

THE PANDEMIC OF DYSTOPIA: WHAT PARADIGM OF GOVERNMENT IS ARISING?

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INTRODUCTION

The present paper aims to call attention to the underlying logic of the current mainstream public health policies. We focus on their circumscription within a government paradigm that's on the rise, which we call, following Giorgio Agamben (2020a), the biosecurity paradigm. This biosecurity paradigm is, as we argue, a new worldwide assumption among governments. Despite the relevance of the different levels of effectiveness among them, the public policies to control the coronavirus circulation constitute a world where no alternatives can be found outside the surveillance biosecurity apparatus.

Here, we are not trying to discuss how to overcome the pandemics - which is a real challenge and one of the main topics of current social and State discussion - but what society we are creating in the meantime. We try to offer some insights to avoid traps of the future we, collectively, are conforming. Therefore, the present essay seeks to

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present essential questions about the pandemic's impacts on what life is being produced through public security policies and economic institutions' conformation. Furthermore, as we argue below, these institutions are increasingly intertwined with the whole social system since, at least, the last decades.

In this sense, the COVID-19 pandemic is ripening a trend of risk management that has been observed by some scholars ever since at least the 1970s (Illich, 1974, 1975, 1986; Samerski, 2015; Zuboff, 2015; Tiqqun, 2010; Augusto & Wilke, 2019, Arantes, 2015). This trend produces a social life restricted to biological and economic aspects while refraining people from living cultural, political, and affective lives. We argue that biosecurity, as a discursive paradigm that crosses our bodies, is becoming more intrusive due to actions against the pandemic. This process can be noticed in the continuous reduction of bodies to economic resources, where human life can only have meaning while economically productive.

We claim that the COVID-19 pandemic is aggravating this trend, leading the different states of affairs worldwide into an increasing cybernetization and mediation of everyday life. It happens through an intensified structural iatrogenesis process, shaping a society that continually requires risk management and demands surveillance in ever more subtle and pervasive ways.

We do not wish to discuss the pandemic itself, its biological consequences, or the deadly disease, but aim to evaluate the patterns of government that are arising. To assess such trends, we will present the concepts of iatrogenesis, risk management society, and biosecurity as key to understanding the challenges we are facing in the near future to be able to face them.

As a cautionary essay, we intend to remember the importance of meaningful events and values as constitutive of health and a life worth living. We realize the perspective

we are presenting below puts us in uncomfortable positions, but to be thorough, we cannot shy away from the pessimism consequent of intellectual analysis - even to create future optimist actions.

STRUCTURAL IATROGENESIS

We are drawn to the intuition of thinking about health as a social condition: instead of seeing an individual's biological properties as the diagnosis, we can find in our surroundings the sickening character. The widespread industrialization was fiercely criticized in the second half of the 20th century, so it appears intuitive for us to revisit some of the literature of the time, especially concerning Latin-America. This region which was going through a process of intensive industrialization and urbanization under projects of development.

The feeling of having our lives dictated by healthcare institutions, despite its acuteness during the current COVID pandemic, was a diagnosis of reality made by the philosopher Ivan Illich in the 1970s. By then, the author became widely known for his radical critiques of society. Based in Mexico, he was critical of the modern process of development that took over Latin-American policy-making at the time. As a public intellectual figure, Ivan Illich became notorious in the worldwide counterculture movement of the 1960s and 1970s.

Illich's analyses went against the taken-for-granted assumption that more technological complexity amounts to better living. According to the developmental discourse of the time, whichever strand we look at, the idea that to create ever more hospitals, schools, and highways was seen as a good thing. The debate was around how, not whether, to pursue these goals. Illich's work forwards the notion that losses in the process would outweigh the gains. In this sense, many modern institutions are seen as counterproductive human ways of organizing.

