**Biopolitics, Eugenics and the New State Racism**

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Introduction

The purpose of this Chapter is to examine the notion of eugenics used as a means of social control during the Coronavirus pandemic in the UK. The relevance of eugenics to an edited volume on power, media and discourse is threefold. First, that the sheer volume of deaths in the UK (which exceeds anywhere else in Europe) is inexcusable (Campbell et al, 2020). Indeed, scientific or state narratives that attempt to rationalise this cataclysmic loss of life, demand close examination. Second, that the machinations of the modern state are rarely more visible than in times of national crisis, and in recent months one could argue that the actions of the British Establishment have never been more transparent (Jones, 2015).

In this particular case, one must question the manner in which some citizens have been prioritised for treatment over others; why those with underlying medical conditions have had vital operations postponed; why others have been asked to sign “do not resuscitate” (DNR) forms; and why so many people have been allowed to die (Silverman, 2020, Cinone, 2020, and Raval, 2020). Third, that while ordinary citizens have attempted to question the inadequate management of the pandemic by Government, the response from the Establishment has been to reframe this argument as a matter of national security - and thus clamp down on subversive public opinion from the ‘conspiracy’ fringe. As a critical intervention that aims to make sense of this human tragedy, this Chapter questions some of the ethics, decisions, and excuses used to justify this loss of life. Although it is tempting to embrace the astonishing range of conspiracies that have proliferated during the last twelve months (amid claims that 5G telecom masts have helped spread the virus, or that somehow this lethal global pathogen is a ‘cover up’ on an unprecedented scale to help establish a new world order), the question of eugenics has been raised on several occasions and this troubling concept deserves particular attention.

The notion of eugenics is most frequently cited in relation to the programme of mass murder committed by the Third Reich during World War Two. Eugenics in this respect is often used to describe the pseudo-scientific rationale used by the Nazi Party to legitimise genocide in the pursuit of racial purity (in which, by removing undesirable features from the gene pool, an Aryan master race could be created). Indeed, one can associate eugenics with a number of Nazi programmes including the enforced sterilisation of those with disabilities, the involuntary euthanasia of patients in asylums, and thereafter to the Holocaust itself (Teicher, 2017, Nelson, 2016, and Breggin, 1993).

The euthanisation of the physically or mentally disabled was legitimised under official narratives (i.e. state propaganda) promoting racial hygiene, economics, and human compassion, among which the cost to the taxpayer (for keeping the disabled alive in a constant state of pain and misery), was one of the main arguments used to justify their termination (USHMM, 2021c). Many of the techniques used to accomplish this ghastly work, such as lethal injections, starvation, and gassing, were refined for later use in extermination camps developed throughout Europe during the war. In conceptual terms, however, eugenics is far older than its appropriation by the Third Reich, and uncoupling this peculiar practice from the extermination of millions of people is both fundamentally and morally problematic (Taylor, 2011; Kelves, 1995).

The actual origin of eugenics pertains to the Victorian preoccupation of achieving mastery over the environment and anything therein (Dyck, 2018). In this particular case, one can relate the epoch of industrialisation to the development of various techniques and technologies for managing the population, i.e. through regulating its movements, activities, and conduct; and by achieving control over life itself via the scientific management of births, lives, deaths, and illnesses (Foucault, 2003: 242). The problem is that in the shadow of Nazi Germany, few people really want to discuss eugenics, let alone admit to their use in modern society. Today, the concept has become so abhorrent to both nation states and to society in general, that the mere whisper of it sends entire institutions into meltdown [reference].

Evidence that points to the vehemence of this reaction [if this is what you mean here?], can be found in recent months regarding the rise of fake news and disinformation on social media, and via dedicated attempts by the Establishment to remove said ideas from circulation. Indeed one of the most significant innovations of social control during the pandemic has been to reframe objectionable public discourse as being conspiratorial, and thus harmful to the population.

This of course has transpired because conspiracy theories are counter-productive to the business of saving lives and maintaining order, and because those spreading unfounded rumours are promoting fear and hysteria online (Her Majesty’s Government, 2020: 17). The wrongdoers must therefore, be brought to justice, or be subjected to public scrutiny so that their ideas are realigned with the norm. In terms of a socially normalising practice, the introduction of official narratives to defame and isolate those who resist the ‘new normal’, are now abundant in public discourse. Public institutions such as the BBC have commissioned entire teams dedicated to promoting appropriate social conduct and discrediting contrary points of view. The following extract is from an interview released in October 2020:

Sebastian’s mum has become one of the leaders of Britain’s conspiracy community, collecting tens of thousands of followers with false claims – including denying coronavirus exists, blaming the symptoms of Covid-19 on 5G radio waves andlikening the NHS to Nazi Germany[…] Sebastian is worried about his mum’s impact on public health and reasoned debate. And, closer to home, their relationship has broken down […] He spoke exclusively to the BBC’s specialist disinformation reporter Marianna Spring (Chapple, 2020).

In the above reportage, the UK’s main Public Service Broadcaster (PSB) reiterates normative social values by framing the opinions of a former medical carer as being abnormal. Sebastian’s mum is (the article alleges) a leading conspiracy influencer whose ideas represent a real danger to society. The comparison of the NHS to Nazi Germany is used to discredit whatever the perpetrator’s claims or ideas might be, without providing the opportunity for discussion or debate.[[1]](#endnote-1) It is of course, unthinkable that as a modern medical institution, the NHS might be used to commit genocide, and the tenuous link to this notion undermines public confidence in the potential validity of her claim.

In terms of public policy, the UK Government announced during the early stages of the pandemic that disinformation would not be tolerated under any circumstances and that a clear and consistent message had to be communicated to the population (Coronavirus: Action Plan, 2020: 16). It was also determined that Public Service Broadcasters should run campaigns to discredit fake news (as per the above), and that OFCOM (the regulatory body for the sector) would police ‘harmful but legal’ content in mainstream media (Culture, Media and Sport – Select Committee, 2020). Therefore, with regards to orthodox news discourse, the given norm was to listen only to established sources of information. Official sources are unlikely to question the actions taken by Government during the crisis (for fear of reprisals), but will promote safe social conduct and compliance to good personal hygiene, through which the nation would defeat the virus. Therefore, in terms of state censorship and propaganda, one must question the ability of Public Service Broadcasters to portray events accurately and in a manner free from political interference.

Over the last twelve months this particular narrative of compliance and conformity has become part of society’s new normal - promoted as social distancing, wearing face masks, adhering to policies of self-isolation, obeying measures introduced under coronavirus legislation and, seemingly, not challenging the state. Those in favour of the norm are perceived as conscientious citizens working towards a common goal, whereas opinions or actions to the contrary are deemed dangerous and conspiratorial.

In precisely this respect, it would be misleading to claim that a dedicated and deliberate programme of involuntary euthanasia has taken place during the last twelve months in the UK as maintained by Shemirani (Direct Action, 2021), nor is it the intention of this Chapter to posit such an allegation, for that would undermine the exceptional work undertaken by the UK’s healthcare professionals, to whom society owes an immeasurable debt of gratitude. What the Chapter does intend to achieve is to examine the concept of eugenics within academic discourse and consider why the loss of over 100,000 lives in the UK might be construed, misconstrued, or otherwise aligned with Nazi genocide. The Chapter will advance this critique by exploring the various historical, political, and social dimensions of eugenics, to establish upon what grounds citizens would have to liken the loss of life to Coronavirus, to practices such as racial hygiene, sterilisation and euthanasia.

The Chapter will also consider various techniques of selection, treatment, triage, or exclusion (as well as the alleged promotion of ‘herd immunity’) as factors likely to be considered discriminatory, thus allowing some people to become infected or die. In precisely this respect, the Chapter examines the origins and meanings of eugenics, and provides a comparative study of this discipline to the pandemic. It achieves this critique, largely through the ideas of Michel Foucault in relation to concepts such as biopolitics, and in terms of situating discourse historically through Foucauldian approaches such as archaeology and genealogy.

