxygen,

ventilators, personal protective equipment, intensive care units, bed capacity (WHO 2020c, p.7,8).

The same report points out that the ability of countries to combine and implement all these health measures may differ according to their capacity and context as well as the intensity and prevalence of COVID-19 transmission. Thus, their ability at any time depends on whether there is community transmission, clusters of cases, sporadic cases, or no cases, and the capacity of the public health system (ibid). Although the logic of putting in place comprehensive public health measures is to maintain a sustainable steady state of low-level or no transmission and to control sporadic cases and clusters of cases to prevent community-level transmission, there would be moments in which community transmission occurs with explosive outbreaks growing at an exponential rate. For these moments, WHO report warns about the necessity of exceptional measures to be taken to suppress transmission as quickly as possible and transition back to a steady-state of low-level or no transmission and about the need of application these measures at the lowest administrative level possible to ensure a tailored and an appropriate response (WHO 2020c, p.9).

During community-level transmission, WHO recommends that authorities must immediately adopt and adapt population-level distancing measures and movement restrictions, such as the suspension of mass gatherings, the closure of non-essential places of work and educational establishments, reduced public transport, limits on national and international travel. The report also warns about social and economic costs that may come with these exceptional measures and recommends the adoption of policies to mitigate negative social and economic consequences (ibid).

### ***Immunity***

WHO's evaluation of the eligible strategies against the coronavirus pandemic is remarkable: "For many countries and subnational authorities and communities, managing a controlled and deliberate transition from a scenario of community transmission to a sustainable, steady-state of low-level or no transmission is, at present, the best-case outcome in the short and medium-term in the absence of a safe and effective vaccine." (WHO 2020c, p.10). The frame of "best-case outcome" is essentially important for the coronavirus epidemic management since it does not contain an aspect "to end" the epidemic, rather it contains an aspect "to take under



control”. To end a pandemic of such a contagious virus has its practical limits derived from the complexity of the globalized modern world. The concept of immunity comes forward when elimination (of the virus) through restriction is too costly.

Immunity, in its biological sense, is a system of biological beings to neutralize outside threats such as bacteria, viruses, parasites, and toxins. A well-functioning system is able to distinguish host tissue from foreign tissue and mount a complex immune response when encountering a pathogen or some other “invaders” (Marshall et al. 2018). While immunity, as a defense mechanism, is perceived in terms of an attacked self-pitted against an alien other, it indicates distinct borders that confer individuality and immunity is the response to the violation of those boundaries (Tauber 2016). In addition to the biological aspect, Tauber’s definition of immunity contains a social aspect of immunity that separates an individual’s body from society. According to Tauber, the philosophical challenge of defining immune identity is framed by differing orientations, namely, autonomous individuality versus collective ensemble (ibid). Tauber’s approach on immunity complies with Esposito’s understanding of immunity. According to Esposito, disparate fields in society appeals to the function and logic of immunity in its attempt to respond to the threat. Despite the various threats, what remains constant is the place where the threat is located. It is always on the border between the inside and the outside, between the self and the other, the individual and the common. Immunity combines various fields beyond human biologies, such as law, politics, computer science, national and regional borders, and so on. Thus, each of these domains is constantly striving to immunize itself from external dangers (both actual and potential) and protect its (imagined) borders from an invading other. (Esposito 2011). The biological and social understanding of immunity is the main departure point to develop effective strategies against threats as such. According to Ajana, although different in essence, these strategies have a common goal: the immunization of the population via either exposure (herd immunity through mass infection or vaccination) or protection (lockdowns, social distancing, and protective equipment and measures) (Ajana 2021).

The method of “protection” is the strategy offered by the WHO at the beginning of the pandemic and it is justified by the unavailability of the effective vaccines. It tries to render individuals and societies impenetrable by offering a defense strategy at the social level instead of a biological level. What makes vaccines so important is that, immunity at the individual and

social bodies can be achieved at the biological level without paying severe costs of the method of “exposure” through mass infection, thus herd immunity.

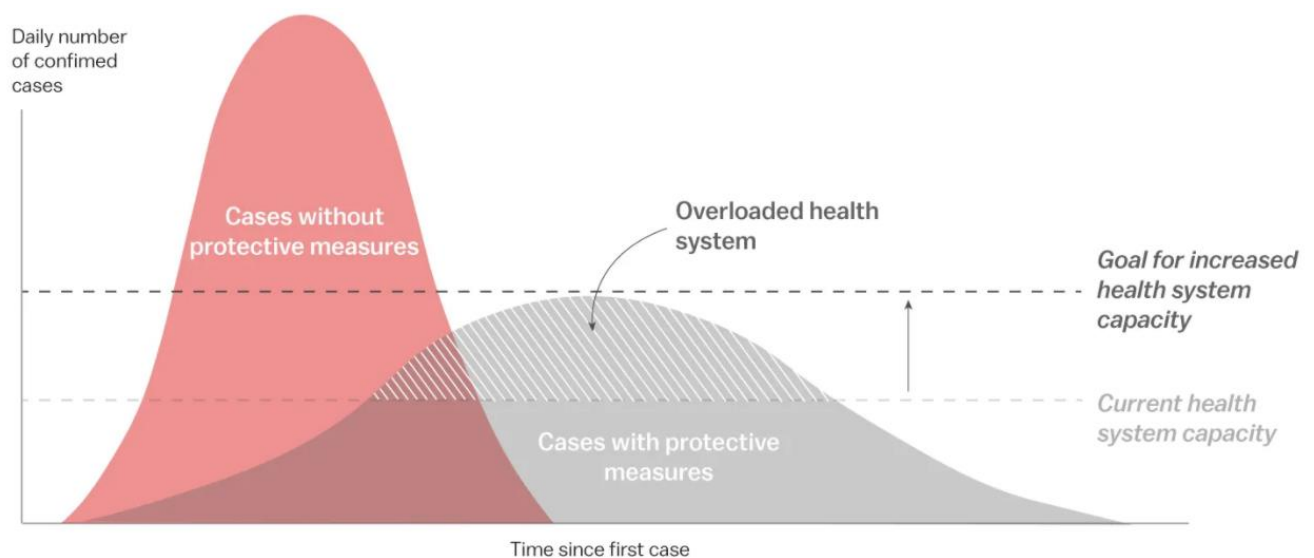
The term herd immunity refers to a state whereby so many people in a population become immune to an infectious disease that it stops the disease from spreading by providing indirect protection to those who are not immune to the disease (Healthline 2020). According to Fine, herd immunity is about mathematics and its theory rests on the basic reproduction rate, or  $R_0$  value that is to say, how many new infections each case will produce. (Fine 1993). Herd immunity aims to reduce the number of susceptible people to the point where the reproduction rate drops below 1 and the spread of infection stops (Basu 2020). Herd immunity is relevant in the context of disease eradication programs based on vaccination campaigns through which the proportion of immune individuals is so high that the number of susceptible cases is below the epidemic threshold (Fine 1993). However, vaccination is not the only means of achieving herd immunity. Exposure of a large proportion of the population to the disease is also another way to achieve immunity “naturally” by acquiring antibodies through infection on a mass scale.

D’Souza and Dowdy argue that the natural herd immunity approach might be reasonable for less severe diseases, but in the case of Covid-19, there is a much higher risk of complications and fatality (D’Souza & Dowdy 2020). As a real-world scale thought experiment, achieving natural herd immunity in a country with approximately 65 million population, for instance, the UK, would require more than 47 million people to be infected with an estimated 2.3% fatality rate and a 19% rate of severe disease. Without an available and effective vaccine, it may result in more than a million people dying and eight million needing critical care (Rossman 2020).

A need for hospitalization on this scale may not match with the capacities and resources of health systems of countries and the strategy of natural herd immunity may bring the collapse of the entire health system. To achieve herd immunity with vaccination programs, it is needed time since the procedures to develop and validate a vaccine for safe use have many steps, and the available technologies to develop an effective vaccine require months. In the case of Covid-19, the first scientifically approved vaccine for safe use is introduced nearly a year later after the detection of the first Covid-19 case. To achieve herd immunity through vaccination campaigns, in the context of non-available vaccines in the foreseeable future, the “curve flattening” strategy was preferred by many governments. Curve flattening strategy is targeted, time-limited, and

widespread implementation of protective measures such as the ones that WHO recommends. The aim of the strategy is to reduce mortality and the number of severe cases by flattening the trajectory of the epidemic and relieving some pressure on clinical care services to gain time until an effective vaccine would be invented. All these strategies have a mathematical logic of calculation based on the basic reproduction rate. While the natural herd immunity sets a low  $R_0$  value as the final aim, curve flattening aims to keep  $R_0$  at lower levels constantly. And also, all these strategies have another calculation based on the “costs” of the strategy and “time” of the epidemic.

**Figure 1 - Herd Immunity and Curve Flattening Model\***



Source: Adapted from CDC and Kumar Rajaram, UCLA

**Vox**

Christina Animashaun/Vox

\*Animashaun et. al. (2020)

### **4.1.3 Epidemic Modelling and Report 9 of Imperial College**

Epidemic management has a mathematical logic; however, it is not only linked to the behaviors of the virus (such as transmission rate and severity) but also linked to the behaviors of the individuals. Human to human contact is the dependent variable in the emergence of the  $R_0$  value, the basic reproduction rate. It depends on the social settings that create opportunities for transmission. In its very simple logic, as much as humans get into contact with each other, the virus can transmit with higher chances, thus the  $R_0$  value increases. The context of the epidemic is convenient for modeling to understand how the virus and humans behave and to predict the

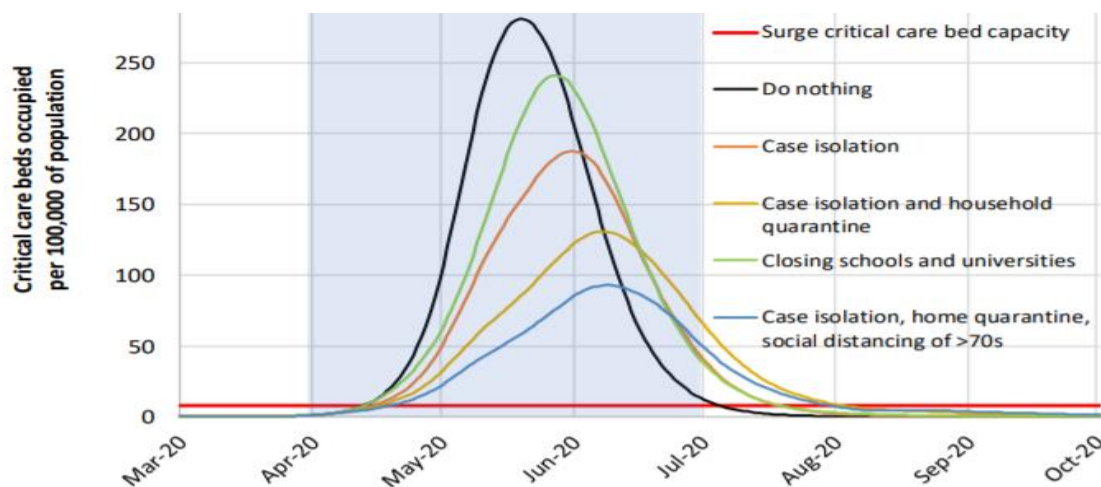
potential consequences of certain social settings, in terms of daily new cases and deaths. By changing social settings with different policies, human-to-human contact may be reduced. In that sense, epidemic modeling is a useful government technology to calculate and predict the outcomes of certain policies and scenarios for management strategies.

The first epidemiological simulation model for the Covid-19 is developed by the Imperial College Covid-19 Response Team led by Neil Ferguson in London (Ferguson et al. 2020). Only five days after the WHO's declaration of "pandemic", the Imperial College Team published their assessment of the impact of "non-pharmaceutical interventions" (NPIs), namely the public health measures which aim to reduce contact rates in the population and reduce the transmission of the virus. They predict that "Optimal mitigation policies (combining home isolation of suspect cases, home quarantine of those living in the same household as suspect cases, and social distancing of the elderly and others at most risk of severe disease) might reduce peak healthcare demand by 2/3 and deaths by half." (Ferguson et al. 2020, p.1). They warn that mitigation strategy may still result in hundreds of thousands of deaths and health systems being overwhelmed many times, thus it may need to be supported by suppression policies. As it is indicated in the report, the minimal requirement for suppression policies is a combination of social distancing of the entire population, home isolation of cases, and household quarantine of their family members, school, and university closures (Figure 3). If the interventions are relaxed, the transmission may quickly rebound, therefore interventions should be maintained until an effective vaccine becomes available. Interventions can be temporarily relaxed but measures should be reintroduced when transmission rebounds (ibid, p.2). In total, in an unmitigated epidemic, they predict approximately 510,000 deaths in the UK and 2.2 million in the US, not accounting for the potential negative effects of health systems being overwhelmed on mortality (ibid, p.7).

To conduct a model, certain educated assumptions at the social level and the biological level are needed to be made. In the Imperial College Team's work, the individual base simulation model is adopted. At the social level, their model assumes that individuals reside in areas defined by high-resolution population density data, and Contacts with other individuals in the population are made within the household, at school, in the workplace, and the wider community. Individuals are assigned to each of these locations at the start of the simulation and the distribution is made proportionally based on the census and existing data. (Ferguson et al. 2020, p.4). At the biological level, their model assumes an incubation period of 5.1 days, the

occurrence of infectiousness 12 hours before the onset of symptoms for those that are symptomatic, and 4.6 days for those who are asymptomatic. For the early growth rate of the epidemic, a baseline assumption of  $R_0=2.4$  is made and symptomatic individuals are considered %50 more infectious than the asymptomatic ones. Individuals are assumed to be immune to re-infection in the short term. It is assumed that two-thirds of the cases are sufficiently symptomatic to self-isolate within 1 day of symptom onset and a mean delay from onset of symptoms to the hospitalization of 5 days (ibid).