Much of what Illich realized about modern organizations in the 1970s was only perceived by Organization Studies scholars decades after. For instance, the argument Parker (2019) makes against Business Schools resembles Illich's argument against schools, seen by him as the modern institutions' advertising agencies. Illich also spoke about the menace to social equity that a growing technobureaucratic class presents, much like arguments proposed by Tragtenberg (2006) or Prestes Motta (1986). As Casagrande & Freitas (2020) expose the author's critical contributions to Organization Studies, Illich's work is a great asset to Organization Studies, especially when discussing alternative organizations, technology and organizations, and mass surveillance society.

In 1974, Ivan Illich (1975) realized that health intervention could have contradictory consequences. While it is true that our life expectancy improved tremendously in the last centuries, it is also true that, after a given point, the healthcare systems are creating, along with its interventions, undesired outcomes. Like many other institutional innovations, Illich realized that there was a first threshold that made our lives much better and, then, legitimized by the initial improvements, a second, counterproductive, threshold that once crossed creates terrible effects on our lives. To these consequences created by the health systems, he used the concept of iatrogenesis.

Three iatrogeneses were outlined: the clinical, the social, and the structural. The first is more easily observable, as in the cases of patients who are hospitalized for, say, a broken bone and become ill of COVID-19 for being in the hospital. Clinical iatrogenesis can happen consequently to medical mistakes, patient mistakes, or unintended side-effects of treatment. When "you get the wrong diagnosis, the wrong drug, the wrong operation, you get sick in hospital etc." (Cayley, 2020).

Social iatrogenesis is a historic process where medical knowledge begins to be treated as an objective truth instead of art or a way to better living. Such an iatrogenesis

transforms the person into a sick passive patient who requires a specific, objective kind of care. It weakens social ties by changing any personal problem into a health problem. For example, social isolation, the absence of meaningful relationships, is not a social issue anymore; it is a health issue that should be treated by an expert in the field.

Before the expansion of the medical enterprise during the 20th century, it was “not been expected that the definition of ill health would widen the scope of medical care and that the threshold of tolerance to disease would decline as fast as the competence for self-care or that new diseases would appear” (Illich, 1975, p. 31). Social iatrogenesis implies three consequences: by the professional definition of disease, (a) the spheres of life which medical competence incides expand, as the ever-narrowing definitions of mental health shown at the “DSM-5” (APA, 2013) illustrates; (b) people lose the capacity to coexist with even minor health conditions and (c) instead of taking care of each other, people expect to receive care from a system and end up being controlled by the diagnoses given by medical institutions. As Illich points out, humans become domesticated through the social iatrogenesis process.

Finally, structural iatrogenesis is the more difficult and complicated one to see and, yet, the ultimate injury brought by healthcare institutions. It is when cultural abilities, vernacular ways of dealing with problems, are undermined and replaced. One example of that in the current pandemics is the question Agamben (2020b) proposed:

How could we have accepted, solely in the name of a risk that it was not possible to specify, that persons who are dear to us and human beings in general should not only die alone, but — something that had never happened before in history, from Antigone to today — that their cadavers should be burned without a funeral?

The unprecedented absence of funerals could be achieved because, in that case, Italian society replaced vernacular values for scientific ones. We can no longer suffer in grief and cry over our dear ones but should see a doctor and take a pill instead.

Communities lose the capacity for self-care due to the same process that made medicine at least partially effective. Structural iatrogenesis can be seen in our loss (a) of the abilities to help a friend with mental distress, (b) of collectively dealing with pain or death, (c) or even of our ability to resort to traditional and alternative means as they wither away in the face of professional and scientific treatments.

Structural iatrogenesis can, maybe, only be seen in contrast to communities that live in vernacular ways, as indigenous people, traditional communities, or even some intentional communities, as the Zapatistas experience in Southern Mexico. As Callahan (2019, p. 372) discusses, "we can turn to Illich for insights as to how a commodity-intensive society attacks the vernacular, that is, our collective persistence striving for autonomy." In this sense, healthcare institutions are the commoditization of health, which produces heteronomy. The expansion of the medical enterprise and the right for health constitute a modern ritual that creates the myth that it amounts to better health conditions while it veils the dissonant character of the reality it produces. It is the "rain dance" we follow and dance harder upon realizing there are no clouds in the sky.

