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## The biopolitics of pandemics: interview with Ed Cohen

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### ABSTRACT

Responding to the Covid-19 pandemic, in 'The Biopolitics of Pandemics,' Ed Cohen discusses the contradictions in medical, juridical, and popular thought that conceive of both disease and immunity as things that happen to *individual* bodies, belying our profound interconnectedness and interdependence.

**KEYWORDS** Biopolitics; COVID-19; pandemics; immunity

This interview took place by videoconference on August 4, 2020, and was edited in the following weeks

**Elizabeth:** You've written about how epidemics are inherently political, indeed biopolitical, phenomena. In what ways is that the case, and how does it apply to Covid-19?

**Ed:** Well, etymologically epidemic comes from two Greek roots. Epi- which means on, over, against, and demos which means the people. So epidemic means something like disease that comes 'upon the people,' meaning they affect collectives and not just individuals. But demos itself derives from the name given to divisions of the Athenian polis instituted in the 6th century BCE that superseded earlier forms of political organization through familial tribes, through blood relations, and instead established political groupings based on habitation rather than biological descent.<sup>1</sup>

Thus, the 'demic' in epidemic evokes a 'geo-political' way of organizing the collectivity (the polis) that superimposed politically defined spatial partitions on genealogy. Hence, the demos, the people, was always already what we might think of as a 'biopolitical' formation (although I'm not sure it would be biopolitical in a strictly Foucauldian sense). In order for something to appear as an epidemic, then, it has to have already had economic, political,

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legal implications. Because it has risen to the level of being a problem for the life of the demos.

However, in the wake of immunity's biologization and medicalization, which developed in the context of 19th century epidemics (especially cholera), we have come to think of illness as something that happens in us, within the boundaries of our skin envelope. The political, economic, and legal effects that constitute an epidemic are now localized as an aggregation of events that take place within an individual body which are ramified across a large number of individual bodies. Epidemics appear to us not as intrinsically collective phenomena that afflict 'the people' but as coalescences of a multiplicity of individual events that confront the 'population.'

That's the problem with the immunity-as-host-defense model. It naturalizes possessive individualism precisely by legitimating the idea that because your body is your property, then you obviously must defend it if it's being attacked. (This was Hobbes's first precept of juridico-political personhood.) But also, it presupposes that the disease dynamic is one of attack and defense at the level of the individual. Thus, scaling up the effects of diseases that we recognize as epidemics or pandemics from the individual level to the level of the population does not require us to consider that such diseases only arise and proliferate because biologically speaking we are always already deeply connected.

What we're seeing now with COVID-19, as well as the economic fall out from the public health measures implemented in order to disrupt it, and especially in conjunction with the resurgence of the Black Lives Matter movement, as well as the firestorms on the West Coast of the US, is that this individualizing model of disease might actually be far too limited. It does not afford us the conceptual tools we require in order to understand the ways in which these phenomena do not just coincide in a temporal sense, but that they are entangled effectively, if not causally. Indeed, I think that COVID actually reveals something that underlies all of these phenomena: that American individualism is biologically, politically, economically, and environmentally counterfactual.

This was evident at the beginning of the COVID epidemic where the immediate public health response – even before the injunction to wear masks – was 'don't sneeze or cough on one another, wash your hands, and don't touch each other.' And why? Because COVID is 'contagious.' And what does contagion mean etymologically? Touching together. It has the same roots as contiguous. So, in a contagion, what is revealed to us is that even if we go around most of the time imagining ourselves as separate individuals, we're never actually separated from one another. Rather we're always touching one another, always rubbing up against one another, always in contact (also from the same etymological roots) – which is why it was so disorienting to adopt these practices for so many. We're never 'independent'

biologically speaking, we're all dependent, we're all hanging together all the time (in Latin *pendo* means to hang, among other things). Independence is not a biological concept, it's a political one.