Methodology

The critical framework for this Chapter employs various ideas within Michel Foucault’s oeuvre, from later texts such as *Society Must Be Defended* (2003), *The Birth of Biopolitics* (2009), and *The History of Sexuality* (1978). During his career, Foucault changed, adapted, and refined many of his ideas, typified by the subtle differences between tomes such as *Discipline and Punish* (1995) and *The Birth of Biopolitics* (2009), and represented by a conceptual turn in his work from discipline to governmentality (and thereafter to biopolitics) as a means to comprehend and interrogate power. There are of course, a number of key concepts that one must unpack from Foucault’s corpus before developing a specific methodology as the critical dimension of this project borrows extensively from his ideas. In general, the main concepts and methods that contribute to this chapter include genealogy, discourse, discipline, normativity, biopolitics, and Foucault’s position on racism and the state.

One of Foucault’s main methodological innovations was the notion of archaeology – a concept that first appeared in *Les Mots et Les Chose* (*The Order of Things*, 1989), later refined into the theoretical framework of genealogy (Kendall and Wickham, 1999: 22). Archaeology was regarded by Foucault as the process of examining historical events to determine how power was formed and exercised in society, and though which particular ideas or practices (as discourse), power was maintained. The purpose of this excavation was to examine discourse within the public domain[[2]](#endnote-2) that legitimises and perpetuates different types of power, and the institutions through which power is enabled. An often cited example is the development of the modern prison in eighteenth century Europe, from which Foucault observed the gradual transformation of the penal system from punishment to reform (1979: 231-256). This analysis was used to highlight a shift from sovereign forms of power to discipline during the formative stages of modernity, and in particular to emphasise the change in techniques used within prisons - from torture, penance and retribution, to those of supervision and entrainment - as an allegory for changes taking place in wider society. As the analysis of this particular institution remained historical in context, the methodology was inherently archaeological.

The later articulation of this approach (given as genealogy), utilised the same principles, but relates historical evidence (and thus archaeology) to ‘our present concerns’ (Kendall and Wickham, 1999: 31). For Foucault (1981, 70-1), this contemporary mode of analysis recognises the on-going ‘processual’ nature of discourse, whereas archaeology does not. Discourse is therefore understood within the Foucauldian tradition as concepts and practices that develop over time and can be useful for identifying different techniques, technologies, and institutions of power (both historically and in their contemporary context). Close attention must, however, be paid to the particular mode of analysis used by Foucault for achieving this critique. In terms of Foucauldian discourse analysis, researchers are primarily interested in specific factors including what can or cannot be said within the archive; the relation between different statements or ideas; the positioning of subjects within a given discourse; the contexts or spaces in which subjects are designated, differentiated, or defined; the rules governing the use of specific statements; and how particular institutions are empowered to determine the conduct or opinions of subjects (Kendall and Wickham, 1999: 29).

Returning briefly to points made in the introduction to this Chapter, the mobilisation of ideas such as fake news and disinformation (and the analysis thereof), provides opportunities to engage critically with how institutions such as the mass media are used to disseminate concepts and practices pertaining to ‘normal’ conduct. Indeed, as Foucault would posit, “archaeology is much more willing than the history of ideas to speak of discontinuities, ruptures, gaps […] and of sudden redistributions” (2002b: 187). Conceptually speaking, the same can be said for genealogy in so far as in the midst of a global pandemic, various discontinuities, noticeable gaps in discourse, and redistributions reveal the techniques and technologies of modern power in situ. In the context of this Chapter, understanding that i) discourse can be considered a series of concepts and practices, and that ii) eugenics has a particular history associated with issues such as state racism, genocide, racial hygiene, and modern genetics is important, because whenever the term is evoked out of context, or as a critique of the state (and it would seem at this particular moment that one cannot have a conversation about eugenics without being accused of spreading wild conspiracies), official attempts at correction are likely to be made (Lemke: 2011). This Chapter is concerned with this process of ‘disciplinary normalisation’, both in terms of discourse analysis (Foucault, 2007: 58) and the narratives that have been used to legitimise countless deaths from Coronavirus in the UK.

 With regards to the concept of discipline, Foucault dedicated a substantial amount of his life’s work to revealing how a gradual transformation took place in society between the end of the late-medieval period to modernity, regarding a shift in politics, public administration, philosophy, and thought. It is generally agreed that the industrial revolution brought with it significant advances in technology, politics, and society. In Foucauldian terms, the industrial revolution was synonymous with the evolution of vast disciplinary institutions (and projects) conducted throughout Europe, in which the population became the object of the state (Foucault, 1975: 195-9). Prior to this new epoch, the *Raison d'état’* (the reason of the state) was, for the sovereign regime, focussed on the accumulation of land and wealth (2007: 354). From the seventeenth century onward, the focus for state power shifted to the population, in which social organisation was based on the particular model of regimentation, order, and productivity being developed in the factories and mills. The restrictive forms of public administration that prospered during this time were based on supervision and regulation (in institutions such as prisons, asylums, hospitals and schools), and as argued by Foucault, focussed on the individual as the target of state/institutional oversight (1975). Accompanying this milieu were significant advances in public administration to normalise, order, and justify this new disciplined way of life.

The term discipline is prevalent throughout the entire corpus of Foucault’s work. Often, it is used to describe a process of entrainment; social normalisation; the institutions or activities through which individuals are organised; via self-administration (obedience and conformity); and in some cases, punishment or reform (ibid). In the context of norms (for example, the notional ‘new normal’ that has been imposed under society’s current restrictions), appropriate conduct is differentiated from an undesirable model of behaviour. The posited norm is one in which conscientious citizens are expected to conform to a designated pattern of behaviour such as wearing face masks and social distancing. Those who do not ascribe to this pattern of conduct are considered abnormal - or in more extreme terms, social deviants. For Foucault “it is not the normal and the abnormal that is fundamental and primary in disciplinary normalisation, it is the norm” (2007: 58).

The point here is that discipline is normalising. For those unwilling or “incapable of conforming to the norm” (ibid), they are often subjected to disciplinary normalisation. They are chastised or face social exclusion - as with the case of ‘Sebastian’s mum’, the budding conspiracy theorist exposed by the BBC (Chapple, 2020). With regards to the wider gamut of disciplinary techniques or technologies - policing, regulation, surveillance, supervision, legal obligations, peer pressure, and entrainment, all form part of society’s arsenal for ensuring order. Nonetheless, to situate discipline within the current milieu, it is essential to understand how Foucault differentiated the conditions of modern life to those experienced during the industrial era.[[3]](#endnote-3)

Modern society is often articulated in Foucault’s work by way of governmentality, and this is frequently taken as managing the “conduct of conduct” (2002a: 341) or as the “art of government” (Dean, 2010). Here, the governmental society takes as its object security (i.e. of wealth, assets, land, the population and means of production), and rather than replacing former regimes of sovereignty and discipline as the basis for modern power, it forms a triangle of “sovereignty-discipline-government” (Foucault, 2007b: 107-8). This degree of flexibility enables power to have at its disposal force (sovereignty), regulation (discipline), and conduct (government) as the foundation for legitimate rule in modern society. The various institutions though which power is exercised are known as apparatuses of security, including schools, medical institutions, and public offices which essentially function as decentralised state-like organisations (Dean, 2010: 11).[[4]](#endnote-4) At this point, the shift in power from one focussed on the individual or population (as per the disciplinary society), becomes one of the management of the biological species. Unlike the regimentation of the disciplinary society, the governmental society works towards the optimisation of human life. This is what defines the later period in Foucault’s thought. Hence, one can posit a comparative model of sovereign power/disciplinary power/biopower, in place of the three historical regimes cited by Foucault.