Around ten years after Illich made this potent critique of the medical institution, he pointed out that "today's major pathogen is [...] the pursuit of a healthy body" (Illich, 1986). The medical doctor was, then, internalized in ourselves. Structural iatrogenesis got encrusted inside us. He perceived an emerging market for the incorporation of an external attribute, which would become health (Levin, 2003).

Twenty years after the first book, he realized another terrible consequence of structural iatrogenesis: we began to expect a victory over Death. As such, the end of life is not a

constituting part of it anymore, but a terrible game in which people still hold on to the hope of winning (Illich, 1995).

FROM STOCHASTIC PATIENT MANAGEMENT TO RISK MANAGEMENT SOCIETY

As medicalization grows further into society and deeply produces structural iatrogenesis, patient and healthcare institutions' rapport heightens and changes. In the first moment of healthcare institutions, namely the first half of the 20th century, the physician was a human point of connection between institution and patient. Institutions built trust with patients through the face of a specialist. But as institutions became prevalent and objective rules of diagnosis and treatment replaced individual abilities and knowledge, trust moved from a personal connection to a misplaced, institutional connection.

As institutions became prevalent in healthcare, a new kind of management was created - patient management. But since institutions are not substantive beings - they relate with populations and not with individuals - this patient management uses a stochastic method (Duden, 2002). After all, if one silly death happens, but two people are "saved," this is a win.

Along the process of medicalization, the physician/patient relationship has an authoritarian nature. The medical doctor holds the truth and the power to decide what to do. Later, after structural iatrogenesis is produced, the patient's relation to their own body is perceived as needy for health services (Duden, 2002 ; Illich, 1986).

Iatrogenesis is consequent to perceive our body as part of the social system. Medicine changed its focus from healing the ill with the introduction of the concept of risk into medical practice (Armstrong, 1995). Medicine began to treat disease symptoms as risk factors, seeking preventive optimization. That shift of focus from the ill, concrete

patient to general prevention meant that everyone, despite their health condition, was now identified as in need of medical services. It follows that perpetual monitoring of every living person was now demanded. Once understood as part of the social system, stochastic patient management becomes part of greater social management, management of society itself, which defines it. Systems-thinking conforms risk management society.

The performance of such monitoring is what we call, following Samerski (2015; 2018), risk management. For it to be performed, an abstraction of the actually existing people must be made. Persons are turned into risk profiles and the whole of the people into a population. That is why "Aetiology no longer refers to a specific cause, but to a hierarchy of feedback loops" (Illich, 1995, p. 1652). Risk profiles are made from the collection of objectifiable data from people that can afterward be statistically checked for correlations with specific events, like the development of an illness.

It should be noted that Samerski's critique of risk management society does not resemble postmodernist critiques of risk assessment and management made by numerous authors, such as Baudrillard (2008) or Miller (2009). For the former, current society produces collective life that is becoming increasingly museum-like, where life, managed by objective risk assessment, becomes increasingly planned. The latter produces a proposition of reconceptualization of risk management that should include different perspectives, qualitative issues, and practice-driven decision making. The assessment of the issues advanced here would not suggest different approaches to risk as these postmodernist thinkers did, but rather to debunk risk as a core category altogether.

Risk "does not identify a concrete reality but only a specific form of objectifying potential events." (Samerski, 2015, p. 100). It is but an abstract, hypothetical, and only conditionally valid scientific construct. The statistical method simulates hypothetical

cases of an event happening several times and attributes how often a specific result would appear. It says nothing of a particular actual case of the outcome of that event happening. However, risk management blurs this distinction as a professional risk analysis transforms their clients' self-perception. Frequently, "doctors' offices are filled with people robbed of their sense of well-being not by an adversity but by a risk prediction." (Samerski, 2015, p. 100). Risk management turns mere possibility into latency. What may happen becomes something that hasn't happened yet. People now suffer from a prediction as they are redefined as risk-carriers, as manageable immune systems. "A new model has sprung up that engenders people who objectify themselves: those who conceive of themselves as 'producers' of their bodies" (Illich, 1992, p. 217). These produced bodies are iatrogenic bodies: they are a result of the interiorization of the medical enterprise.

