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LEARNING FROM THE VIRUS

Paul B. Preciado



Culture specimens, Pasteur Institute, Paris, 1887. Photo: adoc-photos/Corbis/Getty Images.

IF MICHEL FOUCAULT had survived AIDS in 1984 and had stayed alive until the invention of effective antiretroviral therapy, he would be ninety-three years old today. Would he have agreed

to confine himself in his apartment on rue de Vaugirard in Paris? The first philosopher of history to die from complications resulting from the acquired immunodeficiency virus left us with some of the most effective tools for considering the political management of the epidemic—ideas that, in this atmosphere of rampant and contagious disinformation, are like cognitive protective equipment.

The most important thing we learned from Foucault is that the living (therefore mortal) body is the central object of all politics. There are no politics that are not body politics. But for Foucault, the body is not first a given biological organism on which power then acts. The very task of political action is to fabricate a body, to put it to work, to define its modes of production and reproduction, to foreshadow the modes of discourse by which that body is fictionalized to itself until it is able to say “I.” Foucault’s entire oeuvre can be understood as a historical analysis of different techniques by which power manages the life and death of populations. Between 1975 and 1976, the years when he published *Surveiller et punir* (Discipline and Punish) and the first volume of *Histoire de la sexualité* (The History of Sexuality), Foucault used the notion of “biopolitics” to speak of the relationship that power establishes with the social body in modernity. He describes the transition from what he calls a sovereign society, in which sovereignty is defined in terms of commanding the ritualization of death, to a “disciplinary society,” which oversees and maximizes the life of populations as a function of national interest. For Foucault, the techniques of biopolitical government spread as a network of power that goes beyond the juridical spheres to become a horizontal, tentacular force, traversing the entire territory of lived experience and penetrating each individual body.

During and after the AIDS crisis, many writers expanded on and radicalized Foucault’s hypotheses by exploring the relationship of immunity and biopolitics. The Italian philosopher Roberto Esposito analyzed the links between the political notion of *community* and the biomedical and epidemiological notion of *immunity*. The two terms share a common root, the Latin *munus*, the duty (tax, tribute, gift) someone must pay to be part of the community. The community is *cum* (with) *munus*: a human group connected by common law and reciprocal obligation. The noun *immunitas* is a privative word that stems from the negation of *munus*. In Roman law, immunity was a privilege that released someone from the obligations shared by all. He who had been exempted was immunized. He who had been *de-munized*, conversely, had been stripped of all community privileges after having been deemed a threat to the community.



Body-temperature check at the German-Polish border, Görlitz, Germany, March 18, 2020. Photo: Florian Gaertner/Photothek/Getty Images.

Esposito emphasizes that all biopolitics is immunological: Biopolitics implies a hierarchy with the immunized at the top and the de-munized, who will be excluded from any act of immunological protection, at the bottom. That is the paradox of biopolitics: All protective acts include an immunitary definition of community in which the collective grants itself the power to decide to sacrifice a part of the population in order to maintain its own sovereignty. The “state of exception” is the normalization of this intolerable paradox.

Starting in the nineteenth century, with the discovery of the first vaccine against smallpox and Louis Pasteur’s and Robert Koch’s microbiological experiments, the notion of immunity left the realm of law and acquired a medical meaning. The liberal and patriarchal-colonial European democracies of the nineteenth century constructed the ideal of the modern individual not only as a free economic agent (male, white, heterosexual) but also as an immunized body, radically separated, that owed nothing to the community. For Esposito, the

way Nazi Germany characterized parts of its own population (Jews, Roma, homosexuals, the disabled) as bodies that threatened the sovereignty of the Aryan community is a paradigmatic example of the dangers of immunitary biopolitics. That immunological understanding of society did not end with Nazism—quite the opposite: It thrived in the United States and Europe, legitimizing the management politics used to control racialized minorities and migrant populations. It is this immunitary ethos that defines current border regimes and underpins the militarized strategies deployed by ICE at the US-Mexico frontier and by Frontex to defend the Schengen Area.

In her 1994 book *Flexible Bodies*, the anthropologist Emily Martin analyzed the relationship between immunity and politics in American culture during the polio and AIDS crises. The body's immunity, Martin states, is not a biological fact independent of cultural and political variables. On the contrary, what we understand to be immunity is constructed through social and political criteria that produce sovereignty or exclusion, protection or stigmatization, life or death.

Tell me how your community constructs its political sovereignty and I will tell you what forms your plagues will take.

