

COVID-19 VS LEPROSY, THE PLAGUE AND SMALLPOX: FOUCAULDIAN PERSPECTIVE

Abstract: Relying on Foucault's theoretical differentiation of three derived management models reflecting the historical and political response to the emergence of three infectious diseases, namely leprosy, the plague and smallpox, this paper will consider the manner in which the approach of health policy-makers in Serbia has changed before, during and after the introduction of the state of emergency caused by the outbreak of the SARS-CoV2 epidemic, largely following the ideal-typical description of these three models of confronting the infection. Starting with the idea of identifying and completely isolating those that are infected from the community for the purpose of preserving a "clean" society, typical of the period of the spread of leprosy, through the idea of introducing quarantine and monitoring mechanisms for the purpose of establishing a disciplined society, typical of the period of the spread of the plague, to the reliance on vaccination and abandonment of the idea of complete eradication of the pathogens, i.e., reliance on statistics and risk analyses for the purpose of long-term understanding and curbing the epidemic, typical of the outbreak of smallpox, it is possible to identify significant similarities of these historical models with different stages in managing the crisis caused by the Covid-19 epidemic in the contemporary local context.

Key words: Corona virus, epidemic, infectious diseases, Michel Foucault, panopticon.

Examples of leprosy, the plague and smallpox

In his lectures and studies, the French philosopher Michel Foucault referred more than once to the political responses to the emergence of three infectious diseases in different historical periods: leprosy, the plague and smallpox – by employing these ideal-typical models as metaphors for

explaining three models of management and genealogy of different institutions of social control. Although it is obvious that the author's intention was not to discuss these infectious diseases as phenomena *per se* and their consequences to the society in narrow sense, but rather to describe their historical relevance and analyse their cultural implications in order to illustrate the evolution of "technologies of governance", as a sort of an allegoric forerunner of future regulatory mechanisms that, in his opinion, fundamentally reformed the existing social structure, one should not easily disregard the fact that Foucault's extrapolated models of confronting collective health threats provide an innovative perspective for the analysis of gradual changes in the approach of health policy-makers in the contemporary epidemic crisis caused by the spread of Covid-19 (Kakoliris, 2020; Sarasin, 2020).

In his work *Madness and Civilization: A History of Insanity in the Age of Reason*, Foucault writes that the widespread infection of the population with leprosy¹, from the beginning to the very end of the Middle Ages in Europe, was testified by more than nineteen thousand institutions accommodating the infected population all over Christendom, out of which more than two thousand existed in France alone when the first Regulation on Leprosaria was adopted in the 14th century (Foucault, 2006, 3). The views of this disease and the infected were in most cases extremely negative during the Middle Ages. The fear of the disease was accompanied by cultural and moral stigma of the infected, which were perceived as unclean both physically and spiritually (Covey 2001, 316–317.). Binary division on those who are lepers and those who are not, facilitated by physically discernible manifestations of the symptoms, included the confinement of the infected in isolated communities where the individual blended in with a non-differentiated crowd of socially undesirable castaways. Hence, according to Foucault, leprosy generated certain rituals of excommunication that would serve as a simplified structural pattern of future *Great confinement*² during the Age of Enlightenment (Foucault 1991, 198). After the "miraculous" disappearance of this disease in Europe by the end of the Middle Ages, caused primarily by the abovementioned isolation of the infected, but also by the end of the Crusades, which terminated contact with the hotspots of the contagion in Levant, the memory of the negative values and ideas

1 Leprosy, also known as Hansen's disease, is a chronic infectious disease caused by *Mycobacterium leprae* or *Mycobacterium lepromatosis* bacteria. It is transmitted by prolonged contact, coughing, or contact with the fluids from the nose of the infected person. The disease can lead to damages of the nerves, respiratory tract, skin and eyes.