Several institutions for social services, such as education and medicine, lost their identities and became intertwined with the military, economic and other systems (Illich, 1995). Medical institutions became medicine subsystems, as did other social institutions. They became intertwined, connected into a social system, ruled by risk management. The whole social system acquires the diagnostics made by its subsystem, to the point where we can speak of a "risk society." At this point, namely by the end of the 20th century, a fourth type of iatrogenesis is produced: the iatrogenic body (or "soma") (Duden, 2002). With the iatrogenic body, even individual persons begin to perceive themselves as subsystems. The functional Durkheimian dream of the body-with-organs becomes a reality.

The author who coined the term "risk society" in 1986, Ulrich Beck (1992), framed, as David Cayley (2020) highlights, late modern society as an uncontrolled science experiment. But unlike many scientific experiments, we have no "control planet" in which the experiences (and their unknown outcomes) with nuclear weapons or where changes in the atmosphere, for instance, would not be held. As participants of this

uncontrolled large-scale “scientific” experiment, we attempt to control our individual actions since societal outcomes became out of control. As Samerski (2015), we do not only use the ‘risk-management’ concept in that sense but also to

[...] identify a society in which administration and policy have made their main task the ascertainment, calculation, reduction, and distribution of risks — whether in fighting crime, in economic policies, in the healthcare system, or in social policies. (Samerski, 2015, p. 100).

The idea that people should make their own decisions plays a major role in risk management. Autonomy is understood not in the sense that people should act without supervision or collectively in a horizontal manner. Instead, under risk management society, institutions teach people to be autonomous by training them about their own selves (Samerski, 2015).

Expert jargon is used to alienate laypeople, presenting its knowledge as both very important and inscrutable to the non-expert public. Hence, a society that demanded people's decision in every instance of their lives proves itself not to emancipate people from paternalistic figures. Instead, it fosters the expansion of spheres of government into every possible aspect of life. “The expert loses his hegemony and becomes a facilitator, in other words, an “enabler” and “supporter” of decision making.” (Samerski, 2015, p. 123). People are redefined as needy.

Risk management is government made through concepts that exist only in thought and assumed to be part of objective reality -- such as a contagion curve or GNP growth. People are assumed to take part in this external objective reality, becoming subsystems themselves. As organs of the social body, individuals should play a role that requires their own maintenance, which is health treated objectively, which produces the iatrogenic body. Systems detain their own imperatives, without distinction between

what is symbolic and what is real, imposing on the users what they are and what they ought to be (Robert, 2019, p. 106).

Since people are subsystems, there must be a way of controlling them, just like any other subsystem. Here we can understand the necessary spread of surveillance technology along with system-centered risk management: the more the system can define people, the more people are governable. Similar insights allowed Byong-Chul Han (2020) to propose a redefinition of the sovereign concept that might be on the rise during the COVID-19 pandemic: the one who has data. The more the internet of things is spread, the more controllable a population is. With these technologies attached to our bodies in full time, a new paradigm of government arises.

BIOSECURITY

In 2005, David Navarro, a key member of the World Health Organization, warned that a new pandemic could kill between 5 and 150 million people worldwide. Dick Thompson, a spokesperson of the organization, warned that countries should be prepared for a death toll of up to 7.4 million people, adding that this "is the most reasoned position" (NBC, 2020). Following this, governments, especially those in the rich world, sought to develop a preemptive response to these types of threats, to achieve a state of preparedness (Zylberman, 2013).

To be prepared for the worst possible scenario, it became required to produce a paradigm where biosecurity plays a core aspect of social life. To produce this paradigm, Agamben (2020a) exposes three steps of a new settling government paradigm, following Patrick Zylberman (2013). In the first moment, data is used to create a fictitious worst-case scenario that allows for governing an extreme situation, that is, to deploy extraordinary resources. In the sequence, there is the "adoption of the logic of the worst as a regime of political rationality" (Agamben, 2020a), as risk management is

employed based on the worst-case scenarios. Once it happens, it blurs the worst possibilities into latency (it's not a question if it will happen, but only when), nudging people to behave as though it was already a reality. In this second moment, draconian public policies are imposed over whole populations, but they are still not necessarily legitimized by the whole of the people. The third step involves some kind of consent manufacturing in which "the integral organisation of the citizen body so as to strengthen adherence to government institutions as much as possible, producing a sort of superlative good citizenship in which the obligations imposed are presented as proof of altruism" (Agamben, 2020a).