Then, in the midst of the COVID contagion, for apparently coincidental reasons, we witness the resurgence of a movement that also testifies to another pathological consequence of American individualism: the systematic effects of racial violence. And not just as effect of police murders, but as a consequence of the health disparities that ensue from the economic, social, and environmental consequences that racial capitalism has visited upon the lives of BIPOC communities. We could probably think of this too as an epidemic, except it's not episodic, so it might be better to say it's endemic. In either case, what it suggests is that racial violence – as another virulent form of contagion – is not a matter of a few 'bad actors' against which individuals must defend themselves, but rather an effect of the biopolitical organization of our collective ways of living together. However, if we cling to the notion that we are individuals in a biological sense, then we have a much harder time apprehending the consequences of structural or systemic problems.

**Megan:** Can you say more about the immunity-as-host-defense model, and about how you first became interested in questions of contagion, viruses, and biopolitics?

**Ed:** I have Crohn's disease, an autoimmune illness. I was diagnosed when I was 13 and later while I was in graduate school, I got really, really sick and I almost died. And then didn't. After a blood vessel on my small bowel burst I was bleeding out and I had one of those out of body near death experiences you hear about. While I was recovering from emergency surgery I spontaneously started going into trances – no doubt enhanced by all the drugs I was ingesting. When I left the hospital two months later my surgeon told me I was the sickest person he'd operated on in five years who was still alive, and he had no idea how I'd gotten better so quickly. I'm pretty sure the trances had something to do with it. So, when I was 23, I went through a death/rebirth experience both physically and psychologically.

A year and a half later I moved to San Francisco just at the beginning of the HIV/AIDS epidemic. Because I had had my own intense experience with illness, I wanted to do something, so I started working with Hospice of San Francisco. At that time people were getting diagnosed and then dying like that [snaps his fingers], you know. The juxtaposition between having an acute and intermittently life-threatening autoimmune disease – which might be considered a form of 'immunoexcessivity' – in the middle of a viral pandemic that precipitated radical immunodeficiencies made me wonder what the medical discourse on immunity was up to. Through the

years that I lived with that weird contradiction I tried to make sense of it in terms of what I thought immunity meant. At the time many people were starting to analyze HIV/AIDS as what Paula Triechler called the 'epidemic of signification,' so I had a lot of these intellectual tools to draw on when I was trying to make sense of autoimmunity for myself.<sup>2</sup>

I began to understand a whole bunch of things that were highly contradictory around the way that category had been presented to me and the way that I'd incorporated it, in terms of the way that my illness was treated. Between Crohn's and HIV/AIDS I realized that I had psychically and intellectually incorporated a map of the world that the discourse of immunity produces, but which was in fact based on a fictional premise. After a bit of research, I saw that the dominant narrative of modern medicine relies on its appropriation of 'immunity,' which originally was a 2,000-year-old legal and political concept that emerged within Roman law as a way to maintain its hegemony.<sup>3</sup> At the end of the 19th Century, this appropriated legal and political metaphor became a shibboleth for modern medicine. Today, if you don't believe in immunity, what you're practicing is at best alternative medicine. I mean, basically you're kicked out of the medical tribe if you don't believe in immunity.

But that only happened at a very specific point in the 1880s. Immunity-as-host-defense was invented by Elie Metchnikoff in 1883 and it cleared up a major problem with the germ theory of disease. Germ theory held that pathogenic bacteria were the 'causes' of infectious diseases – especially the epidemic diseases that beset Europe at the time – but there was a difficulty with the theory. If microbes were both pathogenic and ubiquitous then why weren't we sick all the time? Metchnikoff's concept immunity-as-host-defense provided a convincing answer, and Pasteur immediately swooped in and hired him and set him up in a lab at the Pasteur Institute, which was the first for-profit biotech company in the world. It sold vaccines to European colonizers to facilitate their hostile takeovers of indigenous people (who of course had no immunity to the diseases that the colonizers brought with them).<sup>4</sup>

So, I asked myself: why did it make sense to use this very particular legal and political concept to make sense of the way that organisms of different scales coexist? At that time, it wasn't yet clear, but we have subsequently – in the 1990s and at the beginning of the 21st century – recognized that the human organism is a highly complex assemblage of many different organisms, including bacteria, viruses, molds, and nematodes, among others. For example, we now accept the idea that intestinal fauna and flora comprise part of our organismic ecology. Or, we're part of their ecology, or whatever. This has become more and more commonsensical – which is why we now take 'probiotics' or eat a lot of yogurt to improve 'intestinal health.'