As a prelude to comprehending biopower and biopolitics in Foucault’s work, it is worth situating the concept of eugenics therein as this helps differentiate the approach taken by various historical regimes for i) enforcing absolute rule, for ii) managing the population, or for iii) scientifically working towards the betterment of the species. While the following section of this Chapter posits a genealogy of eugenics, here one is simply dealing with rudimentary concepts such as genocide and racial hygiene to form a comparison. Notwithstanding, the notion of eugenics figures substantially in Foucault’s work in a multitude of contexts (Foucault, 2003: 50, Taylor, 2011: 41, and Lemke, 2011). It is used at various points in correlation to different types of power and to determine how power is used to maintain order in society. In *The History of Sexuality* for instance, Foucault outlines his position thus:

If genocide is indeed the dream of modern powers, this is not because of a recent return of the ancient right to kill, it is because power is situated and exercised at the level of life, the species, the race, and the large-scale phenomena of population (1978: 137).

The above differentiates Foucault’s observations regarding sovereignty and biopower in so far as genocide is aligned with the primal right to kill, whereas biopolitics (through knowledge of the population) enables state institutions to make decisions about society as a whole. Of course it should be recognised that the specific taxonomy of eugenics only emerged in the late-nineteenth century as part of various philanthropic and scientific attempts to develop society by promoting selective hereditary traits (Galton, 1869). So with regards to disciplinary power, the great welfare institutions of the early modern epoch typify the manner in which supervision, analysis and regulation formed various responses to poverty and healthcare by focusing on the individual. In terms of conceptualising the great social engineering experiments of modernity by way of eugenics, Social Darwinists aimed to improve society by allowing natural selection to remove those without the necessary means to prolong their lives from the gene pool. They argued that “the ‘survival of the fittest’ human beings would come about naturally if welfare systems were simply withdrawn” (Taylor, 2011: 52). While the population would not be prevented from reproducing, it was considered that mortality rates would increase with the removal of state support, and that further intervention would be unnecessary. In terms of the disciplinary society, the meticulous understanding of the population, of birth rates, life expectancy, mortality rates, living conditions and income etc., all contributed to knowledge of how these different elements would impact society at the level of working class individuals.

With regards to the biopolitical framing of eugenics, for Foucault the first element in the formation of biopower is discipline. As with Foucault’s notion of the governmental society, biopower is largely formed of a triumvirate of forces, but it is enacted at the level of race. Discipline forms an essential component of biopower in so far as through a range of institutions it subjects individual bodies to scrutiny, examination, and routine - identified in Foucault’s later work as ‘anatomo-politics’ (*Ibid*: 46). However, unlike the disciplinary society, Foucault adds to the object of the biopolitical state by including the *biological species* among its list of concerns.[[5]](#endnote-5) Therefore the first element in the formation of biopower is always given as discipline in which individuals are subjugated and controlled:

The second, formed somewhat later [historically speaking], focused on the species body, the body imbued with the mechanics of life and serving as the basis of the biological processes: propagation, births and mortality, the level of health, life expectancy and longevity, with all the conditions that can cause these to vary. Their supervision was effected through an entire series of interventions and regulatory controls: a biopolitics of the population (Foucault, 1978: 139).

In terms of the evolution of power, the shift from rational organisation (laws and supervision of the individual) to the management of the species at the “level of health, life expectancy and longevity” (above) marks a significant point of departure in Foucault’s work. As with Adams’ (2017) understanding of biopolitical power, in the context of eugenics especially, this reframes some of the atrocities committed by the Third Reich in so far as biopower represents the capacity ‘to foster life or disallow it to the point of death’ (Foucault, 1978: 138).

Based on the Nazi’s fastidious understanding of how to regulate life in the concentration camps - for some towards a premature and horrific conclusion, and for others, to near death - Foucault’s paradigm of anatomo-politics and biopolitics provides a salient comparison. With regards to forced labour, administrators in the camps calculated precisely how little sustenance would be required to prolong the most punitive existence. It was inconsequential for the captors should their estimations be wrong and their prisoners die. Comparatively in terms of the final solution, the gas chambers of Treblinka, Auschwitz-Birkenau, Majdanek, et al, were evidence of the ruthless efficiency with which human life could be terminated on an industrial scale.

Yet, beyond the functionality of the extermination camps (which for Foucault was resonant of the sovereign “right to kill”, 1978: 137), the sinister experiments of Nazi physicians such as Josef Mengele, and the administration of camp life, point towards a more contemporary understanding of eugenics both at the level of the biological species and as a forerunner of modern genetics. Mengele, for example, was fascinated with the impact of various pathogens on unwilling test subjects, and conducted experiments on prisoners in an attempt to develop compounds for the treatment of diseases such as malaria, typhus, and tuberculosis. Mengelean contemporaries such as Karin Magnussen experimented on live subjects, and used chemical agents in an attempt to change the eye colour of inmates for the purposes of Germanification (Zegers, 2020). Both instances ultimately relate to the genetic refinement of the species, whether this equates to racial hygiene or developing immunity to the collective ailments of the day.

Beyond the Third Reich, further conceptual evidence to align biopolitics with eugenics can also be found in Lemke (2011: 1), who considers the different approaches in Foucault’s work regarding anatomo-politics and biopolitics (also highlighted by Taylor 2011: 46). Lemke, for example, considers that:

There is a range of diverse and often conflicting views about both the empirical object and the normative evaluation of biopolitics. Some argue strongly that ‘biopolitics’ is necessarily bound to rational decision-making and the democratic organisation of social life, while others link the term to eugenics and racism (*Ibid*: 1)

In terms of considering the empirical notion of biopolitical rationality, there are clear and evident links between the human sciences of biology, sociology, and economics, and the impact of these disciplines on public policy during the pandemic. The political use of narratives such as ‘following the science’ espoused by the UK government, quite literally defaults to the guidance offered by public health officials regarding the imposition of national lockdowns and regulations applied to the population. Economic practices such as furloughs and financing small businesses also operate at this level. Thus, regulatory powers (biopolitics) can be considered in terms of laws, regulations, norms, lockdowns, and mass testing. Comparatively in terms of anatomo-politics, regulations are applied to individuals via shielding, the wearing of masks, and via disciplinary regimes such as social distancing.

With regards to the normative evaluation of biopolitics (interpreted by Lemke as eugenics and racism), the antithesis to the above ‘democratic organisation of social life’ is one in which clinical decisions are made about life expectancy on the one hand, and how treatments should be administered and to whom, on the other (ibid). One could argue that the identification of vulnerable individuals and those with severe underlying health conditions (who may not be prioritised for emergency treatment), can be considered a form of state racism in the Foucauldian sense of the term (see McWhorter in Zach, 2017, and Hanson, in Morton and Bygrave, 2008: 106-117). Indeed the identification and categorisation of higher infection and mortality rates among certain ethnic groups, those suffering from obesity, from physical or cognitive disabilities have been used to legitimise an alleged reduction in access to healthcare services, and such practices have clear potential to become discriminatory. Yet, state racism can also be derived from the normalizing practices that have transpired over the last twelve months, in which those offering contrary opinions, refusing to socially distance, who have stockpiled essential goods, or refused to isolate, have become outcasts. The mobilisation and use of terms such as ‘covidiot’ serves to drive a social divide between us and them, in which disciplinary normalisation corrects abnormal behaviour.