**Figure 2 – Imperial Team’s Curve Flattening Model\***



\*Ferguson et. al. 2020, p.8

A week after the “Imperial study”, another work on the epidemic model for coronavirus, the “Oxford study” of Lourenço and his colleagues was published. Differently than the Imperial study, they suggest that the ongoing epidemics in the UK and Italy started at least a month before the first reported death and have already led to the accumulation of significant levels of herd immunity in both countries (Lourenço et al. 2020, p.1). They argue that the ongoing epidemic of SARS-CoV-2 conforms to the characteristic pattern of the spread of a novel pathogenic infectious agent eliciting protective immunity. According to that pattern, there is an initial phase of slow accumulation of infections in the first phase. Then, rapid growth in cases of infection, disease, and death is observed in the second phase. Lastly, an eventual slow-down of transmission due to the depletion of susceptible individuals, leading to the termination of the epidemic wave. They point out that, before the implementation of control measures such as social distancing and travel bans, it should be regarded that the Covid-19 epidemic will follow this pattern. They calibrate their model to data on cumulative reported SARS-CoV-2 associated

deaths from the United Kingdom and Italy under the assumption that such deaths are well-reported events that occur only in a vulnerable fraction of the population (ibid).

As it is seen in the two major examples of the pandemic modeling, the data, methods, and assumptions are highly influential variables to change the outcome of the scenarios which are predicted by the models. To Kreiger, data are not neutral and what is collected and how it is reported affects how a health problem is perceived and acted upon and moreover, usually what is missing is of key significance (Krieger 1992). Plus, assumptions and simplifying for the sake of modeling have higher chances to miss and omit the critical dynamics derived from the context, as will be discussed in the fifth chapter. After all, between the two models, it was the Imperial Team's study that became the blueprint for the strategy to tackle Covid-19 not only for the UK and USA but globally as well. As Sathyamala indicates, when the dark scenario of the Imperial College's work was presented, only a few countries could remain unresponsive and without considering whether they can achieve the predicted outcomes with suppression measures or not, it became the main strategy of choice in many countries. (Sathyamala 2020). We can also observe that WHO's Covid-19 Strategy Update on the 14<sup>th</sup> of April is highly borrowed from the Imperial Team's work. The strategy update covers the missing parts in the WHO's Strategic Preparedness and Response Plan published on 4 February 2020 (WHO 2020d), which are mainly national response plans based on suppression methods. Governments benefited from the knowledge produced through scenarios projected by the models to figure out the patterns of the virus and society, way of addressing its spread, and potential consequences. They governed the immediate health crises according to these simulations based on questionable and varied methods.

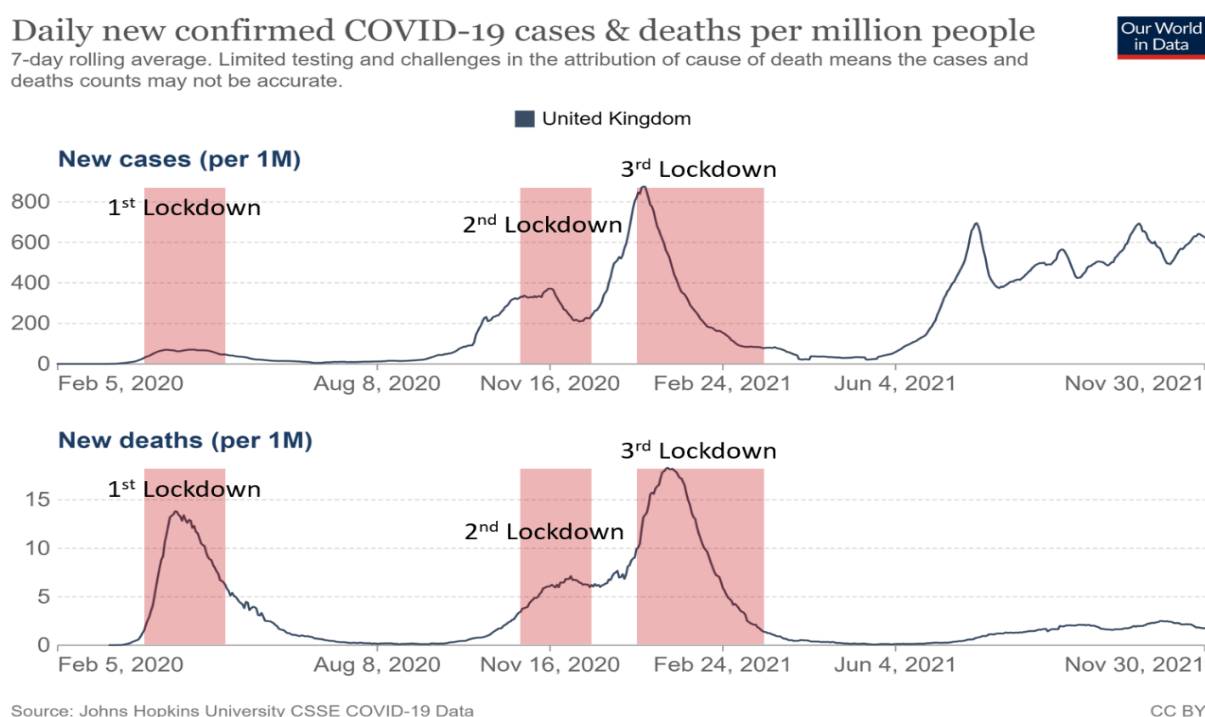
Apart from the modeling and government policies, it should be also considered that individuals during an epidemic, may develop different behaviors and their own protective strategies. Modeling represents the individuals with their normal behavior patterns, however, against a potential threat, individual behavior may also change according to the situation. Measures such as voluntary distancing, voluntary quarantine, avoiding crowding increased hygiene, increased use of protective equipment and products, and decrease in social interactions can be adopted individually. Plus, governments may trigger and encourage such changes in behavior and lifestyle which may also positively impact the transmission of the virus by reducing the contacts without any enforcement measures. It should also be considered that individuals

whose interests and lifestyles conflict within the proposed or enforced measures may try to avoid and develop new strategies to evade those practices. All these behaviors and strategies remain as non-calculable elements of the modeling.

## 4.2 The United Kingdom

As of November 30, 2021, a total of 10 247 045 infected cases and 144 969 deaths were reported in the United Kingdom (Worldometers 2021). United Kingdom's pandemic management is characterized by a high emphasis on testing and modeling, three long-period lockdowns with high financial support, and step-by-step easing in measures. United Kingdom's early access to vaccines and well-performed vaccination campaign had also sped up the normalization process in 2021. The overall pandemic management strategy was built on an emphasis on individual initiatives and responsibilities characterized by the wording "Stay home, protect NHS and save lives". Individual contribution to pandemic management and self-protection was characterized by the motto "Hands-face-space".

**Figure 3 – The UK's Daily Confirmed Covid-19 Cases & Deaths\***



\*Our World in Data (2021) / The figures that indicate lockdowns are my own addition to the graphs.

### ***From the Beginning to First Lockdown***

Before the confirmation of the first known 2 cases of Covid-19 in England on 31 January 2020 (Department of Health and Social Care 2020a), some basic measures were adopted. On 22 January, Public Health England announced it is moving the risk level to the UK population from ‘very low’ to ‘low’ (Public Health England 2020a). On January 24, following the government's COBR meeting on Covid-19 the Chief Medical Officer for England, Chris Whitty said 'the risk to the UK public remains low, but there may well be cases in the UK at some stage' and that the “UK is well prepared for these types of incidents” (Hancock 2020a). On January 27, health secretary, Matt Hancock said that anybody returning from Wuhan should self-isolate for 14 days, Public Health England is tracing people who have returned from Wuhan, in his statement to parliament (Hancock 2020b). On January 30, the risk level increased to ‘moderate’ (Department of Health and Social Care 2020b).

The measures were slowly enhanced in the following days. On February 2, public information campaign launched across the UK based on handwashing and the use of tissue while sneezing and coughing (Department of Health and Social Care 2020c). On February 4, Foreign Office recommended British Nationals in China leave the country if they can (Raab 2020a). On February 7, testing capacity was increased to more than 1000 people a day (Public Health England 2020b) and updated travel advice was published, for those who have returned from Asian countries, that advises to stay indoors and avoid contact with other people for 14 days (Public Health England 2020c). On February 10, The Health Protection (Coronavirus) Regulations 2020 were put in place to impose restrictions on any individual considered by health professionals to be at risk of spreading the virus (Department of Health and Social Care 2020d).

On February 26, when the total number of cases was 22, Health Secretary described a four-part plan to respond to COVID-19: contain, delay, research, mitigate. Enhanced monitoring at airports, testing for those returning from affected countries, was introduced (Hancock 2020c). On March 2, the first emergency Cabinet Office Briefing Room (COBR) meeting chaired by Prime Minister was held (Johnson 2020a). The next day, the UK government published “Covid-19 Action Plan” (Public Health England 2020d), and prime minister, Boris Johnson said “Keeping the country safe is our overriding priority and today’s plan means we are committed to doing everything possible – based on the advice of our world-leading scientific experts – to



prepare for all eventualities. Crucially, we must also not forget what we can all do to fight this virus.” (Department of Health and Social Care 2020e). On March 5, the first death related to Covid-19 was reported (Whitty 2020). On March 9, after the second COBR meeting, the prime minister said “We have a truly brilliant National Health Service (NHS), where staff has responded with all the determination, compassion and skill that makes their service so revered across the world. And they will continue to have this government’s full support, my support, in tackling this virus on the frontline (Johnson 2020b).

On the day when WHO declared the Covid-19 pandemic, £12bn was pledged in 2020–21 for action on COVID-19 in the UK spring budget. This included financial support for NHS, public services, businesses, and individuals (HM Treasury 2020). On March 12, it was declared that the UK moved from containing to delay phase, and risk level was increased to 'high'. Prime minister said, “There is no escaping the reality that these measures will cause severe disruption across our country for many months” and “From tomorrow, if you have coronavirus symptoms, you should stay at home for at least 7 days to protect others and help slow the spread of the disease.” (Johnson 2020c).

On March 16, when the Imperial College’s modeling was published, the UK recorded 3,658 infection cases and 65 deaths in total. On the same day, the prime minister began his daily press briefings. He said, “Our objective is to delay and flatten the peak of the epidemic by bringing forward the right measures at the right time [...] Today, we need to go further because according to SAGE [the Scientific Advisory Group for Emergencies] it looks as though we’re now approaching the fast-growing part of the upward curve and without drastic action, cases could double every 5 or 6 days.” These indirect references to Imperial College’s modeling were followed by some additional instructions: “Now is the time for everyone to stop non-essential contact with others and to stop all unnecessary travel. We need people to start working from home where they possibly can. And you should avoid pubs, clubs, theatres, and other such social venues.” (Johnson 2020d)

On March 17, Chancellor of the Exchequer, Rishi Sunak said “The coronavirus pandemic is a public health emergency. But it is also an economic emergency” while explaining liquidity credits, the distribution of grants, and tax cuts for the businesses (Sunak 2020a). The Prime minister also said, “We must act like any wartime government and do whatever it takes to

support our economy.” (Johnson 2020e). On March 19, Coronavirus bill 2020 was introduced as emergency legislation and was granted Royal Assent on March 25 (UK Parliament 2020). The Bill included a wide range of powers and flexibilities for government and public services during the COVID-19 outbreak. On March 20, the UK government ordered all pubs, restaurants, gyms, and other social venues to close and most schools were shut down (Jenrick 2020). On the same day, a package of measures to protect jobs and incomes was introduced. According to the package, the new coronavirus job retention scheme is supposed to cover up to 80% of workers' wages up to a total of £2,500 per worker per month, interest-free coronavirus business interruption loan scheme extended for 12 months, VAT payments to June were deferred until the end of the tax year, welfare payments and housing support were increased including Local Housing Allowance rates to be paid for at least 30% of market rents in each area (Sunak 2020b). On March 26, self-employed workers were also included in the income support scheme (Sunak 2020c).

### ***From First Lockdown to First Easing***

On March 23, the UK recorded in total 12,663 infection cases (daily 2,324) and 938 deaths (186 daily) when Prime Minister announced lockdown measures and new closures by ordering people to “stay at home” in his 'Address to the nation'. He said, “All over the world we are seeing the devastating impact of this invisible killer [...] And so tonight I want to update you on the latest steps we are taking to fight the disease and what you can do to help [...] Without a huge national effort to halt the growth of this virus, there will come a moment when no health service in the world could cope; because there won't be enough ventilators, enough intensive care beds, enough doctors and nurses.” (Johnson 2020f) According to the measures, people were only allowed to leave their home for shopping for necessities as infrequently as possible, one form of exercise a day, alone or with members of the household, any medical need, to provide care or to help a vulnerable person, traveling to and from work, but only where this is necessary and cannot be done from home. Elderly and vulnerable people were advised to be shielded indoors. Plus, all shops selling non-essential goods, including clothing and electronic stores and other premises including libraries, playgrounds and outdoor gyms, and places of worship were closed, all gatherings of more than two people in public, except the household members, and all social events, including weddings, baptisms and other ceremonies but funerals were stopped. The

police were granted the powers to enforce the measures, including through fines, dispersing gatherings, and arrests (Cabinet Office 2020a).

On April 2, Health Secretary announced a new 'five pillar plan' to increase COVID-19 testing to 100,000 a day across the UK (Department of Health and Social Care 2020f). On April 16, the UK recorded in total 111,440 infection cases (daily 5,275) and 24,945 deaths (1,322 daily), when the government announced that current social distancing measures must remain in place for at least the next three weeks. Foreign Secretary Dominic Raab said “SAGE assess that the rate of infection, or the R-value, is almost certainly below 1 in the community [...] But, overall, we still don't have the infection rate down as far as we need to [...] Early relaxation would do more damage to the economy over a longer period [...] The worst thing we could do now is easing up too soon and allow a second peak of the virus to hit the NHS and hit the British people” (Raab 2020b). On April 22, Chris Whitty said that it is needed to be realistic and social distancing measures likely to be relied on for the rest of the year (Hancock 2020d). On April 23, it is announced that testing is extended to essential workers such as NHS and care staff, teachers, hospital cleaners, public servants, the emergency services, supermarket staff, delivery drivers, and other critical infrastructure staff (Department of Health and Social Care 2020g), and on April 28, testing was further expanded to anyone with symptoms who are over 65 and who can not work from home (Department of Health and Social Care 2020h). On May 1, Matt Hancock said “Daily testing target of 100,000 has been met [...] Tracking and tracing will allow us to get R down, and hold R down, and so it will allow us to lift lockdown measures” (Hancock 2020e).