To consider the history of pandemics through the prism offered by Foucault, Esposito, and Martin is to arrive at the following proposition: Tell me how your community constructs its political sovereignty and I will tell you what forms your plagues will take and how you will confront them. In the domain of the individual body, different sicknesses materialize the obsessions that dominate bio- and necro-politics in a given period. In Foucault's terms, an epidemic radicalizes and shifts biopolitical techniques by incorporating them at the level of the individual body. At the same time, an epidemic extends to the whole of the population the political measures of immunization that had until then been violently applied onto those who were considered to be aliens both within and at the borders of national territory.

The management of epidemics stages an idea of community, reveals a society's immunitary fantasies, and exposes sovereignty's dreams of omnipotence—and its impotence. Foucault's, Esposito's, and Martin's hypotheses may posit epidemics as sociopolitical constructions rather

than strictly biological phenomena, but they have nothing to do with ridiculous conspiracy theories about lab-designed viruses paving the way for authoritarian power grabs. To the contrary, they allow us to appreciate how the virus actually reproduces, materializes, widens, and intensifies (from the individual body to the population as a whole) the dominant forms of biopolitical and necropolitical management that were already operating over sexual, racial, or migrant minorities before the state of exception.



Richard Tennant Cooper's watercolor representation of syphilis, ca. 1912.

Take syphilis, for example. The epidemic reached Naples for the first time in 1494. The European colonial enterprise had just begun; the disease, in a way, launched the colonial destruction and racial politics to come. The English called it the “French disease,” the French said it was the “Neapolitan disease,” and the Neapolitans said it came from America; it was thought to have been brought by the colonizers who had been infected by the “Indians.” It was rather the opposite. The exchange of pathogens was massively asymmetrical; European germs

devastated the New World. The virus, neither living nor dead, neither organism nor machine, Derrida said, is always the foreigner, the other, the one from elsewhere. Between the sixteenth and nineteenth centuries, syphilis, a sexually transmitted infection, materialized in bodies the forms of repression and exclusion that dominated modernity: the obsession with racial purity, the injunction against so-called mixed marriages between people of different classes and races, and the multiple restrictions that weighed on sexual relations. At the nexus of this model of community and of immunity, the sovereign body fabricated by syphilis was the white, bourgeois body, sexually confined in conjugal life and consigned to the reproduction of the national population. Thus the prostitute became the living body that condensed all abject political signifiers during the syphilis epidemic: As a working and often racialized woman, a body outside the laws of home and marriage, who turned her sexuality into her means of production, the sex worker was made visible, controlled and stigmatized as the principal vector of infection. At the end of the eighteenth century, social thinkers such as Restif de la Bretonne imagined that the end of syphilis would come with the incarceration of prostitutes in national brothels where women could provide sexual services as their national duty—during every pandemic there are popular gurus offering magic solutions who come to comfort the hegemonic order.

But it was not the repression of prostitution or the confinement of sex workers to national brothels that brought syphilis under control. To the contrary, the confinement of prostitutes only made them more vulnerable to the disease. What allowed for the near eradication of syphilis was the discovery of penicillin in 1928, as well as a series of profound transformations that directly and indirectly impacted sexual and bodily emancipation during the same decade: the rise of decolonization movements, white women's suffrage, the first decriminalization of homosexuality, the relative liberalization of the ethics of heterosexual marriage.



One-milligram glass vial of penicillin, London, 1946. Photo: Science Museum, London.

In the late twentieth century, AIDS would be to heteronormative neoliberal society what syphilis had been to colonial capitalism during early modernity. The first official reports appeared in 1981; activists had finally gathered momentum in removing homosexuality from the realm of psychiatric disease. In 1973, after decades as the pathologized pretext for discrimination and persecution, homosexuality was removed from the American Psychiatric Association's list of mental disorders. The first phase of the epidemic disproportionately affected what were then called the Four H's: homosexuals, Haitians, hemophiliacs, and heroin users. Later, hookers were added to the list. AIDS reconstituted and remodeled the colonial control grid of bodies and updated the surveillance techniques of sexuality that syphilis had initially woven together. As did the suppression of prostitution during the syphilis crisis, the repression of homosexuality only increased the number of deaths. The AIDS community/immunity model is linked to the fantasy of male sexual sovereignty understood to be a nonnegotiable right to penetration, whereas every penetrated body (in the forms of homosexuality, femininity, anality) is perceived as lacking sovereignty (de-munized). In fact,

what gradually transformed AIDS into a chronic disease was the depathologization of homosexuality; the pharmacological empowerment of the Global South; women's sexual emancipation, which allowed them to say no to sex without condoms; and access to antiretroviral therapies irrespective of social class or degree of racialization.