Overall, what starts to emerge from an initial review of Foucault, biopolitics, and eugenics can be considered by way of the contextual alignment of sovereignty with the right to end life, the disciplinary capacity for enacting change at the level of the individual or population (to determine who lives or who dies, in what particular manner, and according to which criteria), and the biopolitical power to seek improvements to the species at a genetic level via immunisation (or rather, to regulate life or death at the level of an entire race). This Chapter will therefore aim to critique biopolitics, eugenics and state racism according to the above methods, by i) examining the different historical and contemporary dimension of eugenics, ii) situating this discourse in comparison to Foucault’s ideas, and iii) applying these criteria to the current pandemic.

Archaeology and Eugenics

It is generally acknowledged that the notion of eugenics relates to a number of historical, scientific, medical practices, social movements, and ideologies, although in its current guise, the term did not come into popular usage until the mid-nineteenth century. In the ancient world, Plato was reputed to have advocated a programme of selective breeding to improve the Guardian Class (the ruling elite of his fabled republic), by allowing only the best and brightest citizens in society to procreate (Goering, 2014, and Leonard, 2004). At other points in antiquity, the Roman civilisation, and Ancient Greeks and Spartans all practiced infanticide to ensure that only the strongest individuals would remain to further the population (Kelves, 1995). Under the Fourth Table of Paternalistic Law in Ancient Rome for example, it was a father’s legal duty to ensure that children born with “dreadful deformities” should be killed upon birth, thus promoting racial hygiene (Johnson *et al*, 1961: 10). Roman patriarchs were also granted the right to dispatch any unwanted new-borns by way of drowning (or any other convenient means of disposal) for the purposes of enacting a crude form of population control. The Spartans were similarly inclined and were purported to have left new-borns in the wilderness as a test of their potential as warriors. Indeed throughout history there have been numerous programmes of selection and control witnessed beyond these rudimentary practices, equating to roughly four waves of this phenomenon. Others (Holmes, 2018, in particular), have argued that society is now entering its second wave of eugenics with regards to the control of genetic disorders and the eradication of conditions such as Downs Syndrome, through the early termination of affected foetuses. For the purpose of this chapter, however, genetic engineering forms part of a hypothetical fourth wave of eugenics, situating antiquity as the first, the Victorian era as the second, and the Holocaust and the Nazi regime the third.

The actual origin of the term can be attributed to Victorian polymath, sociologist, explorer and inventor, Francis Galton (the half-cousin of Charles Darwin), who determined that his relative’s ideas of natural selection in the animal kingdom had, in the human world been hindered by factors such as state welfare and a general lack of intervention, much to the detriment of the species (Dyck, 2018, and Galton, 1869). According to Padovan (2003: 476), Galton wrote the first significant treatise on the topic entitled *The Hereditary Genius* (1869), in which he advocated a programme of selective breeding to protect the human species from genetic degeneration. Because of its links to both biology and sociology, “eugenics was backed by arguments based on common sense and medical knowledge of heredity, Darwinian biology, and, increasingly, specialized scientific research” (Mckenzie, 1976: 499). Thus one can attribute a second wave in eugenics to Galton, which set the context for a range of projects intended for the betterment of society (Taylor, 2011: 51-4). Based on the inclination shared by Galton and his contemporaries towards biology and sociology, the underlying notion for many of these projects was to encourage natural selection through a form of social Darwinism.

In the late nineteenth century a number of factors came together to legitimise the agenda of the social Darwinists and other interested parties. The sprawling urbanisation of the epoch, overwhelming social decline and the significant poverty witnessed in Britain’s slums, matched with an unhindered population boom among the “dregs of society” caused Europe’s bourgeoisie to fear they would soon be overrun by the unclean, untamed, and genetically inferior masses (Taylor, 2011: 51). A multitude of factors contributed to the general anxiety caused by this population surge including an increased reliance on social welfare; an accompanying growth in crime and disorder; illness; addiction; gambling; promiscuity and other social blights. Indeed, scientific analysis of the above confirmed that the health of the race (i.e. the middle classes), was in grave decline as a result of the capacity of the working class to reproduce far more quickly and in greater number. The perceived crisis was, however, not merely a moral one (as might be suggested by the list of supposed debauchery described above), but also threatened the financial and intellectual wellbeing of society.

The scientific community of the industrial era therefore proposed a number of solutions to the issues at hand, including vast philanthropic projects such as the great Victorian slum clearances of the late-nineteenth and early-twentieth centuries (Harbisher, 2012), and proposals to prevent those of low ability from reproducing (Kevles, 1995: 4). On the one hand, the intention of relocating citizens from the squalid confines of city living to the outskirts was to provide access to bespoke amenities and to promote public health and hygiene. Yet, the dual purpose of renovating slums like Barcelona’s Las Ramblas (Ealham, 2005), and Nottingham’s Broad and Narrow Marsh districts (Harbisher, 2012), was to mitigate the impact the lower classes had on trade and commerce and upon the lives of the gentry within city centres. In Nottingham for example, the first communal public toilet was not commissioned until the mid-nineteenth century, despite hundreds of citizens living in squalid conditions – often cohabiting with livestock in cramped family rooms, basements, or caves.[[6]](#endnote-6) Similarly, the Reform Act riots of 1832 demonstrated that areas like the Narrow Marsh and Las Ramblas were breeding grounds for troublemakers, revolutionaries, and dissidents, and had to be torn down. The simple answer was to remove such individuals from the vicinity of the city centre.

In terms of the overall genetic health and cognitive ability of the species, scientific concerns about the quality of the collective gene pool provoked questions about the population, its management, its health, welfare, education, and conduct. Some of the more benevolent solutions (posited above), either aimed to provide better conditions for lower class citizens, in an attempt to improve society overall and thereby nurture the population (Kevles, 1995), or relocate the problem in its entirety. Alternatively, groups such as the Social Darwinists typified by figures such as Francis Galton and Herbert Spencer, argued for more cost effective measures to be introduced, claiming that “the ‘survival of the fittest’ human beings would come about naturally if welfare systems were simply withdrawn” (Taylor, 2011: 52). Therefore, irrespective of whether or not the lower classes continued to produce more children than the bourgeoisie, the removal of health and welfare services would simply result in higher mortality rates, thereby “eliminating the weak from society” (ibid).[[7]](#endnote-7)

The main premise of Galton’s *Hereditary Genius* (1869) was that without natural selection, the hygiene of the collective gene pool was statistically at risk of decline – largely as a result of being overrun by an uneducated working class. To compensate for this, Galton and the social Darwinists proposed that i) those of better social standing should become more selective in their choice of partners to raise the intellectual standard of the nation, and ii) a reduction in social welfare would reduce the working class population. According to Galton an increase in intelligence was mathematically achievable:

If we could raise the average standard of our race only one grade, what vast changes would be produced! The number of men of natural gifts equal to those of the eminent men of the present day, would be necessarily increased more than tenfold […] but far more important to the progress of civilisation would be the increase in the yet higher orders of intellect (1869: 343).

For Galton et al, the resounding fear of genetic stupidity represents only part of the motion set forth by social Darwinists. Programmes advocated by Galton included the promotion of heredity aptitude (by allowing those of good standing to procreate, and then putting the offspring on show), and by placing those of limited ability in convents and monasteries to prevent them from reproducing (Kevles, 1995: 4). Galton arrived at many of these conclusions by mathematically analysing the number of people he knew from various backgrounds who occupied positions of notoriety – without of course taking into account privilege or education as key factors leading to ability in later adult life. Notwithstanding, the expansion of the British Empire (and other colonial conquests) also brought Europeans into close contact with other races that were immediately deemed inferior (Taylor, 2011: 51). In the later stages of *The Hereditary Genius,* Galton provides a scathing account of his experiences of native Africans and African servants working in American, who he widely condemns as being “half-witted men […] so childish, stupid, and simpleton-like, as frequently to make me ashamed of my own species” (1869: 359). Eugenics therefore equates not just to the survival of the species in intellectual terms, but to questions of race and of the subjugation of inferior men who are deemed deficient by way of education, wealth, and ethnic origin. As a result of the scientific work conducted by Galton and his contemporaries, a Royal Commission revealed in 1908 “that there were 150,000 ‘feeble-minded’ people [living] in Britain” (Nelson, 2016). Several notable commentators called for immediate action including William Beveridge (founder of the Welfare state) who insisted upon the urgent revocation of civil rights, and the right to bear children. Similarly, in an address to the British Eugenics Society, one Dr Grunby (having completed a succinct review of the inhabitants of Devon), concluded that the kindest thing to do with imbeciles was to exterminate them at birth, returning somewhat to the Fourth Table of Paternalistic Law from ancient Rome (ibid). By the early 1930s, the Eugenics movement had gained significant ground in the UK, United States, and Scandinavian countries.