The UK recorded a continuous drop in daily infection cases and on May 10 daily 2,319 cases (total 209,792) and 494 deaths (total 45,326) were recorded. On the same day, the prime minister announced the outlines of the plan to reopen society including the 'first careful steps' to modify existing measures (Johnson 2020g). One the following day, the government published a Covid-19 recovery strategy sets out a plan to rebuild the UK for a world with COVID-19, with the forewords of prime minister: “It is not a quick return to 'normality.' [...] The ‘overriding priority remains to save lives’ [...] To do that we must acknowledge that life will be different, at least for the foreseeable future.” (HM Government 2020). First lockdown easing started on May 13, and workers from particular sectors who cannot work from home were allowed to travel to work if their workplace is open, workplaces were demanded to follow new “Covid-19 Secure” guidelines, people were advised to wear a face-covering in enclosed spaces and time limit for

outdoor activities were lifted while limiting the number of people to meet by two. (Johnson 2020h)

On May 15, the latest R number range across the UK started to be published (Government Office for Science 2020). On 18 May, testing eligibility was expanded to everyone with symptoms (Department of Health and Social Care 2020i). On May 22, for anyone entering the UK, a requirement to 14 days self-isolate was announced (Patel 2020). On May 27, Matt Hancock said “NHS Test and Trace service is formally launching today [...] which involves testing to find out who is infected, contact tracing then isolation of contacts who might have been infected.” He described self-isolation instructions as ‘your civic duty’ and he added “This will be voluntary at first ‘because we trust everyone to do the right thing’ but can quickly make it mandatory. ‘Because, if we don’t collectively make this work, then the only way forward is to keep the lockdown.’” (Hancock 2020f). On June 1, the second step in easing lockdown measures, which allowed people to meet in outdoor spaces up to six people from different households following the social distancing guidelines started (HM Government 2020).

On June 15, further changes to lockdown and new measures were introduced such as shops in England selling non-essential goods were allowed to reopen, secondary schools began to offer face-to-face support for a quarter of the year 10 and 12 cohorts at any one time, to supplement remote education, face coverings became mandatory on public transport (Raab 2020c). On July 3, the prime minister announced that the government is moving away from 'blanket, national measures to targeted, local measures: “Targeted restrictions will be introduced when the virus continues to spread, activities at particular locations will be restricted and individual premises closed and local lockdowns. If previous measures 'have not proven to be enough', local lockdowns will be introduced across whole communities.” (Johnson 2020i). On July 4, the fourth round of lockdown easing was introduced when the daily 402 cases (total 286,459) and 52 deaths (total 56,414) were recorded. An extensive set of measures, including social distancing rule to state that 2m or 1m with risk mitigation, reopening of restaurants, pubs and cafes providing they follow guidelines, reopening of holiday accommodation, tourist attractions and leisure facilities such as museums, cinemas, libraries, community centers, hairdressers, outdoor gyms and children’s playgrounds, reopening places of worship for prayers and services, including weddings with up to 30 guests; allowing to meet two households of any size indoors or outside including to stay overnight were introduced (Johnson 2020j).

On the same day, UK's first local lockdown came into force in Leicester and parts of Leicestershire (Hancock 2020g), following the national framework for local authorities setting how to prevent, contain and manage local outbreaks, on July 17 (UK Health Security Agency 2020). On July 10, travel corridor exemptions for some countries and territories came into effect, which includes the requirement of self-isolation (Shapps 2020). On July 24, face coverings became mandatory in shops and supermarkets, police had been given formal enforcement powers and can issue a fine (Cabinet Office 2020b). This rule was extended to more indoor settings such as museums, aquariums, galleries, cinemas, funeral homes, and places of worship (50). On September 1, schools and colleges in England start to reopen with protective measures in place (Johnson 2020k). On September 7, Matt Hancock said that "younger people must follow the rules, warning 'don't kill your gran by catching coronavirus and then passing it on.'" (Department for Education 2020)

### ***Towards Second Lockdown and Vaccination Campaign***

When the number of daily cases and deaths started to increase once more, on September 14, new social distancing measures came into place, including the 'rule of 6' which people cannot meet with other households socially in groups of more than 6 (Cabinet Office 2020c). On September 18, the prime minister said that the UK is 'now seeing a second wave' and that 'It's been inevitable we'd see it in this country.' (BBC News 2020). Following that statement, on September 20, Matt Hancock said that 'if everybody follows the rules then we can avoid further national lockdowns' and stated that 'the first line of defense is people's behavior. But then, after that, local lockdowns are necessary'. (Stewart 2020). On September 24, the NHS COVID-19 app with a QR check-in at venues, a symptom checker, contact identification, and test booking was launched (Department of Health and Social Care 2020j). On the same day, a new set of restrictions including 10 pm closing time for pubs, restaurants, and other businesses (Cabinet Office 2020d) and on September 28, the legal duty to self-isolate, fines of £10,000 for businesses subject to COVID-19 Secure requirements in the law, and increased restrictions on weddings and civil partnership ceremonies were introduced as new measures (Department of Health and Social Care 2020k).

On November 5, when the UK recorded daily 23,721 cases (ten times higher than the recorded cases before the first lockdown decision) and 380 deaths (two times higher than the

recorded deaths before the first lockdown decision), the second national lockdown started. The biggest difference in the second lockdown was that schools, colleges, and universities stayed open and adults can meet a person from another household outside to exercise or sit in a park. Other than that, the first lockdown measures were taken. Prime minister addressed that “we know the cost of these restrictions, the damage they do, the impact on jobs, and livelihoods, and on people’s mental health. [...] the virus is doubling faster than we could conceivably add capacity [...] And so now is the time to take action because there is no alternative” (Johnson 2020l). It was announced that lockdown measures will be ended on 2 December, and 3 Tier approach based on local and regional governance of the pandemic reintroduced on that day. Tiers were categorized based on 5 key epistemological indicators such as case detection rates, the rate at which cases are rising or falling, positivity rate, and pressure on the NHS (Department of Health and Social Care 2020l). On the same day, the UK became the first country in the world to have a clinically approved coronavirus vaccine for the supply of the Pfizer/BioNTech (Hancock 2020h), and the first vaccination was delivered on December 8 (NHS England 2020). Joint Committee on Vaccination and Immunization provided an order of priority primarily based on age since the risk of mortality from Covid-19 increases with age. The report estimated that taken together, all priority groups represent around 99% of preventable mortality from Covid-19. In their priority order, those groups were residents in a care home for older adults and their carers, all those 80 years of age and over and frontline health and social care workers, all those 75 years of age and over, all those 70 years of age and over and clinically extremely vulnerable individuals, all those 65 years of age and over, all individuals aged 16 years to 64 years with underlying health conditions which put them at higher risk of serious disease and mortality, all those 60 years of age and over, all those 55 years of age and over, all those 50 years of age and over (Department of Health and Social Care 2021).

Approaching towards Christmas, people were asked to stay at home, Tier 4 was introduced and people in Tier 4 regions were advised to not meet any other household, and people in other tiers were advised to meet as up to 3 households on Christmas day. (Johnson 2020m). On January 6, 2021, with the increasing spread of the new variant, the UK recorded 57,353 daily infection cases and 931 daily deaths and the country entered the third national lockdown, until March 8. This time, all primary schools, secondary schools, and colleges were moved to remote learning, except for the children of key workers and vulnerable children

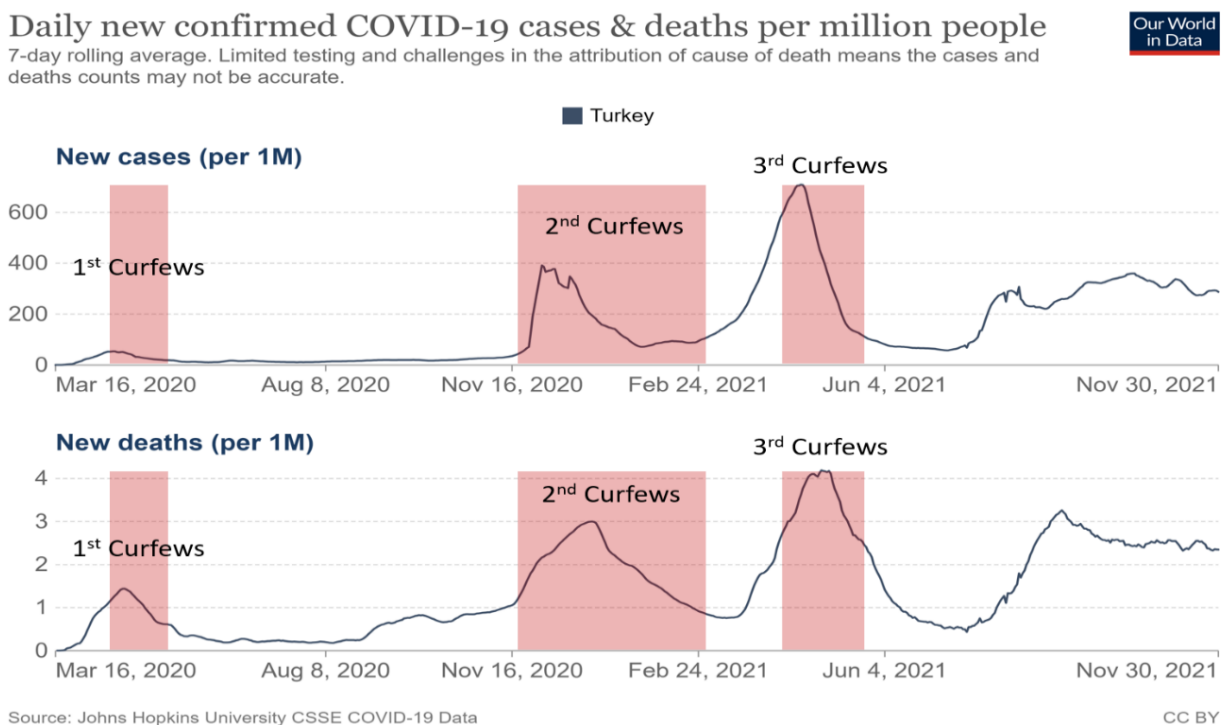
(Johnson 2021a). On February 22, the prime minister announced the 4-step roadmap for easing lockdown restrictions from the beginning of March 8 (Johnson 2021b). When the easing started, the daily infections had been dropped to 6,642, and daily deaths had been dropped to 143. On March 8, the first step began, schools were reopened and recreation in outdoor public spaces was allowed between two people. On March 29, outdoor gatherings of either six people or two households were allowed, “stay at home” order ended but people were encouraged to stay local. On April 12, 11,12% of the whole population were fully vaccinated and step 2 began, non-essential retail, hairdressers, and public buildings were reopened. Outdoor venues, including pubs and restaurants, as well as indoor leisure such as gyms were reopened. On May 17, 30,12% of the whole population were fully vaccinated. Step 3 began, and a limit of 30 people was allowed to mix outdoors, “rule of six” or two households were allowed for indoor social gatherings. Indoor venues including pubs, restaurants, and cinemas were reopened. Up to 10,000 spectators were allowed to attend the very largest outdoor-seated venues like football stadiums. On 14 June, it was announced that step 4 will begin with a delay of four weeks to increase the share of vaccinated people in the whole population, and restrictions on weddings and funerals were abolished. On July 19, 53,14% of the whole population were fully vaccinated, most legal limits on social contact were removed and the final closed sectors of the economy such as nightclubs were reopened.

As the third lockdown finally ended, life started to move on in a normal phase. The impact of the vaccination program became highly significant. On June 1, the UK recorded only 4 deaths daily, since almost 40 million people across the country received their first vaccine doses and more than 26 million people received their second vaccine doses (38.23% of all population). By November 30, 68.03% of all population have been fully vaccinated in the UK. With that, the case fatality rate dropped from 3.31% on 15 February, to 0.30% on November 30 while approximately 40,000 cases were recorded daily. With the emergence of the Omicron variant, new measures came into effect on November 30 (Johnson 2021c). Prime Minister Boris Johnson noted that "I think another lockdown of the kind that we've had before is extremely unlikely, but we keep everything under constant review." (Smout 2021) and “What we’re doing is we’re taking some proportionate, precautionary, measures while our scientists crack the Omicron code, and while we get the added protection of those boosters into the arms of those who need them most.” (Johnson 2021d).

### 4.3 Turkey

As of November 30, 2021, a total of 8 795 558 infected cases and 76 842 deaths were reported in Turkey (Worldometer 2021). Turkey's pandemic management is characterized by four-wave outbreaks, relatively poor data collection, financial limitations to provide enough support during curfews, reluctance to impose lockdowns for long periods and preference on weekend curfews, and a strong emphasis on time limits. Turkey's first response to coronavirus rather seems uncoordinated since every ministry announces restrictions in their own domains on different days. During the upcoming outbreaks, measures and easing started to be announced via the Ministry of Interior. Other than these, Turkey's pandemic management has some common characteristics with UK's pandemic management in logic and techniques based on encouraging self-protection and implementing restrictions when the daily cases started to increase significantly.

**Figure 4 – Turkey's Daily Confirmed Covid-19 Cases & Deaths\***



*\*Our World in Data (2021) | The figures that indicate curfewss are my own addition to the graphs.*

The overall pandemic management strategy was built on an emphasis on individual initiatives and change in behaviors characterized by the wording “Hayat Eve Sığar” (Life fits home). Individual contribution to pandemic management and self-protection was characterized



by the motto “Maske-Mesafe-Temizlik” (Mask-distance-hygiene). The timing of the events in Turkey contains some delay since the first case in Turkey was recorded later, new variants mostly came to Turkey after they were becoming dominant variant in the UK, and vaccination campaign started later than in the UK.