Nurses in a Covid-19 quarantine unit, Baghdad Medical City, April 8, 2020. Photo: Murtaja Lateef/EPA-EFE/Shutterstock.

Well before the appearance of Covid-19, a process of global mutation was already underway—we were undergoing social and political changes as profound as those that transpired in early modernity. We are still in the throes of the transition from a written to a cyber-oral society, from an industrial to an immaterial economy, from a form of disciplinary and architectural control to forms of microprosthetic and media-cybernetic control. In other writings, I've used the term *pharmacopornographic* for this type of management and production of the body as well as to describe the political technologies that produce sexual subjectivity within this new

configuration of power and knowledge. We are no longer regulated solely by their passage through disciplinary institutions (school, factory, barracks, hospital, etc.) but by a set of biomolecular technologies that enter into the body by way of microprostheses and technologies of digital surveillance subtler and more insidious than anything Gilles Deleuze envisioned in his famous prognostications about the society of control. In the domain of sexuality, the pharmacological modification of consciousness and behavior, the mass consumption of antidepressants and anxiolytics, and the globalization of the contraceptive pill, as well as antiretroviral therapies, preventative AIDS therapies, and Viagra, are some of the indicators of biotechnological management, which in turn synergizes with new modes of semio-technical management that have arisen with the surveillance state and the global expansion of the network into every facet of life. I use the term *pornographic* because these management techniques function no longer through the repression and prohibition of sexuality, but through the incitement of consumption and the constant production of a regulated and quantifiable pleasure. The more we consume and the better our health, the better we are controlled.

The mutation in progress could ultimately catalyze a shift from an anthropocentric society where a fraction of the global human community authorizes itself to exercise a politics of universal extractivist predation to a society that is capable of redistributing energy and sovereignty. At the center of the debate during and after this crisis will be which lives are the ones we want to save. It is in the context of this mutation, of this transformation of the modes of understanding community (one that encompasses the entire planet, since separation is no longer possible) and immunity, that the virus is operating and that the political strategy to confront it is taking shape.



Police approach migrants on a border fence, Ceuta, Spain, August 30, 2019. Photo: Reduan Dris Regragui/EPA-EFE/Shutterstock.

IMMUNITY AND BORDER POLITICS

At least since the fall of the twin towers, governmental politics has been characterized by the redefinition of nation-states in terms of neocolonialism and identity and the return (after the Reagan-Thatcherite phase of neoliberalism, which stressed free movement and free trade) to the idea of the physical border as a condition for restoring national integrity and political sovereignty. Israel, the United States, Russia, Turkey, and the European Economic Community have spearheaded the conception of new borders that, for the first time since the fall of the sniper-patrolled Berlin Wall, have been guarded and defended not only via biopolitical means but incrementally via necropolitical devices, using techniques of exclusion and death.

European and North American societies have decided to construct themselves like entirely immunized communities, closed to the east and to the south, even though these two regions are its chief suppliers of fossil fuels and consumer goods. The construction of this political

immunity exemplified the neo-sovereignist governmentality: Europe closed borders in Greece, Italy, and Spain in 2015 and built the largest outdoor detention centers in history around the Mediterranean. The destruction of Europe—for that is what we are witnessing—paradoxically began with that construction of an immune European community, open in its interior but completely closed to foreigners and migrants.

The new frontier is your epidermis. The new Lampedusa is your skin.

What is now being tested on a global scale through the management of Covid-19 is a new way of understanding sovereignty. The body, your individual body, as a life space and as a network of power, as a center of production and of energy consumption, has become the new territory where the violent border politics that we have been designing and testing for years on “others” are now expressed, now taking the form of containment measures and of a war against the virus. The new necropolitical frontier has shifted from the coast of Greece toward the door of your home. Lesbos now starts at your doorstep. And the border is forever tightening around you, pushing you ever closer to your body. Calais blows up in your face. The new frontier is the mask. The air that you breathe has to be yours alone. The new frontier is your epidermis. The new Lampedusa is your skin. For years, we considered migrants and refugees infectious to the community and placed them in detention centers—political limbos where they remained without rights and without citizenship; perpetual waiting rooms. Now we are living in detention centers in our own homes.