These steps produce what the author calls the biosecurity paradigm of government. By this concept, he is not criticizing only the public/State management, but the government of the bodies, the discourse that crosses us all. Under this paradigm, the preventive logic of risk management becomes narrower. The rationality deployed is not concerned with the actual, concrete problems, that is to say, with what causes and what is the nature of the problems against which one is to fight. Rather, it is concerned with a fictitious preemption of where and when they could appear (Zylberman, 2013). As the movies show, we are always prepared for the next zombie apocalypse or alien invasion.

In the risk management society, the notion of self-determination and individual self-governance is portrayed in a way that the lay public needs services or products that help them access aspects of their lives or, more generally, make them able to make informed decisions. Smartphone apps allow for monitoring physical activities or choosing the best time to avoid traffic. Social media platforms organize sexual, political, or friendly encounters –and every aspect of life is "facilitated" by accessorizing services while formally maintaining the possibility of opting-out. As the use of these services becomes increasingly popular, their effect of the expansion of areas of government diminishes the formal options of not participating or consuming these products, pushing the ones who do opt-out into risk profiles of potential danger, creating this

new step of risk management, which is the biosecurity paradigm of government. For instance, those who do not own a smartphone, do not do medical periodical check-ups, or do not have social media profiles are perceived as having something to hide, as potential threats to society.

In other words, with the 2020 COVID-19 outbreak, a new stage of risk management logic emerged. If before the pandemic there was still the formal freedom not to engage with socially spread practices of consumption, even though any opt-out could produce social alienation, now even this formal freedom is becoming scarce. For instance, it is widely known that certain social media create and maintain profiles of people who never registered or maintained profiles voluntarily, based on information provided by others who occasionally publish pictures in which they are present or comment about them. Another example is social media's adoption as the official public relations channel from governments, like Twitter at the Trump administration. We perceive as a tendency that the political responses to the COVID-19 pandemic catalyze these trends and provide social discourses of citizenship in which weakening in-person relations are portrayed as acts of selflessness. While only corporate social platforms were doing this kind of practice, now even governments, through mobile tracking apps, and social activists have endorsed the reasoning.

In this pandemic, we are watching human life being reduced to economic life. While it is socially condemned and, sometimes, even prohibited to go to beaches or parks, it is becoming increasingly acceptable to go to pubs, bars, restaurants, shopping malls, stores, and work at the factories. In the end, what is adequate to have as life is economic life - but not political, social, and hedonistic life. While it is acceptable to take a crowded bus to work, people will frown upon visiting a friend.

To preserve life, understood as purely biological (zoè or bare life, according to Agamben, 1998), affective, political, and cultural life (bios or meaningful life) was

pervasively redefined by the social system. In Agamben's oeuvre, this life restricted to its minimum requirements (organized through the economic life in opposition to the political, affective and cultural life) is the project of creating the homo sacer, the ultimate man of times, where only zoè, biological life, is allowed. Biosecurity is, then, the current paradigm that enables a kind of accelerationism towards the constitution of the final human being, the homo sacer. It is not just about medical conditions and prevention. Changes introduced under the context of COVID-19, if not resisted, will outlast the pandemic: technological mediation of social relations, prohibition of leisure and political activities, the widespread of home deliveries of food and services, further "social distancing."

FINAL REMARKS: BIOSECURITY AS POLICY

In a public debate between a left-wing that requires public policies to cease the spread of the virus and a right-wing that wants to enable the economy even at the expense of human lives, we feel the mainstream debate is missing what world will be left for the survivors of this pandemic. Our point is not to doubt the seriousness of the pandemic, nor the need to come up with measures that prevent deaths from it. Nor even to say that it is not real. Instead of "the economy" or "health" -- two faces of the same coin (Fradin, 2020) -- we suggest the debate should focus on what conditions of living we are enabling to the post-pandemic world.