So, if we are actually complex ecological *communities*, why do we use a restricted legal and political category, *immunity*, to think about our biological coexistence? At best, the political is a small subset of this much larger phenomenon called life. And life may not have been organized according to the principles that were articulated in this paradoxical concept that came out of a very particular struggle within the Roman Empire which allowed it to establish its hegemony over conquered peoples by offering them legal citizenship and then exempting them from the legal obligations of a citizen (primarily military service and taxes). I mean, it is an amazing term and has played an enormous role in Western history – modulating the relations between European monarchs and the Church during the late medieval and the early modern periods (which is why people can still claim asylum in churches or why churches don't pay taxes for example) but it really didn't have any biological significance before Metchnikoff picked it up.

However, all of the complexity and history disappears when immunity becomes this robust biomedical concept. So that's just a long way of saying, that when I started to unpack the terms that my doctors had offered me to understand what was taking place within me – and within my life – when they diagnosed me with an 'autoimmune disease,' it struck me that like HIV/AIDS it too was the product of an epidemic of signification.<sup>5</sup> So, I wanted to understand why was it that this concept, immunity, had become so accepted as the central precept of modern medicine. How did it seem to come from nowhere – it was not a biological or medical term before Metchnikoff – and then within a decade or two become the decisive concept for medical understanding that it is today? And why was that the case?

My thesis was that the bioscientific concept of immunity as it has developed, naturalizes a political and economic entity that we might call – following C.B. McPherson – a 'possessive individual' as if it were actually a biological entity.<sup>6</sup> Insofar as immunity makes it appear that as organisms we 'naturally' defend our bodies – which is what Hobbes held – immunity transforms the human organism into what I call 'a body worth defending.' This defensive body literally personifies the modern political, legal, juridical, philosophical matrix that has been conceptualized since the middle of the 17th century. This modern matrix emerged in part as a critique of monarchical sovereignty anointed by the Church for salvific ends that carried with it the notion that the most important thing about a person is their soul – much more important than the body.<sup>7</sup> In order to resist this God-ordained political and legal regime, people required another concept upon which to ground personhood that didn't cede its 'natural' rights to the divinity of the king or queen. That's what possessive individualism is. It's a concept of the person grounded in the notion that to be a person means to 'have' a body – where this body represents 'nature' in and for us. Politically, legally, and economically speaking,

the body as a natural-political atom constitutes a form of property, whose labor (as John Locke claimed) cannot be alienated from it without due process of law – unless of course it's a woman, a child, a person of color or indigenous person of whatever gender.

Yet, this political, legal, and economic concept coexisted in tension with the prevailing forms of medical, biological, and natural historical thinking. It's from the end of the 17th through the beginning of the 19th century that these tensions get fleshed out. And they do so in really specific ways. (I say 'specific' intentionally because the idea that humans are a 'species' is also one of its effects.<sup>8</sup>) So, in the example of possessive individualism, possessive individualism first proliferates as both an economic and subjective category insofar as people displaced from feudal social relations are wandering around trying to survive and are forced into a subsistence model of the economy where the idea is that they can sell their labor for wages. They now can have a contractual relation with someone who can employ them for a certain period of time and that's what allows them to sustain themselves, as self-entrepreneurs in essence. (That's why Karl Polanyi calls labor a 'fictitious commodity'.) Throughout the course of the 18th and 19th centuries, this political and economic dynamic establishes itself as quasi-natural – insofar as economics comes to seem like biology by other means with its own 'natural laws.' We can shorthand this process as the rise of industrial capitalism.<sup>9</sup>

But at exactly the same time, the way in which people understood what it meant to be a living organism was, in medical terms, still governed by humoral medicine. And humoral medicine was not individualist in this sense, it was environmental, it was localist, it was like 'qi,' you know, energies that manifest in balances and imbalances of humors that were effects of elements (fire, air, water, earth) as modulated by qualities (hot, cold, wet, and dry). Medical technologies were primarily about regime and diet. There were herbs, a restricted pharmacopeia, a little phlebotomy, surgery as a last resort. But it wasn't at all the model that we have now for thinking about illness.