2 Under the concept of *Great confinement*, Foucault implies the mass process of imprisoning "the madmen", i.e., confining the mentally ill individuals in prisons, hospitals and institutions in European countries from the middle of the 17th to the end of the 18th century, when political absolutism and enlightenment flourished, together with other socially unacceptable members of the community, such as beggars, non-workers, petty criminals and prostitutes, who were collectively perceived as non-workers by their own volition and hence as an embodiment of irrationality that should be socially excommunicated (Foucault 2006, 44–77; Porter 1990, 47–50).

concerning the lepers and the purpose of their isolation will remain alive in the times to come. As a result, the former hospitals, which were now abandoned, were uninhabited liminal spaces left to ghosts for a long time (Foucault 2006, 3–6). Foucault puts forward a somewhat controversial assumption that two or three centuries after shutting down the leprosaria, when the memory of the lepers had completely faded away, these areas served as places where social “lepers” of early modernity were being confined, such as the poor, homeless people, the convicts and “delusional minds”. This way, the idea of removing the unwanted for the purpose of maintaining a “clean” society continued to live on as an institutionalised mechanism of social control.

However, in his work *Discipline and Punish: The Birth of the Prison*, Foucault introduces a description of a new model of management that originated as a response to the outbreak of another contagious disease – the plague³. Unlike the previous response to the outbreak of leprosy, this model is not based on the idea of excommunicating the infected individuals, but rather on the idea of establishing discipline and movement control in the entire community. While the lepers were excluded from the society and stigmatised as dangerous and the disease itself as unfathomable, those infected by the plague were at the centre of the administrative system for the purpose of understanding and establishing the scope of the disease (McKinlay 2009, 168). This was to a great extent due to the fact that leprosy infection could easily be diagnosed by ordinary people or clerics and that the disease itself was relatively rare, with a low rate of transmission, that it advanced slowly and did not affect large groups but rather isolated individuals, which made the process of identification and isolation of the infected much easier. Contrary to that, the plague was highly contagious, it affected entire communities and was spreading rapidly, both by direct and indirect contact, which is why a timely identification of the infected and their isolation from the community was impossible (Kakoliris, 2020). Foucault emphasises that the plague was perceived as real and an imaginary form of disorder and “chaotic multitude”, whose medical and political correlate can be found in discipline and in a separatory and analytical plague management. Even the literary work *A Journal of the Plague Year* by Daniel Defoe (1772), which was, albeit a work of fiction, also perceived as an accountable historical source and a sort of a handbook on adequate behavioural patterns in confronting the plague, stated clearly that in the given circumstances the fear of deterioration of society and social unrests was as equally large as the fear of the disease itself (McKinlay 2009, 170–174). Therefore, Foucault considers that the aim of introducing order by establishing an omnipresent and omniscient government, social segmentation

3 Plague or *pestis*, also known as “black death”, is an infectious disease caused by the *Yersinia pestis* bacteria. It is transmitted by flea bite, contact with an infected animal or by not covering coughs and sneezes in humans. The symptoms include fever, exhaustion and headache. There are several known types of the disease. The bubonic plague causes swelling of the lymph nodes, the septicemic plague can cause necrosis and the pneumonic plague is accompanied by pneumonia, shortness of breath, cough and chest pain.

and precise definition of the “real” name, place, authority and disease for each and every individual, was to eliminate social turbulences and confusion caused by the outbreak of the epidemic. In his description of the prescribed measures in case of the plague outbreak, adopted from a seventeenth-century proclamation, this author highlights the significance of establishing perimeter control, of closing down and dividing cities into smaller administrative units and of introducing a ban on citizens to leave the house under a death threat, by which segmental and immovable areas are established where each individual is confined to a place where they are supposed to stay (Foucault, 1991, 195–199). The measures introduced prescribe behaviour, permitted hours for leaving the house, the procedure of supplying basic groceries, preventive measures and prohibition of certain types of contacts, while at the same time providing the controllers with an unquestionable right to establish and verify health and safety conditions, both in the streets and in private homes (Foucault 2009, 10). The introduction of the surveillance system, where each individual is continually being monitored, examined and labelled as either alive, infected or dead, serves as a guarantee of complying with the measures introduced. The invasion of regulations and laws into all aspects of everyday life, whereby strict hierarchical relationships are being established, all events recorded, and endless reports and orders sent out to connect the centre with the periphery, defines the mechanism which is a façade concealing the fear of disease, rebellion and death without any order and rules, but also a dream of establishing a disciplined society and a perfectly organised city (Foucault 1991, 197–198).