### ***Before the First Case***

Before the confirmation of the first known case of Covid-19 in Turkey, the government took some basic measures. On January 10, The Scientific Advisory Board (*Bilim Kurulu*) was set up on 10 January 2020 following the emergence of the coronavirus outbreak to work out guidelines for the treatment by medicals and measures to be followed by the public and updates them in the context of the disease's course in the country (Yener 2020). On January 24, thermal cameras were installed at the airports to detect international passengers, who mainly came from China (Daily Sabah 2020a). On January 31, Turkish citizens in Wuhan were transferred to Turkey (Aksut 2020). On February 3, it was announced that all flights from China were stopped (Hürriyet Daily News 2020). On February 23, land border gates between Turkey and Iran were closed (BBC News Türkçe). On February 29, the border with Iraq was also closed and the government announced the termination of all flights from Italy, South Korea, and Iraq (Göçümlü 2020). The list of countries expanded further in March. On March 5, Pilgrims returning from Saudi Arabia were asked to self-quarantine for 14 days (T.C Sağlık Bakanlığı 2020a).

### ***Constant Restriction Announcements***

On March 11, Health Minister, Fahrettin Koca announced the first official Covid-19 case in Turkey. He said that “The coronavirus is not stronger than the measures we will take [...] Please do not go abroad unless it is compulsory the citizens who have come from abroad to especially isolate themselves for a period of 14 days [...] Turkey will fight nationally against this global problem” (BIA News Desk 2020). In the following days, the government announced a series of new nationwide measures day by day. On March 12, universities, primary and secondary school education were paused, sports events were not allowed to take spectators (Altaş & Özmen 2020). On 13 March “14 Rules” were published, based on hygiene rules to stop contamination via contact, hand-washing, distancing with people who show symptoms, use of tissue, not shaking hand or hugging, self-isolation when returning from abroad (T.C Sağlık Bakanlığı 2020b). On the same day, meetings in all open and closed prisons, the use of family

meeting rooms, and transfers between prisons were delayed for two weeks (Karadağ 2020). On March 14, the health minister announced that the number of confirmed cases rose to six, with a pilgrim who recently returned from Umrah testing positive (Hürriyet 2020a). On March 15, all libraries (Karaaslan 2020), pavilions, discotheques, bars, and nightclubs were closed (Taşdan 2020). On the same day, pilgrims returning from Saudi Arabia were placed in mandatory quarantine (Hürriyet 2020b).

On March 16, a nationwide ban on prayer gatherings in mosques, including Friday prayers (Daily Sabah 2020b). On the same day, temporarily closing all public gathering places such as cafes, gyms, Internet cafés, and movie theaters, except shops and restaurants not offering music, was announced (Hürriyet 2020c). On March 17, the first death from coronavirus was reported, with 98 infected cases in total. On the same day, the health minister said “All detected cases have ceased to be a risk to society (Koca 2020). On March 18, President Erdogan urged the public to stay at home and not to visit hospitals outside emergency cases. He said that “As the state, we have mobilized all our means to eliminate the virus threat to which our country is exposed, as soon as possible. In this process, the biggest task falls on our nation, individually. My request to every member of my nation is to stay at home as much as possible until the Covid-19 threat has passed.” (T.C. Cumhurbaşkanlığı 2020). On the same day, the government announced the “Economic Stability Shield”, an economic package of ₺100 that was addressed financial issues of companies and low-income households. With this package, the government promised to raise the Credit Guarantee Fund limit, postpone tax liabilities, Social Security Institution premium payments, and credit debts of employers in sectors most affected by the crisis. Short-Term Working Grant was introduced for the workplaces which can not work until a second notice. A resource transfer of ₺2 billion to families in need was also announced (Demiralp 2020). On March 19, it was announced that football, volleyball, basketball, and handball leagues were postponed (Sabah 2020). On the same day, the health minister stated that “We are in a period which it is needed to struggle by one by, all together. Everyone can declare his/her own state of emergency” (BIA Haber Merkezi 2020).

On March 21, activities of barbers, hairdressers, and beauty centers were stopped (Sözcü 2020a). It was decided that the workplaces such as restaurants, patisseries should only serve in the form of take-away (Gündoğan 2020). In addition to these, a curfew was introduced for people over 65 years old and individuals who have a chronic disease (Hürriyet 2020d). On

March 22, rotational, flexible, and remote working practices were introduced (Haberler.com 2020). On 27 March, a new statement issued regarding gatherings, having picnics, fishing at the shores, doing outside physical exercises, including running and walking on the weekends in city and town centers, would be banned (T.C. İçişleri Bakanlığı 2020a). On March 28, domestic travel had been restricted in 81 provinces and travel document obligation had been introduced (Türkten 2020) On April 1, the health minister broke down the number of regional cases of infection for the first time. It is said that regional figures were not made public to avoid people moving away from worse affected areas, spreading the virus from one region to another. He added that "This is a war for public health", and asked every citizen to adhere closely to the rules enforced governing hygiene and social isolation (Daily Sabah 2020c). On April 3, the curfew was extended to people younger than 20 years old. Using masks in public places became mandatory (CNN Türk 2020). Two days later, on April 5, it was announced that the workers between the ages of 18 and 20 would be exempted from the curfew set by the government for people under the age of 20 (Euronews 2020).

### ***Weekend Curfews***

When the number of recorded daily cases rose to 12,912 (127,922 in total) and daily deaths to 98 (1,006 in total) on April 10, two hours before the mid-night, a 48-hour curfew except for healthcare and security workers was declared by the Ministry of the Interior in Zonguldak and 30 metropolitan municipalities (Milliyet 2020). Fines were issued to those who did not comply with the curfew, and there were some arrests (Erkeç & Mutlu 2020). On April 13, a second curfew for the same municipalities for the upcoming weekend, between 17 April evening to 19 April night was declared (Yeni Şafak 2020). On April 15, it was announced that those engaged in agriculture and animal husbandry will be exempted from the curfew (T24 2020a). On April 16, it was announced that bakeries, pharmacies, public and private health institutions and public institutions and organizations, and businesses necessary for the maintenance of compulsory public services were remained open during the curfew (markets and groceries remained closed) and a very long list on which worker groups and personnel will be exempt from the curfew was published (Bulur 2020). On April 18, the track and tracing mobile app named “Hayat Eve Sığar” (life fits home) was launched. (Sözcü 2020b) On April 21 a circular on Ramadan Measures was published, including the prohibition of the establishment of iftar tents and Ramadan drummers and the termination of bread production 2 hours before iftar

(T.C. İçişleri Bakanlığı 2020b). On April 20, a third general curfew was declared for four days starting on April 23 National Sovereignty and Children's Day until the end of the weekend, April 26 (Hongur et. al. 2020). On April 28, a fourth general curfew was declared for three days between May 1 and May 3 (T.C. İçişleri Bakanlığı 2020c).

On May 4, the president stated that the government made the regulations regarding the gradual stretching of the restrictions to be imposed through several steps in May, June, and July, by saying “The return to normal life will happen gradually. We will return to normal eventually but this normal will be a new one.” According to the easing program, people over 65 and people who are younger than 20 were allowed to go outside for 4 hours on one of the declared days in a week. A fifth curfew was announced to be implemented on May 9 and May 10. From the beginning of May 11, shopping centers were allowed to reopen (Anadolu Ajansı 2020). On May 6, the health minister delivered a detailed speech on the upcoming normalization process by describing the new phase with loosened restrictions as "controlled social life". He stated that “The virus will continue to circulate in the world, in this society, among us, for a period that we cannot foresee at this time. The new period that has begun is not a typical period of normalization as we know it. It is a time when the constraints are relaxed a little. It is the partial liberation of our life that guarantees our health. If we are not sensitive, freedom leads to new obligations. The risk continues. Loss of control will invite a second wave” (Yener & Karaaslan 2020).

### ***Gradual Return to Normal and Second Wave***

Differently from the previous curfews, the sixth curfew for 15 municipalities instead of 30 was declared between May 16 and May 19 (T.C. İçişleri Bakanlığı 2020d). Between May 23 and May 26, four days long nationwide curfew was announced including the Feast of Ramadan (Sözcü 2020c). The prayers in mosques were allowed from the beginning of May 29 (T24 2020b). On June 1, domestic flights will be resumed, and most public spaces will be allowed to re-open until 10 p.m, including restaurants, cafes, gyms, swimming pools, beaches, parks, libraries, and museums. and open-air concerts will be allowed until midnight (DW Türkiye 2020a). When the easing steps were taken, 2,249 new infection cases and 23 deaths were recorded daily, on June 1. On June 10, people over 65 were allowed to go outside between 10 a.m. and 8 p.m. (Hürriyet 2020e). On June 20, 27, and 28, a partial curfew was implemented due

to a nationwide exam for university entrance (NTV 2020). On June 22, those who do not comply with the obligation to wear masks started to be fined 900 Turkish liras. (DW Türkiye 2020b) On September 21, primary schools were partially opened for first-grade students only. The partial opening included 2 days of face-to-face education and 3 days of online education. On October 12, second, third, fourth, and eighth-grade students, and at high schools, twelfth-grade students were also called for face-to-face education (Hürriyet 2020f). On November 2, fifth-grade students and at high schools, ninth grade students were called for partial face-to-face education. (Sözcü 2020d).

Approaching mid-November, Turkey reported the beginning of the second wave. On November 17, Turkey reported daily 10,388 new infection cases and 103 daily deaths. On the same day, President Erdogan announced the closure of schools once again and restart online education until the end of the year. Curfew for the people over 65 and younger than 20 was reintroduced. For the weekends, a partial curfew starting from November 21 and 22 that allows people to go outside between 10 a.m. and 8 p.m. was introduced. Restaurants were allowed only take-away service during weekends and all movie theaters were closed (T.C. İçişleri Bakanlığı 2020e). On December 1, a new series of restrictive measures were announced, including the re-introduction of weekend curfews from Friday 9 p.m. to Monday 5 a.m., the introduction of week-days curfews from 9 p.m. to 5 a.m., and all businesses and workplaces were closed after 8 p.m. to follow curfew guidelines. Funerals and weddings were limited to 30 people. All kindergartens were closed, and pre-school education was stopped. (T.C. İçişleri Bakanlığı 2020f).

On January 14, the vaccination program started after the first delivery of Sinovac vaccines, and the vaccination priority list was published (T.C. Sağlık Bakanlığı 2021a). In the first place, all healthcare staff, the ones who live or work in care homes, and the people over 65 were vaccinated. In the second round, under the category of “priority sectors for the continuation of service”, personnel of security, defense, people in critical missions, ministry of interior and ministry of justice, teachers and academics, people who work in the food industry and transportation services were vaccinated. After that, the people between 64 and 50 years old were vaccinated in order of their age. In the third round, people with chronic illnesses between 18-49 years old were vaccinated. Then, 45 to 49 years old people, 40 to 44 years old people, 35 to 39 years old people, 30 to 34 years old people, 25 to 39 years old people, and finally 17 to 24 years old people were planned to be vaccinated (T.C. Sağlık Bakanlığı 2021b).

On March 1, when 9,981 daily cases and 69 daily deaths were recorded, President Erdogan announced, “the new controlled normalization process”. According to the new plan, all districts were categorized into four risk categories regarding weekly cases, and restrictive measures started to be implemented based on these categories. In lower and medium risk categories, going outside during the weekend, under the rules of weekday curfew was allowed. The weekend curfew was limited only to Sunday for high and very high-risk categories. The curfew for the people over 65 years old and younger than 20 was ended for low and medium-risk categories. Except for the very high-risk category, cafes and restaurants were allowed to serve with %50 capacity. Schools were partially reopened for all risk categories, however, in high and very high-risk categories, fifth, sixth, seventh, ninth, tenth, and eleventh grades continued online education. Indoor weddings were allowed for all categories in changing limits of people based on the risk. (Kaplan et. al. 2021).

### ***Third Wave, Complete Lockdown and Normalization***

With the spread of the new Covid variant in Turkey, on April 14, 62,797 daily infection cases and 279 daily deaths were recorded. Until that day, only 9,07% of the whole population were vaccinated in Turkey. Thus, on the same day, two-week nationwide partial curfew measures were announced. The time limit for the weekdays was set between 7 p.m. and 5 a.m., (10 a.m. to 2 p.m. for people over 65 and 2 p.m. to 6 p.m. for people younger than 18) and for the weekends, a full curfew was declared. All workplaces were decided to shut down at 6 p.m. (with some exceptions). All transportation between cities was halted, except for obligatory reasons. All restaurants and cafes were limited to work in takeaway or package service. All social events and gatherings with mass participation were halted and all tourists were kept exempted from restrictions. (T.C. İçişleri Bakanlığı 2021a). All students except eighth and twelfth-grade students and pre-school students were shifted to online education (Sözcü 2021).

On April 29, daily cases dropped to 37,674 and but deaths increased to 339. From April 29 to May 17, the first nationwide lockdown was initiated. Except for the workplaces where food, medicine, and cleaning products are sold and workplaces that are within the scope of the exemption in order to prevent disruption of production, manufacturing, supply, and logistics chains, all commercial establishments, workplaces, and offices were closed or moved to remote working. All law enforcement units were alerted to implement the lockdown. (T.C. İçişleri

Bakanlığı 2021b). On May 14, President Erdogan said that “We are in an effort to provide all kinds of support to some of our tradesmen who are affected by the restrictions and to our tourism sector in order to survive in this difficult period. Despite this, if we have people, tradesmen, and employees who are in trouble, we ‘want halal’ (a religious term for asking forgiveness from people for any debt or harm) from all of them.” (Birgün 2020). On May 17, 12,89% of the whole population were vaccinated in Turkey and 10,174 daily infection cases and 223 daily deaths were recorded. On the same day, the first step of easing until June 1 was announced. Weekend curfew and weekday curfew between 9 p.m. to 5. a.m. were re-initiated. Only the elderly who were not vaccinated with two doses were subjected to the additional curfew limited with 4 hours allowance outside. Except for the curfew hours, citizens were allowed to travel between cities. Home delivery and take-away service re-allowed for restaurants and cafes (T.C. İçişleri Bakanlığı 2021c).

Starting from June 1, the weekday curfew was eased to 10 p.m. – 5 a.m. All restaurants and cafes were allowed to work if they apply a 2-meter distance between tables or a 60-centimeter distance between chairs, with a maximum of two people at an indoor table and three people at an outdoor table. All malls, movie theaters, gaming places, sports facilities, and leisure facilities (except saunas, shisha bars, pubs, and clubs) were allowed to re-open with limitations. Weddings were allowed outdoors by keeping social distancing. (T.C. İçişleri Bakanlığı 2021d).