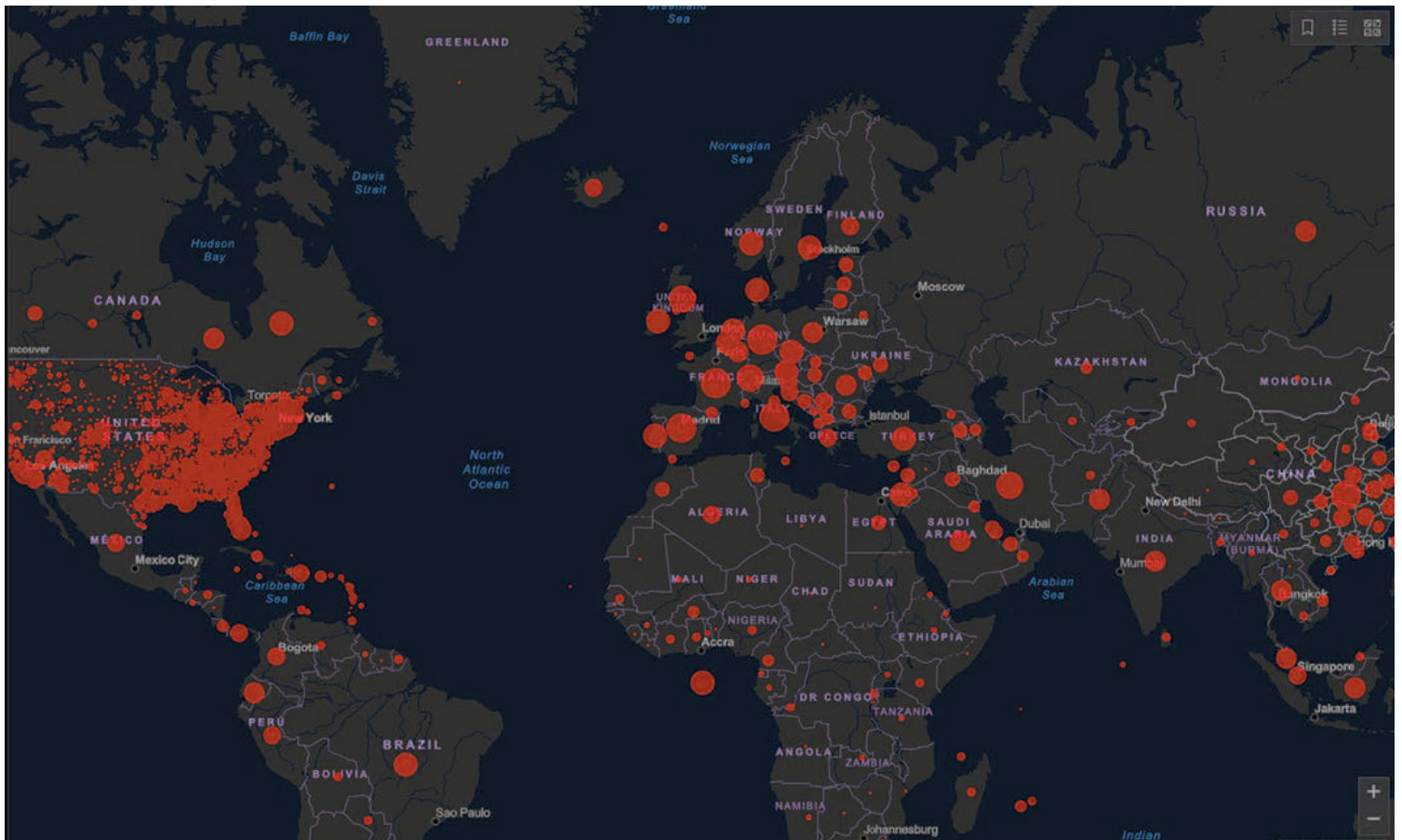
Poster, India, ca. 1950–59.

BIOPOLITICS IN THE PHARMACOPORNOGRAPHIC ERA

Epidemics, through the declaration of a state of exception, are great laboratories of social innovation, the occasion for the large-scale reconfiguration of body procedures and technologies of power. Foucault analyzed the transition from leper management to plague management as the process through which the disciplinary techniques of the spatialization of power were deployed in modernity. While lepers had been treated with strictly necropolitical measures that excluded them—condemning them, if not to physical death, then at least to social death, to life outside the community—early-modern efforts to control the plague ushered in disciplinary management, with its strict segmentation of the city and confinement of each body in every home.