Foucault believes that these different and yet not incompatible models of removing the lepers and inclusion of those infected by the plague started blending into a new model of management at the beginning of the 19th century. At first, this model included psychiatric institutions, prisons, juvenile detention centres, boarding schools, facilities for workers and, to an extent, also hospitals, and later on it came to include other institutions and segments of society, as well. According to Foucault, this amalgam that implied treating “the lepers”, i.e., the social castaways of the time, as “being infected by the plague”, that is, their simultaneous stigmatisation and individualisation, isolation, but also monitoring by applying detailed analytical methods to the prisoners and disciplinary schedules to the area of confinement, is ideal-typically embodied in the surveillance instrument of *the panopticon*⁴. Although initially envisaged as an architectural solution for establishing a more efficient disciplinary

4 At the end of the 18th century, British social reformer and utilitarianism philosopher, Jeremy Bentham, developed a new model of prison whose purpose was to decrease the necessary workforce for its operation and to increase control, surveillance and manifestation of power over prisoners. The *panopticon* implied a circular building surrounding an area with a control tower at its centre. This ring was designed as a large number of separate cells with two windows each, one facing the tower and the other one facing the outer world. The controller in the tower overlooks the cells through large windows by emitting a bright light, which at the same time discovered all the activities of the prisoners and concealed the observer in the tower. This way, the prisoners could not know if and when they were being

institution, the original ideas of seclusion, segmentation and supervision without any danger of the observer himself to be seen, as well as of imposing awareness of permanent self-control, were generalised and elevated over time, thus becoming an important leverage for establishing and strengthening power in numerous social spheres, a leverage that became deeply interwoven with the worldview of the political apparatus and the ideals of those in power (Elden 2003, 248). Preventing contacts by separation and the simultaneous invisibility and omnipresence of the controlling system guarantees order maintenance and automation of the illusion of power, thus removing the necessity for its actual demonstration (Foucault 1991, 201–203). This allows the mechanism to maintain the established relations of discipline regardless of the one exerting control, since those who are being controlled, pressured by the awareness of constantly being under the watchful eye of the observer and in danger of being punished, exert self-control and correction of their own actions and behaviour in accordance with the prescribed norms (Couch 2020, 2).

According to Foucault, however, there is a significant difference between the model of an infected city and the political mechanism of the panopticon. The first one is an exception, a response to the state of emergency that required mobilising the government against an unprecedented disease, announcing its presence and visibility, implementing new mechanisms, sharing, controlling and immobilising the area temporarily, whereby, at the same time, constructing a contrast to a conventional city and a perfect society, driven by the premise that “things that move cause death, thus everything that moves should be killed” (Foucault 1991, 205). On the other hand, in everyday life, panopticism is a political instrument of general surveillance and discipline with a significantly wider scope of application, whose role is not to momentarily save an endangered society, but to continually enlarge the manifestation of power through subtle and non-violent mechanisms of coercion that do not stop the time nor interrupt communication, but improve the efficacy of numerous areas of society, enabling “spirit to govern over spirit” (Foucault 1991, 206–209). Due to the transparent nature of this mechanism, which is envisaged as completely available to external public inspection, Foucault puts forward a conclusion that there is no danger that the enlargement of the governing power caused by the use of the panopticon could lead to tyranny (Foucault, 1991, 207), which imposes a question of socially acceptable boundaries for the use of this political instrument. However, the author believes that gradual acceptance of liberalistic ideas gave way to the understanding that to govern does not only mean governing over a territory and its subjects, but also the society as a separate entity that has its own laws, rules, reaction mechanisms and potential for rioting, so it became obvious that “to govern too much means not to govern at all”, that is, that superfluous disciplinary mechanisms could produce an effect contrary to the preferred one (Foucault 1994, 273).

observed which, according to the initial idea, should cause constant obedience and good behaviour (Foucault 1991, 200–228).