On July 1, 18,03% of the whole population were vaccinated in Turkey and 5,288 daily infection cases and 42 daily deaths were recorded. On the same day, the last round of easing of restrictions was introduced under the frame of “permanent normalization”. All weekday and weekend curfews and travel restrictions were abolished. The limitations on the number of people in restaurant and café tables and at weddings were lifted. All music broadcasts, including live music activities, were limited to midnight. All gatherings with a large number of people were allowed with social distancing measures, 4 square meters per person outdoors and 6 square meters indoors. (T.C. İçişleri Bakanlığı 2021e).

As the last rounds of curfews finally ended, life started to move on in a normal phase in Turkey. The impact of the vaccination program became less likely significant. From the beginning of August, Turkey started to record an increase in both daily cases of infection and deaths. On August 1, across the country, only 32,3% of all population received their two vaccine

doses. By November 30, 59.33% of all population have been fully vaccinated in Turkey. Case fatality rate remained almost constant in 2021. On November 23, upon the question of "Can new measures be brought to the agenda in Turkey?", Health Minister Fahrettin Koca made the following assessment: "In the new period in Turkey, we do not plan to manage the epidemic with closures. In the new period, we attach great importance to personal precautions and especially vaccination." (Tosun 2021).

## **5. Analysis of Coronavirus Pandemic Management Technics and Approaches**

### **5.1 State of Exception in Corona Times**

#### ***5.1.1 Exceptionalization of the Epidemic***

The concept of "exception" is about definition. From health authorities such as WHO to national governments, the emergence of Covid-19 is defined as an exceptional incident. An intense effort was put to understand the nature of the virus as well as its impact on societies. While the need to be informed was satisfied with research and observations, through media and politics, Covid-19 took first place on the public agenda. It was surely threatening since it was unknown, spreading, and deadly. When more data was absorbed, and the virus spread to more countries, the future becomes more unpredictable. It becomes highly difficult to imagine what kind of a future the societies will experience.

When a virus is spreading quickly via human contact through droplets in the air, making people severely sick maybe for a couple of weeks and some of those people have to die eventually, expecting an everyday continuum of any activity at the level of society would be in vain. While the virus can potentially cause a severe rupture and disruption to everyday life and threaten the lives of individuals, governments needed to act upon it. Before the first detection of the virus at home, as we see in the examples of the UK and Turkey, governments had already taken some precautions. Element of fear that individuals carried led governments to be even more responsive. People also felt like something should be done at the state level, against the threat and asked for governance for the unknown situation. In the same line with the global responses to the coronavirus, "keeping calm and carrying on" was not an option. Acting normally, not panicking, not overreacting, is seen as dangerous and hubristic (Taleb et. al. 2020) and governments were accused of inaction or being late to act.



When the virus entered the sovereign borders of states and started to infect more people, more measures were needed to be taken to deal with the new situation. There were real-life examples such as other countries that try to handle the epidemic (China or Italy) and there were scientific models that predict what can happen in the future (Imperial College's Model) if no policy response will be delivered. When the need to act to an unprecedented event occurs, it is the moment that the sovereign decides on whether the current state becomes an exceptional one or not. The speeches delivered by the governments indicated that this is a new threat, and that life will be no longer the same.

So, how do societies get back to normal? It is the part of being sovereign: Who decides what is an exceptional state, must also tell what is needed to be done in order to eliminate the exception and return to a normal state. The formula to return the normal is justified by the promise of returning the normal state. To develop such a formula, set of policies, or programs, there are certain technologies of government that each government may benefit from. In the case of the UK, it is SAGE and of Turkey, it is the Scientific Advisory Board. The set of policies recommended, and the data analysis produced by the scientific bodies can not be accurate 100%, since all these outputs were shaped by some assumptions, limited access to data, certain biases. Thus, the formula "to eliminate the exception" may not eliminate it. Plus, the governments decide on the policies to be implemented by benefiting the knowledge and recommendations produced by the scientific bodies but the decision about whether to implement or not is political. Although the government benefits from the science, it may choose to not follow every recommendation.

While the nature of dealing with the exceptional problem appears as arbitrary decision-making overwhelmed by politics, the justification of each policy decision comes from the sovereign authorization of the governments (in democratic contexts, it is elections), infallibility of science and health authorities. The measures which are declared necessary by the governments to get under control the virus may be in direct conflict with certain fundamental rights and freedoms. The measures which were adopted by the UK and Turkey limit the freedom of movement (curfew, quarantine), freedom of work (shutting down businesses), and right to gather (for any social event). Some measures also violate negative rights such as the right to not work (compulsory service), right to body integrity (enforced tests), or right to not wear (mask requirement). Although all these measures have some severe consequences for many people's

lives, as Caso (2020) puts it, “Fear is a tool of control. Frightened people are more likely to accept exceptional measures and limitations to their freedoms”. Plus, what was exchanged matters. In this scheme, it is presented that the liberties are sacrificed to protect the life (of you and others).

In the state of normal, where rule of law exists, these fundamental rights can not be violated or limited by the decision of executive bodies. In emergency situations, each country has certain instruments that allow executive bodies to act beyond their power. In the case of the UK, it was the legislative body, which allows the government to use limited emergency powers through Coronavirus Act 2020 to deal with Covid-19 only (Grogan 2020). In the case of Turkey, the measures against the Covid-19 pandemic were introduced in the form of circulars published by the Ministry of Interior instead of declaring a state of emergency, whose declaration is authorized by The Turkish Constitution, in the event of an outbreak of dangerous epidemic disease (Art 119) (Ünver 2020). Although the legality of implementing such measures was contested, in the context of two countries, exceptional powers were used under the name of legality.

The need to adopt such methods can be explained under defensive biopolitics, a form of politics that manages life and the living in a way that shifts from ordinary democratic processes to emergency measures, bringing political procedures of democratic regimes into conformity with those of authoritarian states (Esposito 2020). Such mechanisms that create exceptions in law lead to the process in which the actual elimination of the legal status of citizens occurs. Thus, the transition to a legal state of emergency, in which “exceptions without deadlines” become the norm (Foucault 1995). Unless the virus is not eradicated, governments keep the exceptional powers to implement exceptional measures. In a context in which the vaccines do not provide herd immunity or the virus constantly mutates, the governance of life through exceptional measures to limit it continue to be a norm. It is the moment which anomaly is absorbed into the actual practices of the government. The citizens accept their fate to be governed under these policies against any new threat delivered by the Coronavirus. Thus, governments can treat every event as a pretext for the suspension of normal laws. Citizens adapt to the new reality: they defer to the exception and so it becomes the rule. In doing so, some vital element of human life is suppressed or undone (Owen 2020).

The reason behind the state of exception relies on the idea that “exceptional situations require exceptional solutions.”, with a premise that governing life through non-exceptional measures during an emergency is impossible to return the normal, and human conduct requires interventions. In each incident that the sovereign power intervenes the life, in the name of returning to normal, individuals are instrumentalized to serve that end, thus they become means for the ends of the sovereign, such as security of the state, keeping alive the population, rendering economy functioning. The interests of individuals such as earning money, socializing, accessing education, recreating oneself were sacrificed under the frame of legality and justified by science, politics, and the sacredness of life. The power to define a situation as an exceptional one is also the same power to reduce individuals into bodies, that can be sacrificed.

### ***5.1.2 War on Covid: Securitization of the Pandemic***

An exceptional situation that threatens the security of the state, society, or individuals can be tackled with war logic. When the language of war is introduced into the discourse in the management of a crisis, the ideas of totality (in scale), collectivity (including all population), elimination (of the threat), and a justified sacrifice are implied. As Caso stated, the language of war is stretched to contexts that are not legalistically wartimes for decades: War of drugs, the war on poverty, the war on crime, the war on plastic, was on terror, and now, war on Coronavirus. It is a very powerful metaphor to be used as an effective, immediate, and emotive tool to communicate urgency to the general public. It also conveys a sense of struggle and righteousness that can justify exceptional measures (Caso 2020). Apart from the real war situations, those wars are total continuous wars, with vague methods and uncertain strategies to defeat abstract enemies that are defined by the power who wages the war against it. Despite the war waged against poverty, drugs, terrorism, or crime, there was no end to it because they are not outsider enemies we directly fight as in the real conventional wars. The enemies are inner enemies. They are among us, and the nature of the security threat that they cause requires intentional or unintentional human involvement.

Although the war is waged at a total level, the target is highly particularistic, at the level of individuals. It is not organized like a sovereign state, so that, it is not negotiable. There is no will or a rationale to admit a defeat and accept peace. Even if it is defeated temporarily or taken under control, it has the potential to resurge, which makes it a total continuous war. There is

never a guarantee for zero crime, zero use of drugs, zero poverty, or zero terrorism. As in the case of Coronavirus, it is treated as “an invisible enemy or killer” which seeks to find an opportunity to spread to the whole society and do harm. Thus, the coronavirus becomes an enemy to be defeated. According to the war metaphor, the restrictive and pre-emptive measures are the weapons to fight against it, the health workers are the battalions on the front line. It is something “not stronger than the measures we take”, something “we should always be careful about” and something that “should not be allowed to spread”, thus we shouldn’t let our guard down. While citizens’ contribution to the war and being responsible are demanded by the state, the state also legitimized its measures under the frame of war. All citizens called for unity and collective responsibility to follow regulations. The war effort and fight against the virus were collectivized through addresses to the nation. The citizens were regularly informed on what to do, the everyday course of the war, the scenes from the war zone (hospitals), daily casualties, and so on. While the enemy targets life, it becomes the most important security threat. Thus, war becomes essential since winning is essential to survive. When survival is at the stake, all means to win can be justified.

In the case of coronavirus, it is a biological threat that targets the life of individuals but also spreads through the bodies of individuals at their disposal. Thus, individuals become the security threat to survival while being the subjects to be secured by the state. The source of the threat is not the individuals but their bodies and the way they use them. They do not intend to host and spread the virus, but their actions that lead to human-to-human contact in every instance cause this unintended consequence. It appears that liberal rights and freedoms are a threat to security and survival during the war on coronavirus. The victims of the war are also the delinquent ones. As people socialize, get together, and engage in daily activities even being told not to do so, they cause the deaths of others or themselves. In that sense, an individual’s behavior is a threat to oneself, to the public, and to the frontline health workers who try to keep alive individuals. Therefore, an individual’s behavior should be monitored, limited, and controlled; and it is the individual’s duty to accept these to contribute to war efforts. They can not go outside freely, work, party, or visit the elderly whenever they like for the sake of security.

To protect the immunity of the society, the national borders become the first line of defense. As the borders are closed and flights are canceled, intruders can not breach the borders easily. When they succeed, the war started to wage in national borders, against the citizens.

Society is reduced to its atoms and all individuals become the new line of defense. As Esposito points out, the threat is located always on the border between the inside and the outside, between the self and the other, the individual and the common (Esposito 2011). Through enforced quarantines, obligatory isolations, individuals built a new security net between their bodies and the society, to keep outside the threat from the public and vice versa through lockdowns and stay-at-home orders.

While these measures can be taken against actual threats, they may be also taken against potential threats. As the virus remains invisible, the individuals show some similar symptoms or recent contact with a sick body, the potentiality of the threat continues. This potentiality may bring the urge to monitor all possible threats. To see all the enemy, all of the time, war logic introduces surveillance mechanisms. Mass scale testing, Covid-19 trace, track applications, enforced quarantines, obligatory isolation for contacted people are some examples of those government technologies. It is a form of biometrics in which people are under constant surveillance and subjected to exceptional measures.

With these measures, while healthy and sick, namely ally and enemy are separated from each other, both the sick and potentially sick people were isolated to prevent the spread. Against the potentially sick people, the state wants to be sure whether he/she is an ally or not. For Agamben, this is kind of a 'civil war' where everyone is seen as a vector of contagion and where the enemy is not outside, but 'within us' – just as in the 'war on terror' everyone became a potential terrorist in the eyes of governments (Agamben 2020). To satisfy the concerns of the state, liberties can be restricted. He argues that this is the reflection of the sacrificial logic of survival, which reduces life to its bare form in the name of saving it. Face-to-face sociality and civil liberties are readily sacrificed for the sake of achieving biological security through surveillance and social distancing (ibid).

According to Lakoff, if disciplinary mechanisms seek to restrict the circulation of disease and isolate the sick from the healthy, security mechanisms allow the disease to circulate but minimize its damage through collective interventions (Lakoff 2015). These measures can decrease the transmission but can not eliminate the virus. There will be always fugitives that remain undetected by the surveillance mechanisms due to incapacity (of the health system) or errors (in testing). Those fugitives are the ones who cause an exponential increase in daily cases

and continuum of the epidemic. To Foucault, the rationality of security recognizes that human reality is not amenable to planning and regulation that would completely eliminate the undesired. Rather, security has the more limited ambition of facilitating and optimizing the processes already inherent in this reality (Foucault 2007). Thus, while “a total war” is declared, under the scheme of security there is no total war effort waged by the governments. While security remains the essence of the state, the government logic uses different techniques to deliver optimized management of the epidemic.

## **5.2 Government Techniques of the Outbreak**

### ***5.2.1 Governmentality of Modelling and Governing Unknowns***

The rationale of governance relies on different technologies to better decide on its strategies. As Scott suggests, states need to see certain things to be able to govern (Scott 1999). In order to see, the state uses technologies of knowledge to process the reality, to learn about both the governed and the issue needed to be governed, to calculate and predict the outcomes of different strategies. Statistics, data analysis, modeling and scientific researches led by the experts are some examples of the technologies to produce knowledge in order to govern. In the case of the coronavirus epidemic, there are two principal actors in interaction: viruses and humans. With Paxson’s term, it is micropolitics, in which the acts of microbe and humans are at stake in the co-constitution of social life (Paxon 2008). Thus, the state seeks to be informed on both the actions of viruses and humans, namely their interactions. The data collection is two-way, and the two actors are taken into consideration to not govern them independently but to govern them together, to govern their interactions.