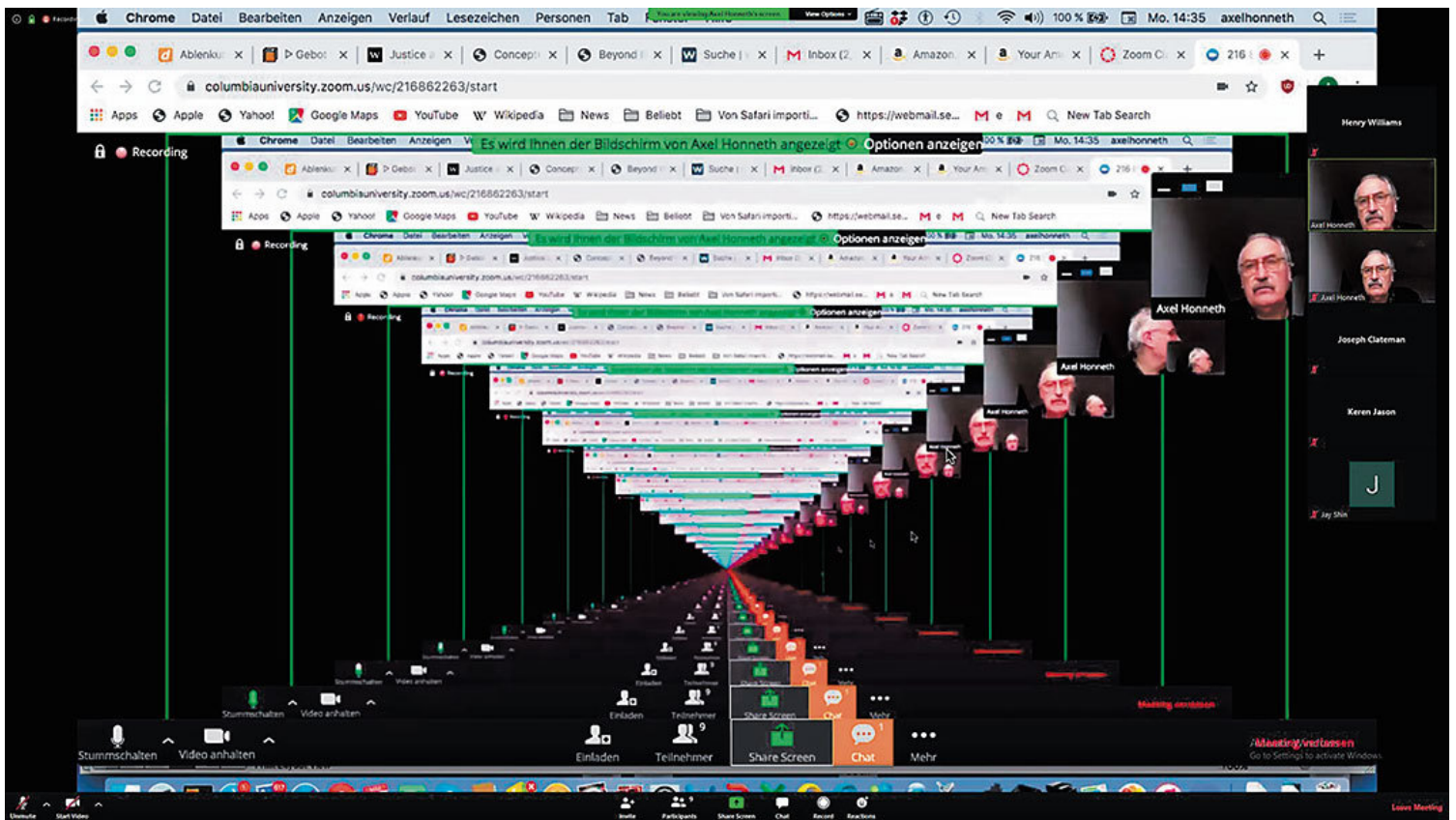
Strategies adopted by countries confronting Covid-19 exemplify two completely different types of biopolitical technology. The first, involving home confinement for the whole population and