In his lectures given in 1978 at the College de France, published in the book *Security, Territory, Population*, Foucault presented the third model of confronting infectious diseases, this time focusing on managing a crisis caused by the pandemic of smallpox⁵ in the 18th century. Unlike the concepts of lockdown and removal of the infected in case of leprosy, and the concept of quarantine and imposing discipline at the level of the entire community in case of the plague, the phenomenon of the smallpox outbreak shifted the focus of attention to the understanding of the epidemic itself through determining the number of the infected, their age, medical consequences and mortality rate. This statistical and analytical approach was accompanied by designed campaigns and preventive measures for the purpose of averting the spread of the disease, such as the discovery of the first vaccine and introducing a pioneering process of immunisation, but also by determining its risks, effectiveness, and statistical consequences to citizens in general (Foucault 2009, 10). The smallpox disease was a widely endemic occurrence with a high death rate, which was characterised by sudden and high increases of the number of infected, which is why the understanding of the course of the epidemic, the importance of prevention and introduction of the method of variolisation in 1720⁶, and later on, in 1800, of vaccination as well⁷, into medical practice, had an enormous social significance. These techniques, hence, were primarily preventive⁸, they entailed a nearly certain success, they could be applied to the entire society without material and economic difficulties and, as Foucault points out, they were not the product of a known economic theory but of sheer practice and collection of field data (Foucault 2009, 58).

Statistical instruments enabled the issue of smallpox to be observed solely through the prism of calculated probabilities, and new medical methods were also accompanied by redefining the concepts of *case*, *risk*, *danger* and *crisis* (Engels 2015, 302). *Case* did not refer to individual cases of infection any more,

5 Smallpox, known under its Latin name as *Variola vera*, is a highly infectious disease caused by two types of viruses, *Variola vera major* and *Variola vera minor*. The disease is spread by human contact and by touching the contaminated objects. The symptoms include fever and vomiting, and the virus affects blood vessels in the skin, mouth and throat. Skin becomes covered with characteristic maculopapular rash and later on with fluid-filled blisters. The disease caused by *Variola vera major*, known as “the black pox”, has a significantly higher mortality rate and can cause blindness and body deformities. The last recorded case of infection was diagnosed in 1977 and today the disease is considered to be eradicated.

6 Variolisation is a method of inoculation that was the first immunisation technique against smallpox. It included rubbing in the powder made from pulverised crusts or fluids from pustules caused by the *Variola vera* virus onto surface scratches on the skin, hoping to cause a mild and controlled infection that will help develop immunity.

7 The smallpox vaccine was the first vaccine developed to combat an infectious disease. In 1796, a British doctor, Edward Jenner, proved that the infection with a relatively mild virus of cowpox helps develop immunity against the deadly smallpox. This vaccine remained in use until the 20th century, when a contemporary vaccine was developed.

8 Although variolisation actually caused a mild form of the disease, it was conducted in a controlled environment.

but to the individualisation of the collective phenomenon of the disease in the form of quantification and what was rationally determinable, i.e., it was the result of the ability to establish a timeframe or portion of the population characterised by an objective possibility for the disease to flare up. In line with this, analysis of case distribution allowed for the possibility of identifying the scope of fatal outcome *risk* or the possibility that certain individuals or age, professional, regional and other groups could be cured. Since the risk calculation shows that its degree varies depending on the age, conditions and the environment, it is possible to define the zones of higher and lower risk that delineate what poses a *danger*. Namely, when it comes to smallpox, children under the age of three were much more threatened compared to older children and adults, as were residents of cities compared to the people living in villages. Finally, sudden deteriorations of the health situation in certain periods of time or certain locations can also be discerned, i.e., the accelerated spread or sudden increase in the number of the infected that potentially threatens to get out of control. These occurrences of sudden waves in the curve are instances of *crises* and do not fall under the general category of the epidemic, but rather reflect an increase in the number of the infected that can be stopped only with the help of artificial intervention or an inexplicable natural phenomenon (Foucault 2009, 60–63). By establishing these four new concepts – *case*, *risk*, *danger* and *crisis* – a series of new techniques and interventions was introduced and their purpose was to break away from earlier practices of preventing the spread of the disease by isolating the infected from the healthy population and of treating the disease in each patient to the extent to which they could be cured. In this newly introduced worldview, the infected and the healthy individuals are observed as a single unity (population) within which the coefficients of possible mortality and morbidity are determined. Based on these coefficients, the value of a “normal” distribution of infection and of the mortality rate is derived for each age group, area, profession, etc. An expected universal curve is formed, as well as various curves that are defined as expected, for the purpose of bringing those curves that deviate significantly from the benchmark value as close to it as possible (Foucault 2009, 63). Due to the development of these concepts and the implementation of preventive medical methods, people could now determine their own position on the curve and they started to see themselves as endangered during a *case* of an epidemic, as members of high-*risk* categories, as individuals in *danger* of dying from the disease, and as potentially susceptible to suffering during a *crisis* caused by the escalation of the number of the infected, all of which ensured their cooperation in the process of vaccination and adopting the preventive measures (Engels 2015, 303–304). The model of confronting smallpox is, therefore, based on abandoning the idea of complete eradication of the pathogen, as well as of deep surveillance of the society and limitation of movement of all individuals, typical of the political response to the plague outbreak. In this new model, the governance coexists with the threat of the disease, it is fully aware of its existence and collects statistical data used