So I guess this is a very long way of saying: in trying to think about how we arrived at the terms we now use to think about the processes of disease and illness, I came to recognize that the notion of immunity had imported a bunch of philosophical, political, and legal assumptions into medical discourse which many people now take to be true. These assumptions were not 'natural' in any sense of the word, but they were manifestly 'biopolitical.' By thinking about the immunodeficiency at the heart of HIV/AIDS together with the autoimmunity ascribed to the disease I'd been diagnosed with at age 13, I just kept going back historically to find the moments where it came to seem as if immunity was a self-evident way of making sense of the problem of coexistence, of how organisms of different scales coexist in

shared environments, sometimes deleteriously, sometimes beneficially, and sometimes benignly. I wanted to find out why the problem of organismic coexistence has been construed in terms of immunity. It certainly had its advantages, it underwrote the development of important new technologies and treatments, but it also established a lot of limits to how we think about diseases and how to ameliorate them.

**Elizabeth:** You've described how the concept of immunity-as-host-defense has political roots that migrated into medicine, and you've also written about how the Coronavirus pandemic was initially met with a rhetoric of war – as in, with martial language about how we will 'defeat' the virus. Can you say more about this framing of viral contagion and 'defense' through war?

**Ed:** The defense part of immunity-as-defense comes from a false analogy that was established between the level of the individual and the level of the nation. There were many deadly cholera epidemics in Europe in the 19th century. They didn't necessarily produce the most deaths, but they produced really graphic deaths that were really quite sudden and quite horrible. So, cholera was a deadly specter in European cities throughout most of the century. These outbreaks of cholera were conceptualized both politically and popularly as 'invasions' from the East – as what we might now think of as 'colonial blowback' from India that tracked along the trade routes used by Europeans to ship goods and people from South Asia. As shipping technologies improved throughout the century – especially after the introduction of steam ships – the transit times for these voyages rapidly decreased, and thereby increased the sense of danger in Europe.<sup>10</sup>

The only technologies that Europeans had to disrupt the flows of the disease at the time were the same ones that had existed for centuries: quarantines, *cordons sanitaires*, and fumigation – which is still pretty much all we have today, along with data gathering and digital surveillance. However, what was new was the way these got organized. Starting in 1851 and continuing throughout the course of the 19th century, European nations came together at a series of international sanitary conferences to negotiate the protocols for implementing quarantines and *cordons sanitaires*. (These conferences are now considered the beginning of the international public health movement which led to the founding of the WHO a hundred years later in 1948.) The conferences convened diplomatic, medical, military, and legal authorities in order to negotiate ways to stem the 'invasions' of cholera from the East.

So, through those international conferences, the notion of defense begins to take on two resonances. One is political and military, protecting against the colonial blowback by military and naval means if necessary – for example, at

one point they threatened to blockade the harbor at Cairo. And the other one operates at the cellular level and this is now supposed to represent how organisms of different scales co-exist, i.e., they defend themselves against each other. So, instead of politics by other means – as Clausewitz proposed – war, or at least the potentiality for war, becomes conceptualized as a biologized phenomenon that occurs within us. And as Donna Haraway and Emily Martin among others have argued, this is often how the immune system has gotten explained throughout the twentieth century.<sup>11</sup>

Immunity-as-defense creates the impression that disease resides within us as an internal state of war. Of course, it's also the case that actual wars exacerbate the spread of disease. The 1918-1920 flu epidemic obviously coincided with WWI. Conversely, new biomedical technologies like antibiotics became an extremely important part of the war effort in WWII. War rhetoric also helped in relation to modulating epidemics. For example, if you think of polio as another epidemic, then the invention of a polio vaccine became a war effort in the sense that it was part of the Cold War. And so American scientists were competing with Russian scientists to come up with the better vaccine. And then there's the irony that the most famous 'success' of modern medicine, the elimination of naturally occurring smallpox by the dissemination of the smallpox vaccine, has created perhaps the most deadly bioweapon in existence (which continues to be stored in various places in the world, more or less safely ... I hope).