In 1931, Major Archibald Church proposed a eugenics bill before Parliament “to enable mental defectives to undergo sterilising operations or sterilising treatment” either at their own request, or that of a parent or guardian (Parliament UK, 1931). Although the bill was rejected in the UK, various sterilisation programmes were being commissioned elsewhere, including the United States, which appeared to be at the forefront of the practice (Goering, 2014). The eugenics movement had by the early-twentieth century evolved into two distinct camps, one encouraging people of sound physical and mental health to reproduce, and another that wanted to discourage (or prevent) those lacking these faculties from bearing children. In the Unites States, the eugenics movement gained surprising popularity with social activities being organised by local or national advocates of the discipline. According to Bouche and Rivard (2014), “members competed in ‘fitter family’ and ‘better baby’ competitions at fairs and exhibitions” to help spread the word.

The notion of better breeding evolved into the concept known as positive eugenics, whereas negative eugenics, aimed to eradicate unwanted traits from the gene pool such as “certain diseases and disabilities” by preventing those without the required characteristics from reproducing (ibid). In fact by 1931, well over thirty American States had introduced (forced) sterilisation laws in an attempt to remove undesirable attributes from society (largely from uneducated and impoverished minority groups), amounting initially to around 64,000 compulsory operations (Nelson, 2016, and Bouche and Rivard, 2014). In the early 1930s German scientists recognised America’s aptitude for eugenics and were keen to advance their own programmes of sterilisation. According to Goering (2014), German scientists and policy makers visited the United States on several occasions to learn about the processes in place before applying these techniques to their own emerging agenda.

 As with many prominent scientists of the late-nineteenth and early-twentieth century, German physicians were also exploring ideas of eugenics and heredity. Alfred Ploetz, for one, was the seminal authority on the subject in Germany and had developed numerous ideas on the topic including the concept of *Rassenhygiene* (racial hygiene) as early as 1895 (Bashford and Levine, 2021: 15). By the turn of the century, Ploetz founded the German Society for Racial Hygiene, which was renamed two years later in 1907 as the International Society for Racial Hygiene in an attempt to form a coalition of like-minded organisations throughout the Western world. The International Society for Racial Hygiene became affiliated with Galton’s British Eugenics Education Society and formed branches throughout the United States, the Netherlands, and Sweden (Schafft, 2004: 42). In 1925 the organisation reverted to its original name, the German Society for Racial Hygiene, and started a campaign to establish itself as a legitimate scientific discipline. During the late-1920s the group became more prominent in German politics and aimed to consult on public policy as a means to gain further notoriety. It promoted sterilisation and selective reproduction as a means to return the Nordic race to its pure Germanic roots and was sponsored first by the German Imperial Government, and later by the National Socialists (with whom it shared a number of ideological perspectives).

The use of eugenics by the National Socialist (Nazi) party in German largely followed the “racist, sexist, and classist assumptions” that dominated eugenic discourse in America and in the UK (Goering, 2014). The initial programme of eugenics in Germany started with the passing of the Gesetz zur Verhütung erbkranken Nachwuchses (Law for the Prevention of Offspring with Hereditary Diseases) in 1933 – written in consultation with the German Society for Racial Hygiene. As with sterilisation programmes in the United States, the Law for the Prevention of Offspring with Hereditary Diseases, granted the involuntary sterilisation of those suffering from congenital mental deficiencies, hereditary blindness, hereditary deafness, hereditary epilepsy and chronic alcoholism - all of which were newly defined as inherited ailments without any scientific or medical basis for their communicability (Teicher, 2019). The law was hailed by eugenicists in the UK and United States for its legislative and ideological clarity, whereas the German government made reference to the humane and scientifically founded practice of sterilisation in other western nations by way of legitimising the Act. Prominent American eugenicist Paul Popenoe in fact praised the new law by writing of the ‘conservative, sympathetic and intelligent administration’ of the programme, demonstrated by the German government and its scientific community (1934: 259-60).

The Gesetz zur Verhütung erbkranken Nachwuchses granted physicians the power to determine whether or not an individual would be likely to pass on one of the above genetic conditions to their offspring, and then convince them to undergo surgery. Later renditions of the law made it a legal requirement for practitioners to refer such patients for mandatory sterilisation. For those practicing eugenics, the programme also included “Roma (Gypsies), ‘asocial elements’, and Afro-Germans”,[[8]](#endnote-8) all of whom had to be prevented from contaminating future generations with their genetic disorders (USHMM, 2021a). During the lifespan of the programme over 400,000 German citizens were involuntarily sterilised (Nelson, 2016).

Following the successful implementation of its sterilisation programme, the National Socialist Racial and Political Office (NSRPA) instigated a number of propaganda campaigns to generate public support for the legalisation of involuntary euthanasia in Germany (a feat Hitler admitted could only be accomplished during wartime). Official narratives used to justify the termination of citizens suffering from physical or mental disabilities included the annual cost to the taxpayer for maintaining said individuals in care, and arguments around quality of life – in other words, based on racial hygiene and economics. Various propaganda films, leaflets and posters were developed to cause outrage among the German people, that essential resources were being squandered on those for whom “life [exists] only as a burden” (USHMM, 2021b). Long-term patients in asylums, seen from this perspective, had contributed nothing to the rebuilding of Germany after the First World War, and had simply wasted medical resources by occupying beds and requiring the care provided by doctors. Other publicity campaigns served to raise awareness of the cost to the taxpayer. In one example cited in *Neues Volk* (New Folk magazine) a public service announcement accompanying a picture of a disabled man claimed “this hereditarily ill person will cost our national community 60,000 Reichmarks over the course of his lifetime. Citizen, this is your money” (USHMM, 2021c).

By mid-1939 Hitler had established the Reich Committee for the Scientific Registering of Serious Hereditary and Congenital Illnesses, under which his lead physician, Karl Brandt, along with Nazi functionaries such as Herbert Linden of the Interior Ministry, Ernst-Robert Grawitz (leader of the German Red Cross), and SS-Oberführer Viktor Brack, were instructed to begin the euthanisation of children in permanent state care under a programme known as Aktion-T4. A year earlier, in 1938, Brandt had been successful in persuading the parents of a blind child who suffered physical and developmental disabilities, to commit the infant to a ‘merciful’ death. As a result of the successful trial of the programme, Hitler agreed it should continue in full. During the early stages of Aktion-T4 six euthanasia centres were established at psychiatric hospitals including Bernburg, Brandenburg, Grafeneck, Hadamar, Hartheim, and Sonnenstein. These specialist centres were purposefully adapted for the task of euthanasia and “utilized medical professionals, fake death certificates, gas chambers disguised as showers, and the mass burning of corpses” to achieve this end (Breggin, 1993: 133). Following the implementation of Aktion-T4, Brack expanded the operation to include the mandatory registration of new-born children with disabilities, as a prelude to the disposal of all children with proscribed hereditary complaints, even those living at home. The programme was to include:

All children under three years of age in whom any of the following ‘serious hereditary diseases’ were ‘suspected’: idiocy and Down syndrome (especially when associated with blindness and deafness); microcephaly; hydrocephaly; malformations of all kinds, especially of limbs, head, and spinal column; and paralysis, including spastic conditions (Lifton, 1986: 52).