operating first in Wuhan, China, then in Italy, Spain, and France, and later in the UK and US, applies strict disciplinary measures that in many respects are not very different from the eighteenth-century approaches documented by Foucault. Strict spatial partitioning, the closing of towns and outlying districts, a prohibition against leaving the area. Everyone is ordered to stay indoors. If it is necessary to leave the house, it will be done by one person at a time, avoiding any meeting. The gaze is absolutely pervasive. Everyone locked up in their cage, everyone at their window. Only the town stewards, medical teams, and police officers will move about the streets and among the infected bodies, from one corpse to another, the “crows” or “terminators” who can be left to die: These are working-class, racialized people “who carry the sick, bury the dead, clean and do many vile and abject offices.” To reread the chapter on plague management in Europe in *Discipline and Punish* is to be struck by the fact that French border policies with regard to epidemics have not changed much in centuries. What is at work here is the logic of the architectural frontier, which emphasizes not only home quarantine but also the treatment of infection in isolated hospital wards. That technique has not proven entirely effective.



Map of global Covid-19 cases, April 1, 2020. Photo: Center for Systems Science and Engineering at Johns Hopkins University.

The second strategy, implemented in Singapore, South Korea, Taiwan, Hong Kong, and Japan, among other places, involves moving away from modern techniques of disciplinary and architectural control to pharmacopornographic techniques. The emphasis here is on the individual detection of the viral load through the multiplication of tests and constant digital surveillance of patients through their mobile devices. Cell phones and credit cards become surveillance tools that allow close tracking of individual bodies that may be carrying the virus. We do not need biometric bracelets. The cell phone has become the best bracelet: No one parts with it even when sleeping. GPS informs the police of the movement of any body that is suspect. The individual's temperature and other vital signs are observed in real time by the digital instruments of a cyberauthoritarian eye. Here, society is a community of users, and sovereignty is above all digital dominion and the management of big data. In April, Apple and Google signed an agreement to launch a new smartphone-tracking application for Covid-19. If the phone user tests positive, the app notifies public-health authorities; they would then alert anyone whose smartphone has come near the infected person's phone during the previous fourteen days. But such techniques of political immunization are not new and were not only previously deployed for research and the capture of so-called terrorists. Since the early 2010s, for example, Taiwan has legalized access to all activity from sexual-encounter apps, with the ostensible goal of preventing the propagation of AIDS as well as prostitution over the internet. Covid-19 has legitimized and extended such governmental practices of biosurveillance and digital control by standardizing them and making them "necessary" to maintain a feeling of immunity and national health. Nevertheless, the governments that have implemented extreme digital-surveillance measures have not yet envisioned prohibiting the traffic and consumption of wild animals or the industrial production of birds and mammals—which is at the origin of viral zoonosis production, including SARS-COV-2—nor the reduction of CO2 emissions. What has grown is not the immunity of the social body but the tolerance of citizens under the cybernetic control of the state and corporations.



Zoom malfunction (pictured: Axel Honneth). Photo: Twitter.

The political management of Covid-19 as a form of administration of life and death gives shape to a new subjectivity. What will have been invented after the crisis is a new utopia of the immunitary community and a new form of high-tech mass control of human bodies. The subjects of the neoliberal technical-patriarchal societies that Covid-19 is in the midst of creating do not have skin; they are untouchable; they do not have hands. They do not exchange physical goods, nor do they pay with money. They are digital consumers equipped with credit cards. They do not have lips or tongues. They do not speak directly; they leave a voice mail. They do not gather together and they do not collectivize. They are radically un-individual. They do not have faces; they have masks. In order to exist, their organic bodies are hidden behind an indefinite series of semio-technical mediations, an array of cybernetic prostheses that work like digital masks: email addresses, Facebook, Instagram, Zoom, and Skype accounts. They are not physical agents but rather tele-producers; they are codes, pixels, bank accounts, doors without names, addresses to which Amazon can send its orders.

Covid-19 has also made visible a cartography of unproductive zones of the social body within the new pharmacopornographic system, which are emerging as obsolete in the new regime of technical-digital production. These are zones or population groups that had already been left

on the other side of the biopolitical frontier but that today appear twice as vulnerable: the elderly, in particular those who are institutionalized within the death industries known as nursing homes, for whom it is too late to transform into technical-cybernetic subjects; people considered handicapped, in particular those institutionalized within the death industries known as homes for the disabled; criminalized and incarcerated people within the death industries known as prisons and detention centers, parallel universes totally outside the market bubble of the internet. Homeless bodies (outside of domestic disciplinarity as well as digital consumption and control) are considered criminal by the very fact of eluding confinement and are secluded in detention centers that promise more contagion than cure. That wage labor is itself an institution of confinement has never been clearer than now, as we witness “essential” workers as de-munized bodies brutally forced into spaces of lethal risk. The subways of New York are as crowded as ever because the transit authority has severely cut back on the number of trains. The essential workers forced to ride are disproportionately low-income, disproportionately migrants, disproportionately racialized bodies. Their forced mobility is also a type of incarceration. In relation to all of them, traditional confinement institutions, including hospitals, now appear not as enclaves where social and disciplinary order is maintained, but as fragile links in a mutating bio-necropolitical chain.