In this article, we have argued that a new paradigm of government gains momentum during the COVID-19 pandemic. It can be understood from a continuous process of production of collective life in which bodies begin to be treated as (economic) resources. Three concepts guided our analysis: Illich's iatrogenesis, Samerki's risk management, and Agamben's biosecurity.

Understanding modern society as a progressive enclosure of what was previously the commons, the final frontier of the enclosure is the human body. The biosecurity paradigm of government allows for the appropriation of the body, through a reification process, transforming the human body into a pure function, as an organ of the social body - or as a subsystem of the whole social system. It can be seen when pandemic discourses are centered on the destitution of people's social and political life in favor of the economy and its social functions. It became embarrassing to be in a protest or be in a leisure activity, but totally acceptable to take part in an economically justified activity.

The concepts and theories presented above were drawn from the authors' existing research from before and during the pandemic. We understand it produced valuable insights that could inform future research on the task we did not put ourselves into thinking of how to supersede the pandemic social consequences.

We began discussing the three iatrogeneses Illich describes: clinical, social, and structural. This concept is critical to realize that not all medical interventions create a better life. As a matter of fact, following Illich's argument (1975), after a certain threshold, medical intervention begins to restrict life, to control bodies, and to replace culture and community's knowledge with a dependency on healthcare institutions. In this way, while clinical iatrogenesis is the mere side-effect of medical treatment, social iatrogenesis is the medical monopoly over healthcare. But the third type of iatrogenesis produces a final injury in people: a cultural harm, when people begin to doubt their own abilities to deal with diseases and death without professional tutelage.

As institutional healthcare becomes prevalent, there is a tendency to turn people into statistical profiles. It creates what Duden (2002) calls stochastic patient management. The physician/patient relationship is oriented towards preventing and monitoring future conditions and it calls for overarching surveillance of every living person, influencing all society, allowing us to speak of a risk management society.

The logic of preemptive surveillance becomes more insidious. By establishing a preparedness practice of public management, deployed through the use of worst-case scenarios, the whole of the social body is organized into a preemptive paradigm of control -- biosecurity. Fictitious scenarios of possible political or sanitary risks justify to the public any possible government act, manufacturing consent. It is like perpetually living in a pre-zombie outbreak movie.

But this constant state of preparedness, which the biosecurity paradigm allows, isn't anti-economical as many seem to believe. As Fradin (2020) argues, the novel coronavirus response is not anti-economic. Actually, the opposite is the truth: the COVID pandemic allows the State to impose economics as the supreme discourse, as the final rule over bodies. If past events are any indication of what is coming ahead of us, the COVID pandemic may repeat the concentration of capital and power that followed the black plague pandemic in England. As Russel and Parker (2020) point out, while there was, in fact, a decline of the medieval ways during the 14th-century pandemic, the social consequences of the bubonic plague made rich people even richer and allowed corporations to emerge - together with what would be soon known as the modern State. It's not that would not happen without the black plague - but the legendary pandemic made it faster, acting as a social catalyzer.

We do not think there are easy alternatives, but exciting ideas are coming from some social movements. Indeed, as Illich would expect, subsistent societies are dealing with pandemics with considerably more autonomy (both as *zoè* and as *bios*). It is so because they would escape what he called the modernization of poverty and are still able to build their own dwellings, plant their own food, and politically limit their use of technology. Scholars like Rob Wallace (2016) and Soledad Barruti (2020) claim our urban society, an advancement over the agricultural frontier, and intensive industrial farming render pandemics as likely events.