Upon registration, details of the affected children were presented before a medical panel and a judgement made regarding their fate by attending physicians. Shortly thereafter, the children were collected and sent to ‘specialist treatment centres’ where after a few weeks of observation they were killed via lethal injection, by poisoned gas, starvation, or in some cases, physical abuse. Following the invasion of Poland in 1939, the first motions were made to euthanise adults under the same criteria. In 1940, one year into the Second World War, Adolf Hitler signed a retrospective[[9]](#endnote-9) decree to grant certain physicians within the Reich, the right to conduct involuntary euthanasia and commit those with incurable conditions to *Gnadentod* (mercy deaths).

Hitler’s decree enabled the architects of Aktion-T4 to expand their operations. As observed by the Holocaust Research Project “during the first two years of the war, the ‘euthanasia’ programme in the Reich entered four distinctive but overlapping phases” (H.E.A.R.T, 2007). The first of these was the killing of children, followed by adults, then institutionalised Jews (mainly in asylums and other state facilities), and finally, prisoners in the concentration camps (ibid). With regards to the systematic extermination of adults with disabilities, by October 1939 all hospitals, asylums, and retirement homes were required to catalogue any patients who had been there for a period of five years or more, and who suffered from a range of complaints. To maintain secrecy for the project, a number of fake companies were set up to disguise the activities of Aktion-T4, including the Gemeinnützige Krankentransport GmbH charitable ambulance service (abbreviated to Kekrat), that would collect sick or disabled people from their homes, and transport them to eugenics centres. As part of the subterfuge later used in the movement of Jews to extermination camps, patients were taken to transportation centres (from where their relatives would be unable to track them), and then to their final destinations where they were encouraged to write postcards to relatives informing them they had arrived, before being herded into gas chambers for execution (ibid). Thereafter, at the Wansee Conference in 1942, the final solution to ‘the Jewish question’ was proposed by SS-Obergruppenführer Reinhard Heydrich, in which the various techniques used for killing those with hereditary conditions (such as lethal injections and gassing), would be applied on an industrial scale for the murder of millions of Jews.

According to Breggin (1993: 135), Germany’s euthanasia centres proved an appropriate training ground for the Third Reich’s concentration camps in two respects: i), that the techniques and technologies to be used had already been refined at sites such as Grafeneck and Hadamar;[[10]](#endnote-10) and ii), the physicians who determined which passengers would be used for forced labour and who would be put to death, were often recruited from the above facilities. Notwithstanding, the steady influx of prisoners transported to sites such as Majdanek, Treblinka, and Auschwitz, provided Nazi scientists with a ready source of subjects upon whom to conduct ‘medical’ experiments. Many of these experiments aimed to improve the chances of survival for German combatants, such as ‘subjecting Jews to freezing water’ or testing the impact of oxygen deprivation on prisoners to simulate altitude sickness (ibid: 144).[[11]](#endnote-11) The worst of these experiments were on live subjects including involuntary sterilisation and other unnecessary operations (conducted without anaesthesia), and those practiced on children in an attempt to correct/cure heredity ailments. Mengele, of course, was reputed to have been fascinated with genetics and heredity, and often experimented on live sets of twins, in addition to infecting patients with known pathogens. Undoubtedly, the myriad of atrocities committed against humanity by the Third Reich has had a long and enduring impact on the notion of eugenics. As Goering (2014) writes:

Following the end of WWII, the term ‘eugenic’ was so closely associated with the horrific programs of Nazi Germany that eugenics societies across the world changed their names (e.g., [in 1972] the American Eugenics Society became the Society for the Study of Social Biology) and tempered their aims. Yet many of the same practices and beliefs continued under a different guise. Involuntary eugenic sterilisations of ‘feeble-minded’ women in a variety of states didn't officially end until the 1970s, and many continue covertly in some state institutions.

In the post-war years, ‘mainline’ eugenics was indeed considered a flawed discipline among the scientific community, since it was plagued by inadequate methods of enquiry, flawed data, and numerous social and racial prejudices (Kevles, 1995: 206). Yet, new scientific discoveries, would also lead to the furtherance of these appalling influences.

By the late 1950s the discovery of biochemical methods for testing and identifying specific amino acid strands (in peptides and polypeptides), had helped in the identification of affected chromosomes in blood types and the profiling of sickle-cell anaemia (ibid: 236). The biochemical analysis of the human body matched with the mathematic analysis of heredity and population, ushered in a new age of genetic discovery, and as observed by Kevles (*Ibid*) brought with it a new agenda known as reform eugenics. In 1958 French human geneticist Jérôme Lejeune discovered an extra chromosome in a sample of Down’s Syndrome karyotypes. Further advances on Lejeune’s discovery meant that by the early 1970s, “carriers of at least fifty genetic disorders could be identified” (ibid: 255). By the mid-1970s the prenatal diagnosis of genetic disorders led to a 300% increase in pregnancy terminations in the USA, and a comparative increase in the UK as a result of the legalisation of abortions in 1967 (ibid). Beyond the termination of pregnancies with identifiable disorders, the modern geneticists dream was principally to cure conditions such as diabetes in existing patients, and eventually to herald a new age of genetically refined humans.

As observed by Sinsheimer (in Kevles, 1995: 267), the type of eugenics promoted by Galton et al, equated to “large scale social programme[s] over many generations” and to “pervasive programme[s] of social control” over entire populations. Genetics, on the other hand, could be applied at the level of the individual, but requires action and consensus at the level of the species for it to be a success. The case in favour of the merits promised by biotechnology consider that “modern eugenics involves individual genes and serves as preventative measures against the occurrences of debilitating genetic disorders” (Holmes, 2018). However, McCabe and McCabe (2011) argue against the termination of pregnancies with disorders such as Down’s Syndrome, claiming that “coercion by insurance companies or governmental authorities to limit reproductive choice constitutes a eugenic practice”, thereby situating the concept of modern eugenics as a procedure founded on economic and prejudicial criteria.

For McCabe and McCabe “eugenics is recognized to be one form of genetic discrimination, and genetic determinism can be a driver for both genetic discrimination and eugenics” (ibid: 708). To one extent the pre-emptive treatment of conditions such as Down’s Syndrome, appears to be a continuation of mainline eugenics irrespective of its supposedly reformist ideals. Returning to an earlier point made in relation to social Darwinism, “eugenics assigns to the state and not to nature the task of selecting the fittest” (Leonard, 2004: 15). It is in this latter respect, that one can align eugenics with political economy by virtue of the potential value of citizens via their contribution to the state.

To conclude this part of the chapter, the notion of euthanasia needs brief exploration as the concept is often associated with negative eugenics, especially in relation to mandatory or involuntary euthanasia as opposed to assisted suicide. In terms of both medical and legal discourse, this is a passionately debated topic - because more so than eugenics the practice is governed by professional ethics, and in the majority of countries, remains illegal. For Abohamied et al there are four main definitions of euthanasia, including “active, passive, indirect, and physician-assisted suicide” (2019: 199):

Active euthanasia involves ‘the direct administration of a lethal substance to the patient by another party with merciful intent’. Passive euthanasia is ‘withholding or with-drawing of life-sustaining treatment either at the request of the patient or when prolonging life is considered futile.’ Indirect euthanasia refers to the prescription of painkillers that may be fatal in an attempt to relieve suffering. Physician-assisted suicide refers to a medical professional aiding a patient in terminating their life upon the patient’s request.