Toronto, March 25, 2020. Photo: Cole Burston/Bloomberg/Getty Images.

THE SOFT PRISON: WELCOME TO THE TELE-REPUBLIC OF YOUR HOME

One of the fundamental biopolitical changes in pharmacopornographic techniques characterizing the Covid-19 crisis is that the domestic space, and not traditional institutions of social confinement and normalization (hospital, factory, prison, school, etc.), now appears as the new center of production, consumption, and political control. The home is no longer only the place where the body is confined, as was the case under plague management. The private residence has now become the center of the economy of tele-consumption and tele-production, but also the surveillance pod. The domestic space henceforth exists as a point in a zone of cybersurveillance, an identifiable place on a Google map, an image that is recognized by a drone.

When I studied the Playboy Mansion a few years ago—first the original gothic manor in Chicago, then the Los Angeles successor—I was interested in how it was already functioning,

in the midst of the Cold War, as a laboratory in which new pharmacopornographic devices for controlling the body and sexuality were invented. Such devices began to spread through the West as early as the end of the twentieth century and with the Covid-19 crisis have extended to the entire population of the world. When I was conducting my research into the mansion, I was struck by the fact that Hugh Hefner, one of the richest men on earth, had spent nearly forty years lounging around at home, dressed in pajamas, a bathrobe, and slippers, drinking Pepsis and eating Butterfingers. Hefner directed and produced the largest-circulation men's magazine in the United States without leaving the house, often without leaving his bed. Connected to a telephone, a radio, a stereo, and a video camera, Hefner's bed was a genuine multimedia production platform.



Hugh Hefner, Chicago, 1966. Photo: Burt Glinn/Magnum Photos.

His biographer Steven Watts characterized Hefner as a voluntary recluse in his own paradise. A fan of every means of archiving audiovisual material long before cell phones, Facebook, or

WhatsApp, Hefner made more than twenty video- and audio cassettes a day, containing material ranging from interviews to instructions for his employees. Covered in wood paneling and thick curtains but penetrated by thousands of cables and filled with the era's most advanced telecommunication technologies, the mansion was at once entirely opaque and completely transparent. Hefner had installed a closed-circuit camera in the residence, where there also lived some dozen Playmates, and he could access every room in real time from his control center. The material filmed by the surveillance cameras also ended up in the pages of the magazine.

Beyond the transformation of heterosexual pornography into mass culture, the silent biopolitical revolution launched by *Playboy* signified a challenge to the divisions that had been at the root of nineteenth-century industrial society: the separation of the spheres of production and reproduction, the difference between the factory and the home, and, along with that, the patriarchal distinction between masculinity and femininity. *Playboy* tackled that difference by proposing the creation of a new life enclave: the bachelor pad, connected to new technologies of communication. Its new semio-technical producer need never leave, either for work or to make love—and what's more, those activities had become indiscernible. His round bed was at once his worktable, his manager's desk, a photo-shoot set, and a place for sexual encounters; it was also a television studio where the famous program *Playboy After Dark* was filmed. *Playboy* anticipated discourses on telecommuting and immaterial production that the management of the Covid-19 crisis has transformed into a national duty. Hefner called this new social producer the “horizontal worker.” The vector of social innovation that *Playboy* set in motion promoted the erosion (and then the destruction) of distance between work and pleasure, production and sex. The life of the playboy, constantly filmed and diffused through magazines and television, was entirely public, even if the playboy never left his home or even his bed. *Playboy's* challenge to the division between the masculine and feminine spheres lay in turning the new multimedia operator into an “indoors man,” which seemed like an oxymoron at the time. Watts reminds us that that productive isolation needed chemical support: Hefner was a consumer of the amphetamine Dexedrine. So, paradoxically, the man who never got out of bed did not get much sleep. The bed as a new multimedia operation center was a pharmacopornographic cell: It could only function with the use of the contraceptive pill, with drugs that sustained a high level of production and, eventually, with a broadband connection so as to maintain the constant flux of semiotic codes, which had become the playboy's sole

true sustenance.