When the virus appeared, there were a lot of unknowns about its characteristics and how it interacts with humans. It is not only about the symptoms, deadliness, or the ways of transmission, but also how it spread through human actions, how much it spreads in a given time period, and how it interacts with humans in given spaces. From the beginning of the epidemic, apart from the researches focusing on only the characteristics of the virus, data collection through humans, such as testing, became the key element to produce knowledge. Testing actually serves to purpose of diagnosis, and in normal times we are not tested for symptoms, especially for the mild ones. Diagnosis is essential to outbreak response since it enables authorities to isolate contagious patients and to know when they can safely release them back into the

community. It is necessary for surveillance, resource planning, and indicating how the outbreak is progressing, and what kind of interventions are necessary to halt, or at the very least slow, transmission (Street & Kelly 2020). If there is a targeted testing program, it can be also detected that which social groups are interacting with the virus more and which social spaces and settings provide a higher interaction between the virus and the humans.

To produce the right knowledge by using data, data must be accurate. In the case of testing, the accuracy is flawed for certain reasons. First, testing is limited by the capacity of the state, availability, and accessibility of testing. If there is not enough testing center in every corner of the country, with free and in-time access to testing, the data of “daily cases” wouldn’t be correct. In the case of Turkey and the UK, we see different capacities for data accuracy depending on the difference between daily tests per million people. Secondly, tests are also imperfect due to limited genetic material, especially in the early stages of the pandemic and during the emergence of new mutant variants, so they may provide a false negative result. Therefore, some of the positive cases would remain undetected. Thirdly, there are some asymptomatic cases in which individuals do not aware of they carry the virus or need to be tested. Fourthly, testing is most of the time is up to individuals’ decisions. By looking at their symptoms, they may consider they may not have the virus, or they may not know enough about when to test or the necessity for testing. The measures such as quarantine may discourage people to be tested since these measures may severely interrupt their lives. According to Smith, while the data that has been collected is both incomplete and uncertain, the lack of testing and the inaccuracy of the test means that decision-makers don’t know what they don’t know (Smith 2020).

The uncertainty is also relevant to detect case fatality rates. When the number of total cases is not accurate, the case fatality rate would also be flawed. Plus, the different techniques to use in the detection and categorization of deaths may provide different death tolls. For instance, at the moment of death, if the patient died with a negative test, and due to the multiple organ failure aftermaths of 4 weeks coronavirus treatment, the categorization of the death reason would impact on case fatality rates. The uncertainty of testing will also impact detection  $R_0$  since we correct our assumptions on basic reproduction rate by checking daily case incidence to see how many active cases caused new incidences. Assumptions based on immunity gained through

exposure, an invention of a working vaccine, or a constant non-mutating virus will also lead to errors.

With all these unknowns and uncertainties, the governmentality still produces strategies with the given data to tackle the epidemic. The margin of error is tolerated to see, rather than remaining blind. Models, as a technology of government, provide a vision to assist governments to govern the unknowns. Models can never simply depict reality, but in their scenarios and predictions, they necessarily distort or change reality. What governments see is a distorted reality, result-driven fortune-telling which relies on assumptions and uncertain data. Models are not universal as we see in the different predictions of Imperial College's model and Oxford's model. While the Imperial model uses detected incidences as data, the Oxford model predicts that there are way more cases that are undetected. Thus, first, their predictions on the process of natural herd immunity vary, and second, their predictions on future deaths vary since they calculate case fatality rates differently. As their assumptions differ, and the data they use vary, they produce different pieces of knowledge and predictions.

In models, not only the number of incidences contains uncertainty. The human interactions and social context are also simplified and decontextualized. Locations such as restaurants were reorganized based on social distance but the waiters who move between the tables are disregarded. Workplaces were regulating distance and air circulation without considering their space and the type of work. Homes were assumed such places where life can easily fit in, without regarding its size, number of people living in it and their interactions with each other. Due to the limitations and uncertainties in data collection, they are doomed to distort the reality and offer policies according to the distorted reality. Different socioeconomic groups engage in different activities, in different places, with different frequencies but in the models, we can not see such categorization and calculation. Due to the effects of poverty, race, and inequality being reduced through simplification, the model misses the obvious impacts of policy outcomes for different groups. As Østebø & Henderson point out that the models mask complex social relationships and interactions, and only partially mirror what is happening on the ground. Leaving out certain groups or elements and hence have intended as well as unintended social and political consequences. The world that is modeled has been "flattened" in terms of these factors. (Østebø & Henderson 2020). Public transportation was proposed to be organized with half capacity but low-income groups' necessity and high demand to access the transportation are



disregarded. Online education was proposed but children with no internet or computers are disregarded. During the lockdown or curfew, people who can work are defined and authorized with official papers, but the informal economy is disregarded. Stay-at-home orders were declared without considering homeless people, who can not stay at a home.

Plus, none of these models estimate the social, health, or economic damages of any of the measures they recommend, because their sole purpose is defined by its message: It is a disease that targets mostly old people, kills, and disturbs economics. It is not defined as a disease that deepens economic and social inequalities. The measures are for containment and slowing down the virus, but who will pay the price and who will be sacrificed for the sake of containment is not a part of the model. While the sacrifice remains marginal, all contexts are omitted for the utility. Even though models are not conducted for political purposes, the way they represent reality becomes political. Data does not exist independently of ideas, techniques, technologies, systems, people, and contexts. It is always situated, constructed, and interpreted in relation to pre-existing values and biases (Kitchin 2014). At this point, these models must be seen as political actors, situated in wider economies of expertise, rather than merely apolitical tools. Models are not neutral, universal, or static self-contained entities that exist independently of their historical, political, and economic context. (Østebø & Henderson 2020) or can not be considered independently from its conductors and scientific culture in which it is written. They are political in the sense that they can affect the policy choices of governments and impact the lives of individuals with these policies. For instance, as in the Imperial Model, prioritizing the sustenance of the health system over keeping low the death toll at any cost produces an entire set of policies. The message provided by that model emphasizes big investments in intensive care units rather than strong public health funding for test-trace-isolate strategies as in the South Korea example.

Although the data collection methods are flawed, the data is still there and delivered to politicians and the public. Models can also govern our lives by informing us of what the future may look like if the government fails to implement necessary policies. Models take their power from being undeniable by using the hegemonic position of science. As we see an increase in daily cases and deaths, without being sure of their accuracy, we may demand our governments to govern the life, restrict more with the request for security. Or, if we can not keep up with the restrictions, both economically or socially, we may demand our governments to lift restrictions and implement regulations, such as social distancing measures in indoors, schools, restaurants,

religious buildings, and pubs. Part of the state's production of knowledge can intentionally give up measuring populations accurately. Intentional depiction of a lower number of cases and a lower number of deaths can create an optimistic atmosphere to show that measures are working or can be lifted soon. In participatory democracies, the presentation of data and a model may help governments to govern expectancies while benefiting the hegemonic position of being informed by and acting in accordance with science. The visibility of data and a solid model provided can be used as an instrument to create public acceptance for any measure to tackle the virus. With the terms of Østebø, it is a modeloscene, an era in which models and modeling have become increasingly hegemonic as forms of knowledge and tools of governance, social and behavioral change (Østebø 2021).

### ***5.2.2 Risk Assessment: Authoritarian and Prudential Governmentalism***

#### ***Authoritarian Governmentality***

Whether informed by models or not, there are certain strategies characterized by different governmentalities to govern human conduct. Some of these strategies are built on interventionist state practices. Those interventions, with constant conflict with rights and freedoms, are mainly about what a citizen has to do and can not do. Curfews that limit freedom of movement, mask obligations that put discomfort, compulsory testing that breaches body integrity, shutting down the businesses that limit the right to work, and right to (use of) property are some examples of these interventions. Policing methods as a tool for discipline and enforcement accompany interventionist practices. In liberal democracies, direct interventions against life are very less likely practices, even in the context of big states. However, under the comfort of emergency power gained during the state of exception, liberal governments can operate like authoritarian governments. It does not mean that liberal democracies, even hybrid regimes are actually completely authoritarian. Rather they can practice authoritarian governmentality and the instruments derived from this rationale of governance.

The authoritarian governmentality perceives any kind of rationality that differs from its own as a threat to the state's security and existence. Individual autonomy has the potential that may break the social, political, and economic order and disrupts the plans and programs of the government. According to its strategic logic, by using the mechanisms of control, surveillance, discipline, and violence, the potential threat derived from individual autonomy can be minimized

when it is necessary. Freedoms are not something to ensure the security and stability of the state, on the contrary, they are the source of security threats and cause instability. Similar to the paternalistic state reflexes, authoritarian governmentality sees itself in a higher level of consciousness. With all technologies of knowledge, its rationality is well informed and beyond the rationality of citizens. Plus, while authoritarian governmentality pursues a greater good, the security and continuum of the state, citizens, as being individuals, seek and pursue their own interests, even pursuing those interests may be harmful to them in the end.

Individuals, as thinking they act rationally, are more likely to act irrationally as a community. Especially during exceptional situations, they panic with their limited knowledge and tend to act with complete irrationality. Their actions may harm others and risk the security of the state. For instance, at the beginning of an economic crisis, all capital owners attempt to withdraw their money from the banks, with the expectation of a collapse in the banking system, and eventually, the totality of these attempts leads to a collapse. Or, with the expectation of a shortage, an individual may panic buy and buy more than they need to stock, and they become the very reason for shortage as we witnessed in the first month of the pandemic. Even though the citizens are fully informed, according to authoritarian governmentality, individuals' behaviors do not change. The old people do not stay at home, the businesses that can work remotely do not transition, family members keep visiting their elderly, young people throw coronavirus parties, people do not care about social distancing and the importance of wearing masks, people do not self-isolate when they get sick, people do not get tested or vaccinated. Authoritarian reason refuses the idea of any individual interest being more valuable than the security of the state. All of them combined led to the deaths of many, pressure on the health system, and a choke economy. Thus, limiting freedoms by force and policing them through surveillance and punishments are the only way to provide the security of irrational individuals and the state. According to this governmentality, there would not be a severe problem for those who have already complied with the rationality of the state.

### ***Prudential Governmentality***

While authoritarian governmentality delivers governance through bans, limits, and obligations that affect the whole population, prudential governmentality has a more particularistic approach. It divides and splits populations and locations, categorizes them through

the lenses of risk management. The prudential governmentality can be explained with precautionary principles and measures that assess risks and govern to avoid particular negative outcomes of unmanaged risks. According to the prudential reason, the individuals are active citizens who are capable of managing their own risks. They are responsible to monitor and manage their own risks, but some of them are not capable to do so. Depending on the context, they are the disadvantageous groups at risk or with high risk. They are so vulnerable, or the risk is so high that the responsibility of managing their risks should not be given to them due to the intolerable potential costs of irrational behaviors. Thus, an intervention is required to manage their risks. Risk calculation is a crucial technology to pursue prudential practices. Through calculations of experts, the risk and the individuals at risk can be measured and predicted. Since the risk is not constant for individuals and locations, the policy measures change accordingly.

In the context of coronavirus, the prudential rationale calculates risks through knowledge production. With that, the groups who are under the risk and the time and places with high risks can be detected. According to these calculations, some pre-emptive measures can be taken to minimize the risks for the targeted groups. Risk groups are determined based on the distribution of fatality and infection rates among age groups and professions. Elderly, people with chronic diseases, and frontline health workers are determined as the people at high risk. In the UK, people over 65 were shielded while in Turkey they were subjected to a curfew for months. Frontline health workers are chosen to be provided protective equipment first, and later as the first group to be vaccinated to reduce high risk. Since students are not credible to manage their own risks, schools became one of the first places to be shut down. A curfew was implemented for those under 18 years old in Turkey. With the introduction of vaccines, the population became more immune, and the risk got lowered for those who are at risk. Although their capability to manage their risks remained the same, society became safer, and their bodies become more durable against infections. Thus, the risk remained at tolerable levels and the need for targeted curfews disappeared. When the risk was lowered to tolerable levels, individuals were allowed to manage their own risks. They may still prefer to not engage in anything social and avoid public spaces, but if they do not so, the potential negative outcomes such as getting sick are tolerated by the prudential rationale.

The locations can also be out under risk categories. The places where higher human-to-human contact occurs are calculated as riskier and the risky locations are governed according to

the prudential logic. All locations with high human interaction such as malls, movie theatres, and religious buildings were shut down. The ones who can not be shut down were regulated according to risk-minimizing measures. Seats remained half-empty in public transportations, workplaces and restaurants regulated according to social distance rules, people were not allowed to public buildings without wearing a mask and small shops were allowed to take one customer at a time. When the risk was reduced, due to a decrease in  $R_0$  value or an increase in herd immunity through vaccines, the restrictions were lifted. In locations which human to human contact is riskier than other locations may also be governed regarding relative risk. Both in the UK and Turkey, regional restrictions and local lockdowns were settled after measuring risks for each district. Apart from the locations, individuals were also considered risky, and they are targeted due to their intolerable risk potential. The people who came from other countries were put under quarantine for 14 days even though they provide a negative test, the people who were contacted with a sick person were isolated. There is no need to mention that, the people who were tested positive put under quarantine, and letting them manage their risk to infect others is not acceptable for prudential logic. While we can talk about a limitation for freedoms based on risk assessment, all these risk calculations provide the necessary base for assuming human behaviors to conduct modals and develop targeted policies, whom and how to restrict, and whom to allow.

### ***5.2.3 Governance at a Distance: Ordoliberal and Neoliberal Governmentalism***

#### ***Ordoliberal Governmentality***

Ordoliberal governmentality rejects the idea of “natural law”. Things never move according to the predictions and theoretical assumptions due to the unintended consequences and new problems derived from each action which “natural law” can not fix. For instance, in economics, the mechanism of the “invisible hand” which supposedly organizes the market perfectly if the components of the market let free without interventions, is a flawed design doomed to fail. However, monopolies can emerge, economic shocks and crises may occur, individuals may lose their assets to compete fairly. As another example, “individual rational” praises human thinking with the assumption that an individual can find the best option that suits oneself and serves one’s interests. Yet again, humans can do mistakes and wrong judgments, they may lack the necessary knowledge tools and eventually may choose worse options that

harm themselves. Thus, a degree of regulation is needed to prevent unintended consequences, or new policy tools are adopted to fix the problems derived from structure.