Historically speaking, only two of the above definitions can really be linked to eugenics. Although active euthanasia was practiced by the Third Reich under the premise of *Gnadentod*, ideologically speaking the intent of the process was less than merciful and it was solely intended to promote the fascist notion of ‘racial hygiene’. The notion of passive euthanasia was also practiced in asylums and euthanasia centres throughout Germany during the Second World War, initially as a means to ‘peacefully’ facilitate the passing of children or infants with heredity complaints (usually by way of starvation), prior to the implementation of more mechanised or immediate forms of murder. Otherwise, based on the evidence provided thus far, indirect euthanasia, and physician-assisted suicide seem to have little in common with eugenics.

In sum, the notion of eugenics is often linked to an intentional improvement in the genetic disposition of society which can involve (in biopolitical terms), rhetoric and practices befitting moral and physical health (Padovan, 2003: 476), or the “democratic organisation of social life” often regarding decisions around healthcare provision and treatment (Lemke, 2011: 1). In a disciplinary context, one can posit that negative accounts of eugenics tend toward state racism, discrimination, and practices of racial hygiene (Leonard, 2004: 8). However, in both contexts, there is an underlying and identifiable element of bias regarding narratives that identify and marginalise the unfit, inferior, undesirable or disabled – if only by way of comparison against an ideal. By all accounts (and, as observed by Kevles, 1995: 131-134), the false biology of eugenics is often predicated by a false anthropology of society.

Genealogy and Eugenics during the Pandemic

Having developed a critical account of eugenics, this part of the Chapter aims to analyse evidence from the last twelve months to determine to what extent eugenic practices have been employed in the UK during the pandemic (or to craft a reasoned debate around why various procedures have been misconstrued in this way). Sources are likely to include materials available in the public domain such as press releases and announcements, policy documents, institutional reviews, NHS communications, and media coverage. Ordinarily, the latter would be considered as at least capable of adopting a critical or objective stance towards official public discourse, but evidence demonstrates that mainstream media have been expected to deliver ‘responsible’ coverage of the pandemic - especially during the hiatus of the first national lockdown (Culture, Media and Sport Select Committee, 2020).

The broadcast sector has, in fact, been subjected to increased regulatory oversight to mitigate the impact of “harmful but legal” content (ibid). Social media organisations, on the other hand, have been instructed to supervise the content posted by users as a prelude to the introduction of a new Online Harms Bill that will attempt (should it become law) to curtail public access to defamatory, threatening, irresponsible or conspiratorial content. Yet, there seems to have been negligible oversight of tabloid and broadsheet newspapers, which have published content openly challenging practices such as Do Not Resuscitate orders in care homes, the likes of which have fuelled the conspiracy fringe even further (Swerling, 2020; Taylor, 2021).

Notwithstanding these facts, one cannot attempt to control a nation’s communications infrastructure, without being held accountable for the accuracy of what is being said by the institutions over whom one holds regulatory power. As discussed in the methodology for this Chapter if (in ‘governmental’ terms), various institutions operate as apparatuses of security, the information disseminated by these organisations should be considered as a form of *public* discourse (within the spheres of Government, mass media and, especially, healthcare services). There is little point in the Establishment claiming ownership or oversight of the process, unless this public function is acknowledged and brought to the fore. Although it is unlikely that evidence will be found to identify that an explicit programme of ‘genocide’ has transpired over the last twelve months - as maintained by Shemirani and her co-conspirators (see Direct Action, 2021) - this Chapter does find some confirmation of eugenic-like, racial, or discriminatory practices that can be interpreted within the general understanding of the term. Befitting the account of eugenics given thus far, this would include heredity discourse and notions of natural selection, or at the very extreme, involuntary sterilisation and euthanasia (Foucault, 1978: 139; Taylor 2011: 46; Lemke, 2011: 1). Accordingly then, this section of the Chapter examines the notion of herd immunity, medical practices such as triage, and Do Not Resuscitate orders, as these concerns have fuelled numerous conspiracy theories during the last twelve months.

During the early stages of infection in the UK, the notion of ‘herd immunity’was promoted by authorities as just one potential approach to managing the pandemic (based largely on economic factors, a limited understanding of the pathogen, and the lack of a specific vaccine at the time). Irrespective of measures that had been introduced elsewhere in the world in which local and regional lockdowns were swiftly imposed, the British Government floundered in its initial response to the pandemic, and the rate of infection soared. In early March 2020, the notion of herd immunity was raised in government discussions with the Scientific Advisory Group for Emergencies (SAGE) and by subsidiaries including the Independent Scientific Pandemic Insights group (SPI-B), a cross-institutional department comprised of academics, public sector representatives, and behavioural scientists. Among these was Dr David Halpern of the Behavioural Insights Team (the Government’s ‘Nudge Unit’), that advises on communication strategies and the use of behavioural science to influence public behaviour. On 11 March 2020, Halpern reported to the BBC that:

There’s going to be a point, assuming the epidemic flows and grows, as we think it probably will do, where you’ll want to cocoon, you’ll want to protect those at-risk groups so that they basically don’t catch the disease and by the time they come out of their cocooning, herd immunity’s been achieved in the rest of the population (Ahmed, 2020).

Irrespective of claims later made by Health Secretary Matt Hancock that herd immunity was never discussed as part of the UK’s Coronavirus strategy, from a communications perspective, a senior SAGE member publicly advocating the notion sends a very clear message to the population. Ergo, the statement from a senior scientific advisor exists in the public domain, so it must be possible that it was official policy. Four days later, Sir Patrick Vallance, the Government’s Chief Scientific Advisor announced on SkyNews that 60% of the population would need to contract the virus in order to develop herd immunity, and that an overall “UK coronavirus death toll of 20,000” would be a “good outcome” (Donnelly, 2020, Ahmed, 2020, and SkyNews, 2020).[[12]](#endnote-12)

It is unlikely that the concept of herd immunity formed part of the Government’s final strategy to delay or contain the virus, once the UK went into full national lockdown on 23 March 2020, though from the perspective of behavioural science, it represented a useful way of testing public opinion regarding the idea.[[13]](#endnote-13) According to Ahmed (2020), the promotion of herd immunity was less a question of public policy, and more a case of reassuring the public that the Government was in control and that several eventualities were being explored. It was therefore used as a strategic talking point and “a way of justifying to the public why the Government was not taking early action” (ibid). Despite the Government’s denial that herd immunitywas ever raised as a topic for discussion, millions of viewers witnessed two separate SAGE officials mentioning this on live television. The greater question though, is what makes the concept so alarming? According to *Emergency-Live* (an online magazine for emergency providers) that conducted an initial review of various international attempts to manage the virus:

Herd immunity announced by the English Premier is an ancient scientific concept. It consists of community immunity, that is a mechanism established within a community whereby if the vast majority of individuals are vaccinated, it limits the circulation of an infectious agent […] It is a fundamental mechanism to reduce the circulation and transmission of infectious diseases used to bend public health to the need not to affect the economic interests of companies, and it is ethically unacceptable (2020).

Ahmed (2020) also raises the question of economic priority over treatment, and claims that advice offered by the Behavioural Insights Team aimed to prevent “Government costs” and “drive up GDP” by looking for alternatives to a full national lockdown. This latter concern received further scrutiny when the Prime Minister’s Chief Advisor Dominic Cummings, was reputed in February 2020 to have said that the Government’s position was to promote “herd immunity, protect the economy, and if that means some pensioners die, too bad” (Walker, 2020). In the current context, the promotion of herd immunity therefore represents financial interests, and is indicative of “rational decision making” Lemke, 2011: 1) because of the Government’s reluctance to curtail trade and commerce (Romer, 2020). But Lemke also points out that, with regards to biopolitics. “others link the term to eugenics and racism”, and in this particular case the concept of herd immunity equates to “survival of the fittest” (ibid).