Instead of urging to go back to "normality," that only produces an aggravation of the current trends, our social response to the pandemic could give room to put back into the public sphere discussions regarding possibilities of subsistence such as agrarian reform, urban agriculture, food sovereignty, health sovereignty, and, more broadly, deleterious industrialization consequences. In Mexico, the Zapatistas have closed their caracoles, which can sound like a lockdown - but only to the external world. Inside, they "call on all not to lose human contact, but rather to temporarily change our forms of relating as compañeras, compañeros, compañeroas, sisters, brothers, and hermanoas." (Moises, 2020). We may learn more from them and, maybe, less from biosecuritarian governments.

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THE PANDEMIC OF DYSTOPIA: WHAT PARADIGM OF GOVERNMENT IS ARISING?

Abstract

The present article draws attention to what paradigm of government is being produced due to the policies and discourses being employed to deal with the COVID-19 pandemic. Three key concepts are discussed: iatrogenesis, enunciated by Ivan Illich, risk management society, delineated by Silja Samerski, and biosecurity, proposed by Giorgio Agamben. There is a process of modern transformation of collective life that is accelerated by the current context. As argued, bodies are increasingly treated as economic resources, reducing people to bare life or *zoè*. It is suggested, as an optional way of dealing with the pandemic, that, instead of urging to return to normality, one could use the opportunity to rethink the social structure. The pandemic could give room to put back into the public sphere discussions of agrarian reform, food and health sovereignty, and industrialization's deleterious consequences.

Keywords

Biosecurity. Risk management. Iatrogenesis. Covid-19. Bare life.

A PANDEMIA DE DISTOPIA: QUE PARADIGMA DE GOVERNO ESTÁ SURGINDO?

Resumo

O presente artigo chama atenção para qual paradigma de governo está se produzindo como resultado de políticas e discursos empregados para lidar com a pandemia de COVID-19. Três conceitos-chave são discutidos: iatrogênese, enunciado por Ivan Illich, sociedade de gestão de riscos, delineado por Silja Samerski, e biossegurança, proposto por Giorgio Agamben. É argumentado que há um processo contínuo de produção da vida coletiva, que já ocorre na modernidade, mas que é aprofundado no contexto atual. Neste contexto, corpos são tratados, cada vez mais, como recursos econômicos, reduzindo pessoas à vida nua, ou zoè. É sugerido, como alternativa, que, ao invés de se clamar pelo retorno à normalidade, se possa aproveitar a oportunidade para repensar a estrutura social. A pandemia poderia oportunizar a rediscussão pública de questões tais como reforma agrária, soberania alimentar e de saúde, e as consequências deletérias da industrialização.

Palavras-chave

Biossegurança. Gerenciamento de risco. Latrogênese. Covid-19. Vida nua.

LA PANDEMIA DE LA DISTOPÍA: ¿QUÉ PARADIGMA DE GOBIERNO ESTÁ SURGIENDO?

Resumen

El presente artículo llama la atención sobre qué paradigma de gobierno se está produciendo como resultado de las políticas y los discursos empleados para hacer frente a la pandemia del COVID-19. Se discuten tres conceptos clave: la iatrogenesis, enunciada por Ivan Illich, la sociedad de gestión de riesgos, esbozada por Silja Samerski, y la bioseguridad, propuesta por Giorgio Agamben. Se argumenta que existe un proceso continuo de producción de vida colectiva, que ya se da en la modernidad, pero que se profundiza en el contexto actual. En este contexto, los cuerpos son tratados cada vez más como recursos económicos, reduciendo a las personas a la nuda vida, o *zoè*. Como alternativa, se sugiere que, en lugar de clamar por la vuelta a la normalidad, se aproveche la oportunidad para repensar la estructura social. La pandemia podría ser una oportunidad para debatir públicamente cuestiones como la reforma agraria, la soberanía alimentaria y sanitaria, y las consecuencias nocivas de la industrialización.

Palabras clave

Bioseguridad. Gestión de riesgos. Latrogenesis. Covid-19. La vida desnuda.

CONTRIBUIÇÃO

Nilo Coradini de Freitas

O autor declara que produziu arguição, problemática e discutiu as questões teóricas em sua integralidade apresentada. Além disso, revisou e formatou o texto de acordo com as políticas da revista e apontamentos dos revisores.

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Os autores declaram que a contribuição é inédita.

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