to launch medical campaigns. These campaigns can have a normative or a disciplinary form, but discipline is not an objective in itself, and its excessive implementation can cause the government to be perceived as authoritative or totalitarian (Sarasin, 2020).

Managing the Covid-19 epidemic in Serbia through the prism of Foucault's models

The severity, widespread character, sudden occurrence and longevity make the Covid-19 epidemic an unrecorded precedent with long-term consequences (Best 2020, 549). The new medical and social crisis caused by the pandemic stopped almost overnight the orbiting of the planet as we knew it up to that point, it isolated entire countries and cities and caused unprecedented changes and uncertainty in numerous domains of human existence (Matthewman & Huppertz 2020, 675,) to the extent that some authors noticed that the evolving perception of this “perfect storm” in public, in a certain sense, corresponded to the famous five-stages scheme of facing a terminal disease – denial, anger, negotiation, depression, and acceptance – although not necessarily in this exact order (Žizek 2020, 49–52).⁹ Destabilisation of everyday life as a referential point of “normality” eventually caused a construction of the concept of a “new normal” that served as an innovative explanatory means of the newly emerged situation, with a mediating cultural and cognitive role of appeasing and reassuring the public that one day the crisis will be successfully overcome (Жикић, Стајић and Пишев, 2020).

The reactions of the governments and health policy-makers worldwide to the occurrence of the epidemic have significantly changed over time, aiming to adjust to highly unstable and fluid circumstances, starting with the period when the *Severe Acute Respiratory Syndrome CORonaVirus 2* was, for most countries, only a distant, exotic and virtually an imaginary disease, to times when it became a tangible and destructive part of our paralysed reality, right up to the present time when, by way of vaccination and acceptance of a certain risk of infection, numerous communities worldwide are trying to gradually go back to the state prior to the pandemic. Although, as we could see, Michel Foucault presented his three derived models of management that reflect political responses to the occurrence of infectious diseases of leprosy, the plague and smallpox as allegoric illustrations of crucial historical moments of discovery and development of new “technologies of governance”, which are mutually separated by large time intervals, it is still possible to identify significant similarities between these extrapolated models and the different stages of managing the crisis caused by the Covid-19 epidemic, which chronologically replaced one another, with certain overlaps, in the modern-day local context.

9 This theory, also known as The five stages of grief, was first proposed in 1969 by the psychiatrist Elisabeth Kübler-Ross in her book *On Death and Dying*.