According to the ordoliberal reason, the life is organized mostly by the economic order. Survival and participation in social life are highly dependent on the economics. Despite its flaws, as freedoms being in the heart of capitalism, it is the most beneficial system invented so far. Freedom is something to be contrived by a vital policy that promotes the conditions of the free entrepreneurial conduct of economically rational individuals for whom competitive freedom is protected, and the market restructured and regulated accordingly. Freedom is about an individual's participation and engagement in economics. If the economy is not regulated, individual rationalities may cause a collective irrationality or systemic dysfunctions within the free market dynamics, which may be harmful to other individuals by limiting their freedom to participate. The irrationalities and dysfunctions can be overcome by politico-institutional inventions; thus, the survival of the capitalist economic system can be assured by the state's capacity to construct innovative answers for the deficits of capitalism and protect the freedoms of individuals.

Social life, as directly linked with economic life, should also be organized in a way the individuals can participate in economics without limitations, and should never be expelled from social and economic life. What is aimed is basically "equal inequality for all". The money collected from taxes should be distributed and be spent to create social conditions for a well-functioning market. With this strategic logic to organize life, the ordoliberal government focuses on securing the autonomy of the individual by intervening and regulating the market and social life in a way that the capitalist economy's errors may not cause collapsing of it. Regulations such as price controls, laws against monopolies, proportional taxation as well as social housing, free education provision, unemployment wage, universal healthcare, and so on are part of the regime of practices of an ordoliberal government to assure participation in economics.

Within the coronavirus context, the market and the economy became actors whose health must be safeguarded like any citizen. Under this framing, the ordoliberal rationale may adopt the necessary practices to prevent the spread of the virus to assure the well-functioning of the economy in the long term. In meantime, capitalism may show some dysfunctionalities due to restrictive measures. However, these dysfunctionalities can be fixed to some extent or minimized

through intervening in the economy and social life with innovative political-institutional instruments. What people faced in economic life during the coronavirus pandemic, is not a result of the capitalist dysfunctionalities that occur because of the mismanagement of the capitalist economy, but a result of the interaction of the capitalist economy with a suddenly changing environment because of a highly infectious disease.

The first crisis that needed to be tackled is the demand and supply shocks, unemployment due to downsizing in the economy, and increasing unsanitary conditions in work and social environments. The main ordoliberal response against the economic shock was protecting the income of households and not letting businesses collapse by providing financial assistance and income provision. As we see in the UK and Turkey context, tax collection was postponed, low-interest loans introduced, short-term working grants provided. Since consumer behavior and producer's expectancies were influenced by the pandemic dynamics, the economy of governments might face an unprecedented recession in their history. These financial boosters and securities aimed to keep consumer and producer behavior in similar patterns with the pre-pandemic era, to prevent an economic collapse. In the health section, testing, coronavirus treatment, and vaccination became free for everyone. Thus, individuals may continue to consume, remain healthy, and be protected against the risk of death, firms and businesses can sustain themselves and the severe impact of demand and supply shock may be reduced significantly to keep the market functioning. Industry and trade were re-organized to provide enough protective and therapeutic equipment such as masks, respirators, intensive care units, and sanitizers. Online education was provided to keep a whole generation in education to minimize the future socio-economic impact of lost months in face-to-face education. The elderly were protected by shielding and by providing social support since they can not and should not go outside. Otherwise, many small businesses that do not have enough capital might bankrupt, the poverty in the society might dramatically increase, people who do can not afford required health spending for their protection and treatment might get severely sick or die. By intervening in certain aspects of the economic and social life through regulations to balance inequalities, ordoliberal governmentality rest assured no-one is excluded from social or economic life, everyone's freedom to participate was protected, well-functioning of economic order was ensured.

### *Neoliberal Governmentality*

Neoliberal logic's assessment of freedoms differs from ordoliberal logic. Life is not only organized by economics but also life itself is processed through market concepts. According to the neoliberal reason, apart from the economic sphere, the social sphere is also defined and organized as a form of economic domain, and it presupposes that all forms of human action and behavior include market dynamics. The economic human, "homo oeconomicus" is not only interpreted as a rational being who is aware of his/her interests and acts to meet these interests but also human is an entrepreneur, an entrepreneur of themselves. The value of the individual is the sum of all its natural possessions and the entirety of its skills acquired through investments in the self. Under this interpretation, the body and the self of an individual become a property, a form of capital, an enterprise. The body can be invested in such a way that by feeding, educating, acquiring new skills, keeping it healthy and sane, the individual can increase the benefits gained with its self-capital such as income, joy, satisfaction, security, or well-being. Under neoliberalism, it is the freedom to choose which investments will be made on the self.

The neoliberal reason is against any artificial limitation against liberties by direct interventions. Freedom of choice is an essential element that assures revealing of potential competitive behaviors of the economically rational individual and efficiency derived from the totality of individual choices. Individuals have a self-governance capacity that does not need constant interference. Life is so complex that, an outsider can not manage life properly by intervening. Every individual's economic and social behavior flourish based on the unique environmental conditions and unique characteristics of the self. Thus, for each individual, finding "the best choice" would require a unique calculation, so practically incalculable other than the self. Any generalized set of options or any attempt to give directions to the population through restrictions and enforcement would create highly inefficient outcomes. The attempt to arrange liberty is something futile, costly, and something that creates further imbalances that need to be fixed. Including the times that security is sought, securing life without excessively interfering with the self-governing mechanism of the individual is the key part of the neoliberal rationale.

Choosing patterns and behaviors, on the other hand, are calculable and predictable. These patterns can be manipulated by changing the conditions of the environment and providing certain



information. Neoliberal reason organize life by not governing individuals directly but governing them at a distance. The governing rationality becomes the rationality of those who are governed, rather than the rationality of the sovereign. However, these rationalities remain under the influence of the sovereign mind. Neoliberal logic uses indirect techniques for governing human conduct without at the same time being responsible for the choice of individuals. The idea of ‘rendering individual responsible’ entails a shift in responsibilities for social risks like sickness, unemployment, poverty, and even death. With the idea of self-care, neoliberal logic externalizes the negative outcomes of the choices of individuals from its sphere of duties. Individuals become victims of their choices rather than victims of the state’s negligence and failure.

In the context of coronavirus, distribution of knowledge is one of the key actions to govern human conduct at a distance. The medical campaigns are the most visible neoliberal tool of the government that provides governing at a distance. The experts and politicians informed people via different communication media such as TV, newspaper or internet on the virus such as symptoms, severity, way of transmission, and on what to do in order to provide self-protection such as using a mask, washing hands, keeping social distance, staying at home were delivered through instructions and guides. Statistics and researches were published on how many new cases and deaths are registered daily, which age groups are under higher risk, what is the rate of protection of vaccines, and so on. Now, they can calculate the risks and their own position and own needs to decide on how to behave in the light of delivered information. By being informed, they can optimize their health, economic and social life, in an efficient way. The idea was simple, “everyone can declare his/her own state of emergency”. It was up to individuals to self-isolate, keep social distance, follow guidelines, or get vaccinated. Sometimes, perceptions of individuals can be manipulated to give a direction to their conduct. Experts and politicians may reflect the efficiency of the vaccine higher than it is to encourage people to get vaccinated. With low testing policies, the cases may be announced lower than it actually is to create an illusion of virus-free environment to encourage people to engage more social and economic activity. The severity of the virus may be exaggerated through media in such a way that individuals may be discouraged to involve social activities and encouraged to be careful about hygiene and social distancing.

According to the self-caring individual reason, because of the severity of the illness, it becomes something that needed to be avoided, so social distancing measures, washing hands and

wearing a mask, and not going outside unless it is necessary would be the appropriate investments on the body to protect it from the risks. When a symptom is observed in the body, self-isolation would be a good behavior to protect family and friends. If it is possible, it would be better to work from home. If there is a decrease in the new cases registered in the region, it would be less risky to involve social and economic life, so the individual can be more active. If the virus is the most dangerous when it is infected to old people, it is okay to not see elderly relatives in meantime. The individual reasoning and self-government mechanism provide flexibility for individuals at every detail of their everyday life. This flexibility and optimization are something the state can not achieve through imposing bans and limiting freedoms.

With this method, extreme costs of interrupting social and economic life can be avoided. Instead of implementing wide-range lockdowns and curfews, the individuals can find an optimum in which they can both contribute to the containment of the virus and participate in social and economic life. The interventionist state can not manage every detail of the individual life while seeking the maximum efficient economic and social activity. During curfews and lockdowns, a lot of healthy people are retained from human-to-human contact with other healthy people. On all these occasions, there are a lot of missed opportunities in which healthy people will interact with each other economically and socially. They are also missed opportunities for any social and economic investment in self. Some businesses which would not have witnessed any infection were also closed, meetings between healthy groups such as friends and relatives, or students at classrooms and people in events were prevented. The potential product of missed human interactions is the cost that neoliberal government does not want to pay.

### **5.3 Biopolitics of the Pandemic**

#### ***5.3.1 Decision over Life and Death***

The coronavirus epidemic is clearly a threat to life. With its high transmission rate, its symptoms that make humans unproductive for weeks, its deadliness, its potential impact on human behavior and economy, coronavirus is something to be necessarily avoided in the perspective of biopolitical government. It is a security threat, a threat to the well-being of the population, thus a potential inhibitor for the population's well-functioning. It may reduce the extraction of resources from the subjects under the state, which threatens security and the

continuum of state apparatus. Thus, biopolitical governments seek to govern every aspect of the coronavirus that involves the life and the subjects of the state. If the epidemic is not governed, it would be destructive for every state and society, due to a sudden increase in the number of non-functional individuals, a sudden increase in death tolls, and potential disorder related to non-functioning economy and state institutions. This is the biopolitical rationale behind “the need for taking action”. As I discussed above, their different governmentalities to take any action, however, there is a biopolitical moment that the sovereign mind chooses to be involved by aiming for governance. All decisions related to governing the coronavirus epidemic, are political decisions that make live and let die, in other words, it is biopolitics.

The idea of “making live” points out the biopolitical decisions on the life of the population such as its economic activity, health, hygiene, family structures, social interactions, and controlling demographic characteristics throughout implementing certain technologies of government. The government of life does not only address ‘life itself’, but rather addresses man-as-living being which points us to all the different ways in which human life is sustained, lived, organized, mobilized, experienced, optimized, and more (Villadsen & Wahlberg 2015). This idea does not aim to keep as many people as possible, it is never the target of biopolitics. The life, in its bare form, does not make sense for the sovereign power, but it makes sense to the degree it can contribute to the well-being of the population to the ends of the state. Since the life of individuals is not the only dimension of the well-being of the population, biopolitical reason functions in consideration of other aspects of the population such as social relations, economy, institutions, and freedoms. Based on different governmental calculations, life is in a balance that should be maintained. Sovereign decision over life, under biopolitical reason, focuses on this question: Make live, but at what cost?

Biopolitics, in that sense, is an art of balancing the equilibrium of the population’s well-being by including all dimensions of life. In every decision over life, there is a trade-off made by the biopolitical rationale. In the coronavirus context, the government strategies fluctuating between “curve flattening” and “natural herd immunity” are one of the most visible trade-offs that we can examine the biopolitical rationale. In the case of the UK and Turkey, the measures to suppress the speed of infection were removed although the virus was not eliminated. Economy and people were let to breathe, although thousands of people were infected, a couple of hundred people died daily. In between the recommendations of virologists and economists, biopolitics is

guided by a calculation of costs and benefits, balancing the need for health with the need for wealth (Colombo 2021). The biopolitical state also chooses whom to let die as well as whom to make live. For instance, vaccination priority groups represent an intense use of biopower in the decision over life and death. The ones who are in the least prioritized group were sacrificed until vaccines became available to them, and they had to face a constant risk of getting sick or dying. The lockdown strategy brought another section of life under the biopolitical project of making live. It was the consumers, but more importantly, the businesses who have been supported through financial assistance and grants to “make live” the economy (Sathyamala 2020). The ones who can not access grant schemes were abandoned and were “let die”.

When the life is under threat, sacrificial logic is absorbed by the biopolitical government. The biopolitical state lets die (or sacrifice the well-being of) some sections of the population to ensure the well-being of the rest. Despite being far from reaching a total herd immunity through vaccines, the UK and Turkey lifted restrictions and didn’t consider implementing any new measures after the introduction of vaccines. Enough of economics, social interactions, and freedoms were sacrificed, and the number of daily deaths became affordable, controllable, and acceptable according to the biopolitical reason, and the state had chosen to remain indifferent against the increasing death toll. In terms of immunitarian logic, immunity becomes more than a matter of defending society as a whole from the spread of disease, but also a matter of exposing some to danger for the sake of the survival of the economy. The responses to Covid-19 are rooted in the immunitarian paradigm of ‘defense’ as well as a politics of ‘sacrifice’ (Ajana 2021).

The questions like “how much should we flatten the curve?”, “How much strict should be the implementation of containment measures?”, “Until when we can allow circulation of the virus under the framework of normalization?” find their answers in the sacrificial logic of biopolitics. The equation is conducted on the balance between not being too strict to let the economy function and to ensure that people can keep up, and not being too tight to let the infection spread uncontrollably. The policies to meet these biopolitical ends impacted different segments of the population. Some of them were “made live” and some of them were “let die”, not only in terms of being alive but also in terms of contributing and participating to life. Eventually, it is ‘mathematics of life and death’, aided decisions around the distribution of harm, of ‘who may live and who must die’ (Enserink & Kupferschmidt 2020).

In the fight against coronavirus, there was a division between the “essential workers”, who were let die, and the rest, who were made live. Throughout the implementation of lockdowns and curfews, a group of “privileged” people could still leave their homes, such as NHS workers, security personnel, agricultural workers, the ones who work in supermarkets and delivery, the ones who work in production, factories, or logistics sector. They were not locked like the others, not because they were immune to the law, but the government called them to the duty for the sustenance of the population’s well-being. They became at risk and had to risk the lives of their families. Their absence from life was unthinkable since their contribution to life was seen as “essential”. Of course, essential workers were not completely abandoned when they got sick, but without having a valid cure, they were let to be exposed to the virus and faced with the risk of death, especially when there was no effective vaccine available.