So, this model of infectious disease as war has mobilized and produced technologies that have enabled medicine to transform immunological responses so that the organism's relationship to its environment is less vulnerable to certain vectors of contagion. But it's also a pharmakon – in the sense that Derrida gave it in his reading of Plato: it's a remedy, a poison, and a scapegoat. Unfortunately, we tend to forget or ignore its deleterious consequences. For example, although immunology's war discourses have underwritten the development of vaccines, antibiotics, and antivirals, they have also undermined the precepts of what we could call 'social medicine' which recognize that diseases flourish in contexts of malnutrition, lack of sanitation, lack of habitation, where there are high levels of environmental toxicity, etc.<sup>12</sup> Thus, putative 'causes' of infectious diseases do not just include microorganisms, but also entail the ways we co-exist in complex political, economic, and biological contexts which effect how these interspecies encounters unfold.

In the case of epidemics and pandemics, the rhetoric of war also legitimated the invocation of sovereign power. Foucault argued that around 200 years ago, biopower supplements – but does not supplant – sovereign power. Medicine obviously was a primary instrument of how biopower has increasingly attached itself to us and governed our modes of conduct. Indeed, governing our conduct is a big part of medicine's *raison d'être*,

which is why medicine now evaluates our behaviors as patients in terms of our ‘compliance’ and ‘non-compliance.’ But sovereign power obviously doesn’t disappear, and wars are, as Foucault argued, increasing fought in the name of protecting the life of the population. Insofar as they get conceptualized in terms of war rhetoric, epidemics produce perfect storms of power in which biopolitical and sovereign powers can act in unison.

We can see the effects of this quite clearly in the US, where Donald Trump, the commander-in-chief – who doesn’t give a shit about anyone’s life but his own – once he figured out that COVID was becoming a PR problem for him, mobilized a predictable war rhetoric. After consistently downplaying the threat of COVID-19 to the American public, in mid-March he declared himself ‘a war-time president.’ He then announced: ‘We’re at war, in a true sense we’re at war, and we are fighting an invisible enemy.’ Of course, in this same period, gun sales in the United States escalated at a feverish rate. It’s hard to know how guns, or soldiers, or even a war-time president can actually impede a virus, but this escalating crisis makes me wonder if war offers the best approach to framing our current contagion. After all viruses are not sovereign nations; they don’t have armies, navies, or air forces. They might not even be alive. So perhaps war is not only an inadequate metaphor but, indeed, a dangerous one. This became totally self-evident when Trump refused to use his ‘war-powers’ to produce more PPE or ventilators but was thrilled to call out national forces to attack BLM protesters in Portland.

**Megan:** What have you noticed with respect to this pandemic and publicly expressed affects or emotional narratives that have unfolded over the past months?

**Ed:** One of the things I think about public affect right now – in terms of even thinking about it as ‘public affect’ – is that it primarily takes place without necessarily being named as affect. So, there remains an implied juxtaposition, either affect or reason as if this is a binary. Either Anthony Fauci or Donald Trump. I mean we know people are freaking out, they’re frightened, they’re confused, they’re grieving, they’re angry, but we don’t have very constructive ways of engaging in conversations about these affects.

Indeed, it’s almost the opposite. Donald Trump just spews affect and foments affect precisely in order to prevent a reasonable discussion of the public feelings that so clearly affect – or infect – not just his base, but all of us who live in the field of his unconscious, which because he’s the Chief Executive is pretty much all of us in the US, if not much of the world. As sort of a private joke, one of the things I tell myself in order to make sense of my own anxious affect these days is that I feel like I am being pulled down by the undertow of other people’s death drives, and so I have to keep screaming at myself: Swim parallel to shore!! Swim parallel to shore!!