In the Serbian public media, and especially in rare appearances and interviews of public officials that addressed the topic, the occurrence of the new infectious virus SARS-CoV2 in China at the end of 2019 was not perceived as a serious threat that could jeopardise the health of the local population for a very long time. In accordance with global tendencies in news reporting, the disease was initially mainly labelled as an *infodemic*¹⁰, i.e., it was presented primarily as a media construct with political implications that did not necessarily correspond to the actual health problem (Жикић, Стајић and Пишев 2020, 952). The danger of outgrowing the endemic character of the disease and of its spread to other countries was not portrayed in the media as a realistic one, and most domestic experts optimistically predicted a quick extinction of the virus, as with the previous instances of SARS and MERS occurrence.¹¹ Moreover, the etiological narratives on the epidemic outbreak in wet markets in Wuhan, on bats and pangolins, often had an Orientalistic undertone (Kirksey, 2020, 11), and this national stigmatization in the news reports caused suspicion towards Chinese citizens in Serbia, as well.¹² Apart from the abovementioned occasional statements on readiness of the state in case of a local outbreak of the disease and articles on detailed medical check-ups of symptomatic, potentially infected people, predominantly of Chinese citizens¹³, the first official reaction of state administration representatives to the growing social anxiety caused by the spread of the SARS-CoV2 in the world was on February 26th, when the President of the Republic of Serbia convoked a meeting of relevant administrative, medical and safety services to discuss this topic. On that occasion, a press conference was held, with presence and addresses of doctors who would go on to become members of the future Crisis Response Team, where the health threat was to a large extent trivialised by comparing the new virus to a well-known seasonal flu virus, by using humorous discourse and emphasising the importance of preserving social stability and economy.¹⁴ In the following few days, the worldview of health policy-makers had not changed significantly, even after the first official case of Corona virus infection in Serbia was registered on March 6th.¹⁵ However, the press conference held on March 11th marked a great turning

10 A coined term made up of words “information” and “epidemic”.

11 https://www.b92.net/zdravlje/bolesti.php?yyyy=2020&mm=02&dd=02&nav_id=1649677; https://www.b92.net/info/vesti/index.php?yyyy=2020&mm=02&dd=13&nav_category=12&nav_id=1653901.

12 At the end of January 2021, a social-media post of a Chinese lady, owner of a department store in Temerin, attracted public attention when due to a drop in sales, she posted on Facebook a heart-warming message in broken Serbian language, trying to explain to her potential customers that not all Chinese people are infected with the Corona virus, contrary to the reckless media reports (Stajić, Pišev & Žikić, 2020).

13 https://www.b92.net/info/vesti/index.php?yyyy=2020&mm=01&dd=26&nav_category=12&nav_id=1646833.

14 Video of the conference available at: <https://www.youtube.com/watch?v=TraVNW2q3ik>.

15 https://www.b92.net/info/vesti/index.php?yyyy=2020&mm=03&dd=06&nav_category=12&nav_id=1663151.

point, when the President and members of the Crisis Response Team spoke in a drastically more serious tone, making a U-turn from their previous attitudes and statements and introducing the first restrictive measures.¹⁶ This change also marked the beginning of a long-term process of contradictory messages and instructions related to citizens' behaviour during an epidemiologic crisis coming from Government representatives and members of the Crisis Response Team, who had established a double bind relationship within which it was not possible to eliminate the communication dissonance, which had a significant impact on public perception of preventive and restrictive measures (Стајић, Жикић, Пишев, 2021).

At a moment when there were 48 confirmed cases of infection in the country, the President of the Republic of Serbia introduced the state of emergency on March 15th¹⁷ in a dramatic address to the public, packed with war metaphors, that described the epidemic itself, the treatment and prevention of Covid-19 as a battlefield.¹⁸ In the following days, under the claim of preserving the public health, the Government completely took over the role of the guardian of society and introduced measures of physical distancing and rigorous discipline mechanisms of control and surveillance of the activities and movements of all individuals. The curfew was introduced on March 18th¹⁹ and its duration in the following period was gradually extended. Individuals and groups that disobeyed the newly implemented regulations were punished and the media provided detailed information on those instances to the public. Soon the international air transport was cancelled, all state borders were closed, international bus and railway transport and public transport were cancelled and restaurants and shopping malls were shut down.²⁰ The first death case of a patient infected by Covid-19 in Serbia was recorded on March 20th²¹, and local transmission completely took over primacy over imported cases of infection, so it was becoming almost impossible to monitor the infection channel network. Certain hospitals were converted into specialised institutions for treating the infected,²² and published photographs of a temporary improvised hospital in

16 Audio recording of the conference available at: https://www.youtube.com/watch?v=ZJE_uXuZg9k.

17 https://www.b92.net/info/vesti/index.php?yyyy=2020&mm=03&dd=15&nav_category=12&nav_id=1666753.