The socio-economic inequalities were reflected in the division between essential workers and the rest. Almost all essential workers are waged labor, working-class, and they are the ones that had been put at risk, with their loved ones. The brute necessity of sustaining their livelihoods forced them to gamble with their lives in exchange for economic survival (De Genova 2021). While natural herd immunity strategy appears as a form of “market eugenics” whereby the weak and the sick are sacrificed for the survival of the “herd” and the economy (Laterza & Romer 2020), the lockdown and curfew measures operate as anti-market instruments which selectively discriminate the locked-down sectors and the labor who were put under the curfew. An inequitable impact of the lockdowns occurred, particularly on those who live off their physical labor and form part of the informal economy (Cash & Patel 2020). Some parts of the population can not afford social distancing or stay at home orders such as homeless people, people with small shelter with crowded families, day to day earners with duties that are not classified as an essential job, who needs the care or assistance of relatives and can not afford care or support. There are radical differences between different social groups in terms of how they experience policies to contain the virus. However, biopolitics is color-blind. It omits how are morbidity and mortality rates structured by race, class, and other intersecting structures of inequality (Randhawa 2007). The biopolitical government of pandemic creates a similar environment to necropolitics, in which individuals experiencing not only death but also social or political death due to involved judgments of racialized politics about who ‘may live or must die’ (Mbembe & Meintjes 2003). In other words, pandemic policies are also policies about expendability.

The definition of essential was arbitrary. It is up to different governmentalities to decide who is considered essential and who is not. Biopolitical reason determined the boundary based on “essentiality”, and paradoxically, the essential ones were also the sacrificial ones. On the other hand, the elderly, children, unemployed people, the ones who work in the service sector, the ones who are capable of remote working were seen as “unessential” and they were subjected to restrictions. Biopolitics here operates by separating those who are deemed useful and those who are expendable (Demetri 2020). By staying at home, they are protected against the virus and made live, since their physical presence in society was not seen as essential. However, they were sacrificed in terms of their social and economic life while their body was protected. Social and economic activities were also categorized according to their essentiality. Funerals and weddings became more essential than family meetings, Christmas, or the Feast of Ramadan. Outdoor meetings became more essential than indoor meetings. Malls were prioritized over restaurants, religious prayers were prioritized over movie theatres, schools were abandoned. Informal jobs were suspended while formal jobs were allowed. Even time was also divided as essential or not. Especially in Turkey, life started to organize by daytime, while the evenings and nights were sacrificed. The weekdays were prioritized over weekends. In the two countries, life was started to organize not according to workdays and work hours, but according to lockdown days and curfew hours. On every occasion, it was again the people who were sacrificed. They were the ones who live their lives according to any activity that was restricted, who live their lives according to any space and time that was limited.

Sovereign biopower, in this instance, implements its right of seizure: of things, time, bodies, spaces, and ultimately the life itself. What did the essential workers and non-essential citizens face was basically the seizure of their bodies and all aspect of their lives, and suppression of them in order to sustain the life of the population. Thus, I suggest a different interpretation of biopolitics under the pandemic order: It is “letting die to make live”: An arbitrary sovereign biopolitical decision based on different types of governmentalities all of which serve the same purpose with different methods while sharing a sacrificial logic. There is no escape from biopolitics under emergency measures powered by sovereign use of exceptional powers and war discourse. In biopolitics, there is no right or wrong. The biopolitical measures are incomparable in terms of harm-benefit calculation, without having a moral stance. While the concept of citizen carries an ethical connotation, the concept of population is wholly empirical,

descriptive, and does not carry a normative burden (Chatterjee 2006). In biopolitics, individuals are not considered citizens. Rather, they are reduced into elements of the population. Citizens for whom the state is responsible for ensuring their safety are also the ones whose life become an object of care. However, individuals are not merely the subjects of the biopower but play a part in its operation (Miller 1992). What does remain is only governance, an urge to govern and to render every aspect of life governable by exerting power over it, in order to save it.

### ***5.3.2 Towards the New Normal: Making Covid a Regular Disease***

The idea of normalization indicates a process supported with policy tools, a shift in human conduct, and the paradigm of governance. The exceptional situation and government's strange ways of operating are diminishing, but not disappearing. They become less visible and less felt, but still, keep being influential. The life is getting close to "normal" and the government claim to take some steps to reach the normal. The idea of "controlled normalization" indicates that a government reason and sovereign power are on duty: Government takes steps towards normal while being alerted to remain exceptional. It refers to an awareness of the calculated risks and dangers by keeping in mind the potential threat deriving from an exceptional situation. Governmental rationality derived from the need for security seeks to be prepared for the future and account for future possibilities. "The new normal" on the other hand, refers to a state of normal, without exceptions, but also something not like the old normal. The government's ways of operating and human conduct are changed and become something new. It refers to a paradigm shift that dismisses any claim of returning to the old life, to the ways of the previous state of affairs. It contends that things will never be the same as they were before, it is a new world order. The idea of "the post-normal" or "the permanent normalization" indicates that the exception is normalized through the incorporation of exception into normal. It contains a claim which there is no more an exceptional situation and there is no way to return exceptional measures. The governmental reason choose to remain indifferent against the exception and concede the exceptional situation as a part of normal. It is similar to the idea of immunity, acquired immunity through inoculation and the way in which it protects life by precisely incorporating the external threat within the body rather than keeping it at a distance (Esposito 2011). It is a state of cohabitation in which exception and normal exist together. There is still a struggle between exception and normal, but not in a form of total war. As Esposito puts it, immunity through inoculation can prolong life, but only by continuously giving it a taste of death. This

exclusionary inclusion makes life possible through its own negation. The threat is carefully incorporated so as to be repelled more effectively (Esposito 2011).

Before interpreting these concepts in the context of coronavirus, the examples in which government rationalized exception through the incorporation of the exception can be considered. In this sense crime and war were also subjected to similar incorporation processes that we see as normal their exceptionality and the measures taken against them as a part of the normal state of affairs. Criminal activity can be considered as an exceptional situation, since committing crimes and facing them is not a part of everyday life. Against this exceptional situation, the state developed certain exceptional measures to eliminate the exception and prevent future possibilities of criminal activity. Imprisonment is an exceptional measure, as a quarantine, to keep a potentially dangerous body outside of society to render society immune by excluding it. There are readily awaiting police forces (like emergency services), fingerprints (like trace and tracking apps), security cameras (like thermometers), and detention (like isolation of contacted people). Although crime and the measures taken against it are exceptional, there is no zero-crime rate experienced under a modern state so far. Today, a zero-crime rate is something exceptional. Since crime is not eliminated completely from the actual course of life, it became a part of life, something normal, with all its exceptional practices of the state against it. Crime is inoculated into the life (of the population) by harming life to some extent, thus life is negated to make it possible. Otherwise, a total war on crime, which constantly surveils all actions of individuals at any place and at any time, with wide-scale detention of neighborhoods with high crime rates, without any rehabilitation or second chances would make life unsustainable. Crime and prisons are components of post-normal.

Another example is war situations. Mass killings of targeted people in a reciprocal and organized way is something surely exceptional. The wars, however, are not so common as crimes, but occur in longer periods and consume more elements of life. An established and an organized army under the state is readily waiting for the next war, a future possibility to provide security of the state. To sustain war, the state needs bodies to put in to fight against the enemy. Thus, there are enacted conscription laws, even in peaceful times. The conscription is an exceptional measure that takes hostage a body that is promised to be secured, but paradoxically to sacrifice it when it is needed. In a world full of war and constant political tension in the history of humanity, the times of peace become something exceptional. Peace is like a day with zero



crime, but it does not include a paradigm with no war perspective, like no crime perspective. Peace is controlled new normal. During wartime, it also carries a potential to become a post-normal, after years of non-ending stalemate, without having a ceasefire. The war on terror is a post-normal in which a degree of terrorism is incorporated into life while security and surveillance mechanisms remain enacted more than ever, accompanied by a fight against terrorist groups and organizations in the field for years. Alongside the security measures, deaths and casualties become a normal part of everyday life.

The management of the coronavirus pandemic, in both the UK and Turkey, can be divided into two steps of normal. In the first step, the period between the first and the second, between the second and third lockdowns/curfews can be considered as “new normal”. The life has to find a way to sustain itself under containment measures while remaining on alert. Human behavior such as social distancing, evading from socialization and gatherings, the ways of the society functions in terms of institutions such as schools and hospitals, the ways of economy functions in terms of consumer behaviors and health measures such as contact tracing and quarantines become the new components of every-day life. State gets used to operating as such and citizens get used to being governed under these measures. Despite facing daily cases and deaths, the state preserved normalcy and continued to ease of measures, unless the threshold determined by the governmental reason is passed. When the threshold is passed, the restrictions were re-enacted. Society entered the war once again.

Of course, all these containment measures and lockdowns are consuming for every aspect of life and constant lockdowns and curfews can not be sustained. If we prefer to preserve life as in the form that we understood, in terms of freedoms, social engagement, and economic activity, it is necessary to abandon the new normal and to adopt a paradigm shift that makes coronavirus a regular disease of everyday life, like the common flu. Until the introduction of effective vaccines, life was governed with exceptions without deadlines. Thanks to vaccines that reduce the severity and mortality of coronavirus, the threat can be carefully incorporated into life to be repelled more effectively. Fighting back does not mean the elimination of the virus. On the contrary, an effective fight can be delivered by sacrificing fewer components of life. To contain the virus, lockdowns and curfews won't be necessary, since a degree of herd immunity limits the rate of transmission and case fatality. Now the totality of life can be protected against the virus, not keeping the virus outside of the body, but allowing its circulation in the population. This

exclusionary inclusion makes life possible through its own negation. Although every day, we witness thousands of new sick people and daily death tolls nearly equivalent to one and half-plane crashes, life can be sustained socially and economically with patterns similar to the old normal. The social and economic life is prolonged through inoculation by continuously giving it a taste of death.

Many people are not vaccinated yet. The efficacy of vaccines is lower than 100%, therefore some people may still get sick or die even though they are vaccinated. In the sacrificial logic of governmentality, they are abandoned, and to protect them, the state quit considering any restrictive exceptional measures. Fighting against the virus at all costs would choke the life, a total war can not be waged against the virus, and it wouldn't be an effective way of repelling anymore. As we have seen in the reactions of the governments in Turkey and the UK, they mostly preferred to remain indifferent against the outbreak of the Omicron variant and decided to sustain post-normal. Every day, there are a lot of people die because of heart attacks or cancer, and now, coronavirus made a small addition to the normal ways to die biologically. It seems, the governmentality chose to exert biopolitics by sacrificing biological life to save economic and social life, which are previously sacrificed to save biological life.

## **6. Conclusion**

The story of the coronavirus pandemic seems far from being over. In today's perspective, it is getting a regular disease while we feel not comfortable about this idea due to flowing daily infections and daily deaths. Despite its mortality being reduced thanks to the vaccines, the virus keeps its influence on biological life and remains a threat to the lives of individuals.

In the perspective of the biopolitical state, the current situation does not seem concerning because it is taken under control, and is successfully incorporated into everyday life. Through different technics of government, the virus becomes governable, which is something more crucial than saving lives in the perspective of a biopolitical state. As I discussed above, a biopolitical state does not govern according to a moral framework. Rather it governs all aspects of life through multiple calculation technologies. The biological beings of individuals are reduced into elements of the population to be governed. While the individuals are subjects, they also become an object of care and their life become a target of politics.

Different policies produced under different governmentalities impacted the lives of people differently. In each policy decision, who will die and who will be exposed more risk were determined based on pre-existing social differences such as age, race, class, gender, wealth, religious belief, nationality, way of living, the source of joy, and recreation and so on. Without having a solid moral stance on what is right and wrong, the biopolitical state tried to find an equilibrium between every aspect of life by aiming its sustenance under biopolitical measures and policies. These policies of course were not regular procedures, rather they appeared in the forms of direct limitation on certain rights and freedoms. To implement such measures on a wide scale, the biopolitical government relied on securitization and emergency rules in order to incorporate the suspension of law into legal context while deriving justification for its actions. War discourse that adopted by government authorities became highly influential to govern the population with exceptional measures.

While deciding on which policies to implement, national governments relied on the hegemonic authority of science through models produced to predict future scenarios, through science committees that advise governments, through statistics and data analysis, and through experts and international health authorities. Although all of them seem, even claim to be neutral, they are biopolitical government technologies, ultimately influential on the decision between to make live and let die. The UK and Turkey, although they adopt some different methods and implement different policies, they follow the same biopolitical patterns. From the beginning of the pandemic, all policies adopted by the governments of these countries aimed to govern the life and to make it governable, predictable, and sustainable. Of course, their policies have resulted in the sacrifice of some segments of the population, sometimes in predicted and controlled ways. What we can call success might not be the comparative deaths and daily cases in each country. Rather the success is already defined by the biopolitical reason of the state: sacrifice the life as little as possible to secure as much as possible of it.

Considering countries such as Australia, South Korea, or Japan, they can be considered successful, due to their highly low number of cases and deaths compared to the UK and Turkey. However, their success is coming from the excellence in delivering biopolitics: The discipline and cooperation of their citizens, quick response and quality contact tracing and case isolation, availability of experienced health staff. However, they still operate according to the biopolitical logic, by relying on governance at a distance. To analyze all governmental logics of biopolitics,

the case of the UK and Turkey was highly handy, since they failed to sacrifice less and had to adopt different biopolitical technics and technologies to overcome the health crisis.

As we are getting close to the end of the second year in a world with a pandemic, we have accustomed to the biopolitical practices of the states. Although there is lockdown fatigue over the societies, it is not the only biopolitical instrument of the state. In this post-normal life, we are also getting accustomed to daily death tools while we are living lives reminiscent of the past. We are also faced with the bitter truth that our biological existence is still in interactions with other biologic beings. Thus, in the future, as similar to the past, it is possible to be governed by biopolitics against new biological threats. National governments, the international community, and scientific experts are also more prepared to construct necessary settings to implement biopolitics. I should note that, although the course of pandemic management shifts due to the Omicron variant, or a new potential variant in the future, modern governments will be ready to act in accordance with biopolitics once more, in order to save the life by governing it.

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