Of course, illness always entails affect. That's what makes it different from disease. Disease is what medicine diagnoses, illness is how you live with whatever you've been diagnosed with, which needless to say is a full body experience. Indeed, one of the primary reasons we approach doctors in the first place is because of anxiety – the anxiety of not-knowing – and when we do so we behold them as what Lacan (who was a trained physician) called a *sujet supposé savoir*, a subject who is supposed to know. But this supposition points in two directions: on the side of the patient it indicates a desire – we suppose them to know because we desire it to be so – and on the side of the doctor it indicates an imperative – they're supposed to know things about us that we don't, which is why they get paid.

In the current conjuncture, there's an awful lot of not knowing, both on the part of doctors and patients, as well as on the part of the rest of us who (to use the idiom of the early HIV/AIDS epidemic) constitute the 'worried well.' All our suppositions about how medicine ought to function have been troubled, which adds to the anxiety. I like to say, it's anxiety on steroids – which I mean ironically, since steroids have now become one of the few drugs that seem effective for people with the severe immunological responses to COVID referred to as cytokine storms.

Moreover, the gross politicization of the responses to bioscience's and biomedicine's attempts to generate adequate knowledge both about how SARS-CoV-2 circulates and about the incredibly disparate effects it precipitates in different people have ratcheted up the anxieties of not-knowing. When the President of the US or the President of Brazil aggressively attack medical knowledge in the service of completely unfounded theories they've pulled off Twitter or propose using drugs or other nostrums that they've discovered on the internet, it profoundly exacerbates the public anxieties. Who really knows? No one actually, but some kinds of not-knowing are definitely more dangerous than others.

Unfortunately, anxiety is a very powerful public affect, because as Freud pointed out, it has no object and can range freely across a wide variety of unconscious material. Furthermore, as Gilbert Simondon argues, anxiety is fairly irreducible at the level of the individual.<sup>13</sup> This might help us understand why there is so much displaced anger, say at the idea that one should wear a face mask in public, or that one should refrain from attending mass political rallies where social distancing doesn't occur. And why people willingly put their lives at risk as a result – like Herman Cain, the erstwhile African-American Republican presidential candidate, who died of COVID after attending Trump's day-after-Juneteenth fandango in Tulsa.

**Megan:** Finally, we wanted to ask whether, in terms of connecting your historical perspective with looking towards the future, whether you have thoughts in the direction of hope, or optimism, regarding the moment in which we find ourselves?

**Ed:** In the US, I do think that American individualism is being destabilized in a multiplicity of ways and that as a result a much more diverse range of people now recognize other people's vulnerability in and as their own. They are beginning to have a sense that your vulnerability is my vulnerability – which is empirically true, right? That's what the SARS-CoV-2 virus teaches us. And, moreover, that there are all kinds of economic, political, sexual, and racial determinants of such vulnerabilities. So, I do think more people – or at least I'm optimistically hoping that more people – have begun to recognize these entangled vulnerabilities as being significant problems in the face of which they might agree that certain kinds of structural transformations are necessary. That would be my hope in that regard.

The late French philosopher, Bernard Stiegler calls ours an epoch without epoch, where an epoch gets defined as having a certain kind of internal resonance that keeps what's sayable and what's not sayable relatively consistent within a certain kind of vibrational field, or whatever.<sup>14</sup> And as long as that's coherent, certain things will not be able to be heard. They'll be disharmonic, just noise. But in moments of cacophony, like the one we're now living through, all kinds of things – notes that had not been resounding – suddenly are not just heard but actually felt to be part of the soundscape. And so from that perspective perhaps different kinds of choreographies can emerge that will be ones that will be more convivial and more congenial not just for human beings, but for humans insofar as we are always constrained to live among others, both human and not-human – including things that may not even be alive, like viruses.