18 For more information on the manner of employing war metaphors in public discourse by Government representatives during the SARS-CoV2 epidemic in Serbia, including terms such as "battle", "victims", "heroes", "allies", "brothers and friends", "visible and invisible enemies", etc., see: Пишев, Жикић and Стајић, 2020, 855–864).

19 https://www.b92.net/bbc/index.php?yyyy=2020&mm=03&dd=18&nav_id=1667384.

20 https://www.b92.net/info/vesti/index.php?yyyy=2020&mm=03&dd=19&nav_category=12&nav_id=1667844; https://www.b92.net/info/vesti/index.php?yyyy=2020&mm=03&dd=20&nav_category=12&nav_id=1668122.

21 The deceased was a man, aged 59, from Kikinda, whose family member had previously stayed in Milan. https://www.b92.net/info/vesti/index.php?yyyy=2020&mm=03&dd=20&nav_category=12&nav_id=1668323.

22 https://www.b92.net/info/vesti/index.php?yyyy=2020&mm=03&dd=20&nav_category=78&nav_id=1668358

the large hall of the Belgrade Fair caused a massive negative reaction and fear among the public. Namely the photographs showed there were no partition walls or the slightest indication of minimum comfort and privacy for the patients, only a vast multitude of beds intended for the future patients.²³ Collecting information on the numbers of the infected and the deceased in various local environments and their public reporting was controlled, centralised and hierarchically strictly organised, and instances of endangering this order were zealously sanctioned.

After the frequent multi-day curfews, the growing civil and political dissatisfaction due to the quarantine measures, the issue of constitutionality of the state of emergency and overall management of the crisis caused by Covid-19 was ultimately manifested in the so called "Protest Against Dictatorship". Every night at 20.05h, after the already well established applause to the health workers, a portion of citizens throughout Serbia protested by banging against pots and pans, making noise and shouting insults to the Government.²⁴ The state of emergency was abolished on May 6th, 2020, despite the fact that the curve of the epidemic did not show significant deviations (Жикић, Стајић and Пишев 2020, 961–962). In the ensuing period, daily numbers of the infected and the deceased significantly varied and they often went beyond tenfold the largest amplitudes of these curves during the state of emergency. However, the decision on reintroducing curfews had never been made, and the worldview of both Government representatives and health policy-makers, as well as the citizens themselves had changed towards the stance that everyone now needed to accept the new reality of everyday life, with a constant risk of infection with SARS-CoV2. Vaccination process in Serbia was launched on December 24th, 2020, and the authorities provided vaccines of several manufacturers. Mass immunisation started in the second half of January 2021 and by June, 48% of the adult population was vaccinated.²⁵

On the basis of the stated chronology and the highlighted important moments in the process of managing the crisis caused by the spread of the Covid-19 epidemic in Serbia, it is possible to distinguish three stages that partially overlap. The first stage refers to the period before introducing the state of emergency, when the disease was perceived as an exotic and rare phenomenon of which there was a lack of significant knowledge and understanding (thus it was interpreted in the context of already-known diseases and occurrences), which existed primarily outside our society, in

23 Photographs and the layout had a terrifying symbolics for some citizens and provoked connotative associations to the Nazi camps from the time of World War II, especially camp Sajmiste (the site of old Belgrade Fair). Moreover, the photographs were published on March 24th, the date associated in recent Serbian history to the onset of NATO bombarding of Yugoslavia in 1999 (Stajic, Pisev & Zikic, 2020).

24 <https://www.danas.rs/politika/u-mnogim-delovima-buka-protiv-diktature-glasnija-od-aplauza/>.

25 <https://www.glasamerike.net/a/po%C4%8Dela-vakcinacija-protiv-kovida-19-u-srbiji/5711725.html>.

distant and “imprisoned” communities of other countries and nations that were directly affected and stigmatised by this disease. On the other hand, in the local and at that moment still safe context, the potentially infected and already infected individuals were relatively easy to identify and isolate from the healthy ones, either due to the fact that they belonged to a group (e.g., ethnic group) which was associated with the infection at this stage, or that they came into contact with contaminated territory or people who had already been confirmed to be infected. This principle of differentiation and isolation of the infected individuals for the purpose of maintaining a “clean” society was also typical of the model of confining the lepers in the Middle Ages. Similarly to the fear of leprosy, i.e., the prisons for the non-differentiated crowd of the infected, which will continue to live on even in times when these institutions had long been closed, the fear of confinement in overcrowded, improvised and provisional hospitals with huge numbers of dying and gravely ill, will continue to be an efficient method of frightening and disciplining individuals in later stages of confronting the Corona virus epidemic which will be characterised by different policies of crisis management.