The bed as a new multimedia operation center could only function with the use of the contraceptive pill, with drugs that maintained a high level of production and, eventually, with a broadband connection so as to maintain the constant flux of semiotic codes.

Does all this seem familiar to you now? Does all this oddly resemble your own confined life? Let us remember the slogans used by French and American leaders alike: *We are at war. Do not leave your home. Telecommute.* The biopolitical measures for contagion management imposed during the Covid-19 crisis have turned horizontal workers—more or less playboyesque, their labor cognitive or immaterial—into the most likely survivors of this pandemic. Each of our domestic spaces is today ten thousand times more technical than Hefner’s rotating bed was in 1968. Telecommuting and devices of telecontrol are henceforth at the tip of our fingers. Outside, subaltern vertical workers, racialized and feminized bodies, have been condemned.

In *Discipline and Punish*, Foucault analyzed monks’ cells as vectors of and models for the transition from the sovereign regime, with its bloody techniques of controlling the body and subjectivity, to the disciplinary architectures and devices of confinement that arose in the eighteenth century for the management of entire populations. Disciplinary architectures were secular versions of monastic cells, spaces in which the modern individual was made into a soul confined within a body—a literate soul able to read the orders of the state. When the writer Tom Wolfe visited Hefner, he wrote that the latter was living in a prison that was as soft as an artichoke heart. One might say that the Playboy Mansion and Hefner’s rotating bed, transformed into objects of pop consumption, functioned during the Cold War as spaces of transition where the new prosthetic, the ultraconnected subject, and also the new forms of pharmacopornographic production and consumption that would come to characterize contemporary society were invented. That mutation has become widespread and has amplified with the management of the Covid-19 crisis: Our portable telecommunication machines are our new jailers and our own domestic interiors have become the soft and ultraconnected prisons of the future.



Police officer outside Mount Sinai Hospital, New York, April 1, 2020. Photo: Spencer Platt/Getty Images.

SUBMISSION OR MUTATION

All this could be bad news or a great opportunity. It is precisely because our bodies are the new enclaves of biopower and because our apartments are the new cells of biovigilance that it is more urgent than ever to invent new strategies of cognitive emancipation and resistance, to set in motion new forms of antagonism.

It is precisely because our bodies are the new enclaves of biopower and because our apartments are the new cells of biovigilance that it is more urgent than ever to invent new strategies of cognitive emancipation and resistance.

Contrary to what one might imagine, our health will not come from a border or separation,

but only from a new understanding of community with all living creatures, a new sharing with other beings on the planet. We need a parliament not defined in terms of the politics of identity or nationality: a parliament of (vulnerable) bodies living on planet Earth. The Covid-19 event and its consequences summon us to once and for all go beyond the violence with which we have defined our social immunity. Healing and rehabilitation cannot be a simple negative gesture of social retreat, of the immunological closing of the community. Healing and care can only stem from a process of political transformation. Healing as a society would mean inventing a new community beyond the identity and border politics with which we have produced sovereignty until now, but also beyond the reduction of life to cybernetic biosurveillance. To stay alive, to maintain life as a planet, in the face of the virus, but also in the face of the effects of centuries of ecological and cultural destruction, means implementing new structural forms of global cooperation. Just as the virus mutates, if we want to resist submission, we must also mutate.

We must go from a forced mutation to a chosen mutation. We must operate a critical reappropriation of biopolitical techniques and their pharmacopornographic devices. First, it is imperative to modify the relationship between our bodies and biovigilant machines of biocontrol: They are not only communication devices. We must learn collectively to alter them. We must also learn to de-alienate ourselves. Governments are calling for confinement and telecommuting. We know they are calling for de-collectivization and telecontrol. Let us use the time and strength of confinement to study the tradition of struggle and resistance among racial and sexual minority cultures that have helped us survive until now. Let us turn off our cell phones, let us disconnect from the internet. Let us stage a big blackout against the satellites observing us, and let us consider the coming revolution together.

Paul B. Preciado is a philosopher, a curator, and a trans activist. An Apartment on Uranus: Chronicles of the Crossing, a collection of his columns between 2013 and 2018 for Libération and other media outlets, was published in 2019 by Semiotext(e).

Translated from French by Molly Stevens.