Of course, there are no guarantees that whatever new forms of collective living that emerge from this period of political, economic, racial, environmental, and biological dissonance will make our coexistence more convivial. Let me end then by juxtaposing two 'COVID parties' that make this point. The first appeared in many news outlets in mid-July: A white 30-year-old man living in San Antonio, Texas believed that COVID was a hoax. To test this hypothesis, he intentionally attended a party at which another guest had been diagnosed with the disease. (The logic underwriting this experiment seems dubious at best.) As a consequence, he became infected with SARS-CoV-2 and became severely ill, requiring hospitalization. As reported by the nurse taking care of him, the last words he said before being intubated and subsequently dying were: 'I think I made a mistake. I thought this was a hoax, but it's not.' That was some party.

The other COVID party took place nightly near where I live in Brooklyn. On a brownstone block of St. James Place between Green and Gates Avenues in the Clinton Hill neighborhood, people would stand on their stoops every night at 7 PM and clap and play musical instruments as a gesture of thanks and support for the essential workers who were struggling to keep the city

alive. One evening one of the people on the block, who had been a club DJ in the 1990s brought out his sound system and started playing dance music. At first people just danced on the steps in front of their houses. But night after night the music carried on and more and more people from other streets showed up in masks to dance with appropriate social distance. Over the course of summer, the COVID party grew and grew until by mid-August the block was filled with dancing people of all races, ages, sexualities, and genders, getting down with their bad selves in the sultry late summer evenings. At that point, a victim of its success, the residents decided it was time to take a break – they had been doing it nightly for almost five months. On the last night, a woman who lived in the DJ's house gave a speech in which she reminded us: We need each other to go on living and when we dance together we remind ourselves of this vital fact. I just hope there are more of these kinds of COVID parties and not the other kind.

## Notes

1. Vernant, J.P., 1982. *The origins of Greek thought*. Ithaca: Cornell University Press. On the reforms instituted by Cleisthenes in the 6th c. BCE: 'The old tribal structure was abolished. In the place of the four Ionian tribes that made up Attic society, Cleisthenes set up a system of ten tribes. As before, each tribe consisted of three trittyes [voting districts], but now all the demes of Attica were divided among these districts. The city was thus no longer organized according to connections between gene and blood ties. Tribes and demes were established on a purely geographical basis; they brought together dwellers on the same soil rather than blood relatives, as the old gene and the phratries, which continued to exist but were now outside the strictly political structure.' (99-100)
2. Triechler, P., 1987. AIDS, homophobia, and biomedical discourse: an epidemic of signification. *October*, 43, 31–70
3. Immunity comes from the Latin prefix 'im-' with the sense of 'not' and 'munus' meaning generally a service, duty, obligation, public office, post or office, and by transference it evokes a public show, spectacle, entertainment, exhibition, a show of gladiators, which was given to the people by the magistrates. It is the root of community, immunity, and municipal. In Imperial Rome immunity was a form of exemption that was granted to certain people or places that exempted them from having to fulfill services, duties, obligations, etc. that were legally incumbent on all citizens. Immunity was created as a way to allow there to be political loopholes in the law that maintained the fiction that the law applied universally to all. If people or places were granted immunity, then they could legally violate the law and therefore shore up the laws universal edifice. Immunity has been a hot topic in political theory in the past two decades. Jacques Derrida, Giorgio Agamben, Peter Sloterjik, and especially Roberto Esposito have all meditated on immunity's constituting paradoxes. Oddly none of them noticed that the bioscientific and juridico-political meanings actually contradict each other. In legal terms, if you are immune, you don't have to defend yourself. In biomedical terms, immunity names how you defend yourself at the cellular and biochemical levels.

4. On the transformations of medical discourse in the wake of the many cholera epidemics that best Europe in the 19<sup>th</sup> c., including Metchnikoff's 'invention' of immunity-as-host-defense, see Cohen, E., 2009. *A Body Worth Defending: Immunity, Biopolitics and the Apotheosis of the Modern Body*. Durham: Duke University Press. pp. 130–268.
5. Cohen, E., 2017. Self, Not-Self, But Not Not-Self: The Knotty Paradoxes of Autoimmunity. *Parallax* (23)1, 28-45; Cohen, E. 2004. Myself as an Other: On Autoimmunity and 'Other' Paradoxes. *Medical Humanities* (30)1, 7–11.
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