The second stage refers to the period after the introduction and during the state of emergency, when the idea that it is possible to identify and isolate all the infected individuals from the healthy ones is abandoned in favour of a shift to the concept of segmentation and discipline of the entire society, justified by the principle of preserving public health, as was the case in the model of confronting the plague. The government takes over guardianship and arranges all segments of everyday life so that each individual is confined to the place where they should be. Countries, cities, families and individuals are isolated, and the right and freedom of movement and action are being limited by quarantine and prescribed measures. The fear of society’s collapse and potential social unrests caused by the chaos brought by an unknown calamity is eliminated by establishing order and an omnipresent and omniscient government that monitors and punishes.

In the contemporary context of curfew during the Covid-19 epidemic, when the population was locked down in an endless row of isolated homes (cells) whose walls prevent any type of mutual, lateral contact with other “prisoners”, the political instrument of *the panopticon* obtained a slightly different form, while preserving its original purpose. With one window facing the outer world and empty streets and one inner window (TV screen) facing the all-seeing tower whose reports on the infected and deceased, as well as news of the punishments keep reminding us that we are permanently under surveillance, discipline and governance are being maintained and strengthened without the need for demonstration of force. The latent purpose of such mechanism is precisely the creation of an ideally disciplined society in which the system starts to be self-sustainable and the prisoners themselves exert self-control and correction of their own behaviour in accordance with the prescribed norms. However, panopticism is considered to be fully implemented only when the

model of such management stops being used solely during states of emergency (when the objective is to eliminate a pathogen), and when it becomes an integral and unnoticeable part of numerous institutions and governing mechanisms. Problems for a government that uses this technique can emerge only in situations in which the population of contemporary liberal societies identifies certain instrumentalizations of the panopticon as an excessive inflow of disciplinary mechanisms that unjustifiably threatens individual freedoms. Riots and demonstrations that occur in these circumstances confirm Foucault's observation that "to govern too much means not to govern at all". "Protest Against Dictatorship" from citizens' windows to cancel the state of emergency and curfews and the protests in the streets against their reintroduction after the election in Serbia illustrate this very well.

Finally, the third stage refers to the period after the lifting of the state of emergency, when the ideas of complete eradication of the disease are gradually abandoned, as well as ideas of deep surveillance of the society and of limitation of the movement of all individuals, and when calculated risk of population infection is allowed and campaigns and methods of prevention are being created for the purpose of restoring the society to a state resembling the one before the epidemic. By intensively relying on a statistical and analytical approach launched during the state of emergency, the objective is to acquire a deep understanding of the epidemic itself by determining the number of the infected, their age, medical consequences and mortality level and by defining "normal" curve values among various groups or locations. Employment of the concept of flattening the curve of the epidemic by health policy-makers or identifying tendencies, vulnerable populations or geographical hotspots is a reflection of this approach to crisis management. The fact that this stage, just like the model of confronting smallpox, is also accompanied by the process of vaccination as the ultimate method of combating the disease, by analysing its consequences and the promotion of its application, gives us the right to connect Foucault's third historical and political model of confronting infectious diseases with the contemporary context and circumstances, as well.

Responses to the occurrence of the infectious diseases of leprosy, the plague and smallpox were, therefore, created with different purposes and originated in different time periods and cultures as opposed to the ones discussed in this paper, but the conclusions of Michel Foucault on the matter of infectious diseases demonstrate timeless and widely applicable characteristics. Hence, in the present-day context of confronting the Covid-19 epidemic, as well, they provide an exceptionally fertile ground for further theoretical considerations that we have merely touched upon in this paper.

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Primljeno: 10.12.2021.

Odobreno: 23.12.2021.