The problem is that by advocating herd immunity, one is endorsing a form of natural selection, in which many citizens are in danger of becoming infected (the fortunate few producing antibodies), while those with lower immune systems or pre-existing medical conditions are at risk of dying. Thus in one respect an argument can be formed around social-Darwinism and eugenics with regards to herd immunity. Hypothetically speaking, one can also alleviate a number of economic issues such as state pensions or social welfare should the number of those claiming benefits be significantly reduced (Dyck, 2018; Galton, 1869). Comparatively, practices such as social shielding (to protect vulnerable individuals from contagion) may also be interpreted as preventing those with lower rates of survival from occupying limited medical resources that can be used for those with a better prognosis. As observed by Berger (2020):

We hear echoes of eugenics rhetoric today in the management of the pandemic, as when some officials call for herd immunity. It's also present in pushback from some who believe that, as bad as COVID is, it only kills people with pre-existing conditions: the elderly, disabled, the obese, the diabetic, people with lung or cardiovascular disease, and so on. The implication is that we have no real obligation to keep those people alive - indeed, that we should ‘let nature take its course’.

Undoubtedly, the notion of ‘letting nature takes its course’ smacks of Galton’s attitude and the modus operandi of the British Eugenics movement, which proposed that citizens of limited ability could be reduced in number through a gradual reduction in state services. However, unlike the various programmes of ‘racial hygiene’ conducted in 1930s Germany, no explicit programme of involuntary euthanasia is expressed or implied by the concept herd immunity. What the contemporary eugenics rhetoric identified by Berger does begin to broach, however, is a certain degree of discrimination against the elderly, vulnerable, or infirm, that can be construed as a form of state-racism towards such groups (Lemke, 2011).

During the early stages of the pandemic, it became apparent that the nation was wholly unprepared for a crisis of this nature, despite running contingency forums to plan for such events since 2004.[[14]](#endnote-14) Worse still, having conducted a full scale review of the UK’s capacity to handle a medical emergency of this scale under Exercise Cygnus some four years earlier, UK authorities had failed to invest in those resources identified by the review as being inadequate (Public Health England, 2016). In the wake of earlier pandemics such as the outbreak of SARS in 2002, Avian Flu in 2005, and Swine Flu in 2009, Cygnus revealed a significant lack in intensive care units, ventilators, and Personal Protective Equipment. As the situation worsened, these had to be ordered from overseas at a time when all nations were experiencing similar problems. For a National Health Service that had been the focus of funding cuts and austerity for several years - staffing, facilities, and the anticipated number of patients in need of intensive care - a pandemic would stretch the NHS beyond its limit. Put simply, in a situation where there are not enough hospital beds or resources, how are medical decisions made, regarding who receives treatment and who dies?

In terms of biopolitical rationality, medical discourse often determines the criteria through which ‘difficult decisions’ are made on a daily basis by dedicated practitioners with regards to the selection and prioritisation of patients. Said judgements are usually predicated on “clinical judgement” as opposed to “social value”, and constitute a significant part of the ethics involved in practicing medicine (Ives, in Raval, 2020). For Silverman (2020), triage often dictates that “older people with shorter life expectancy or those with severe dementia are often deemed less deserving of scarce medical resources than younger, healthier individuals. With regards to the pandemic, the Government feared that the resources it had at its disposal would be overwhelmed by the number of patients that were being infected.[[15]](#endnote-15) As a result of this, by April 2020, reports emerged that General Practice (GP) Surgeries in Wales had written to elderly or vulnerable patients asking them to sign Do Not Resuscitate (DNR) forms in the event of contracting the virus. The letters stated “you are unlikely to receive hospital admission … and you certainly will not be offered a ventilator bed” if infected (Raval, 2020). In other instances, during the first wave of infections, blanket Do Not Attempt Cardiopulmonary Resuscitation orders (DNACPRs) had allegedly been applied to residents in care homes throughout the UK (Swerling, 2020).

In a report commissioned by the Queens Nursing Institute (QNI), “it was revealed that a decision had been made at a high-level, asking UK care homes to automatically label all their residents as DNR” (Open Access Government, 2020). The report, entitled *The Experience of Care Home Staff During Covid-19*, found discrepancies across the sector regarding the application of DNR protocols, amounting to “GPs, Clinical Commissioning Groups and hospital trusts making resuscitation decisions without first speaking to residents” (Bush, Leary, and Punshon, 2020: 4). Worse still, according to “21% of care home staff”, the QNI also reported that residents who tested positive for Coronavirus and sent for treatment, had been returned to care homes by hospitals refusing to accept them (ibid). For one of the most vulnerable groups in society, having infected residents placed in their immediate vicinity defeated the purpose of shielding from outside visitors.

In a similar context, it was further revealed at the end of March 2020, that the criteria for enacting Mechanical Ventilator Triage in the United States had been changed under coronavirus regulations (Cinone, 2020). *The* *Sun* newspaper (among others) alleged that People with Down’s Syndrome, autism and cerebral palsy “could be left to die from Coronavirus under new guidance’’ (ibid). Referring to a revised policy implemented by the State of Alabama, under emergency regulations people from several vulnerable groups would be “unlikely candidates for ventilator support” in the event of a mass respiratory emergency (ibid). The policy stated that:

Persons with severe or profound mental retardation, moderate to severe dementia, or catastrophic neurological complications such as persistent vegetative state are unlikely candidates for ventilator support […] Individuals with complex neurological issues such as motor neuron disease, glioblastoma multiforme and others may not be appropriate candidates in a mass casualty situation […] Children with severe neurological problems may not be appropriate candidates in the paediatric age group. (*Ibid*)

In the UK an equivalent system of categorisation emerged via the National Institute for Health and Care Excellence (NICE) which, as of 20 March, wanted healthcare practitioners across the sector to implement a revised clinical frailty scale to assess “whether critical care would be appropriate for frailer patients with Coronavirus” (Raval, 2020). The clinical frailty scale was introduced as a means for helping medical workers to review (and rate) the chances of survival for patients with a range of cognitive or mobility complaints, and to consider DNR requirements as a result. By mid-April, reports emerged that children suffering from underlying health conditions or disabilities were also being approached by General Practitioners (GPs) to sign DNR forms.

Inevitably, this caused public outrage and a backlash of complaints from the charity sector. Edel Harris, the Chief Executive for Mencap (the UK’s charity for people with learning disabilities), was alarmed by the discriminatory potential of the new policy, stating that “they [Britain’s public authorities] wrongly conflate having support needs with frailty and risk people with a learning disability not getting equal access to healthcare” (Macaskill and Mckelvie, 2020). Writing for the *Mirror* newspaper (ibid), the authors also reported that young patients with cancer and those suffering from rare hereditary complaints (such as Ehlers-Danso syndrome), had been asked by their GP surgeries to sign DNRs, and that the guardians of younger children had been approached for signatures as well. In retrospect, NICE was forced to revise its clinical frailty programme in late-April 2020, though Mencap and other leading disability groups have since commented on the continuation of discriminatory DNR practices during the pandemic. Most recently the *Guardian* newspaper announced that people with learning disabilities continued to be given mandatory DNR notices well into the second wave of the pandemic and that since January 2021, fatalities from Covid-19 had accounted for 65% of deaths for those with a learning disability in comparison to 39% fatalities from the general population (Trapper, 2021).

With regard to presenting a reasoned debate on the notion of contemporary eugenics and state racism, DNR forms represent a good starting point in terms of unpacking some of the major concerns. In ‘Whose life to save? Investigating the ‘do not resuscitate’ form coronavirus controversy’ Priyanka Raval presents a balanced and objective overview of the DNR phenomenon (2020). On the one hand this is pitched in terms of balancing the needs of patients against a diminished supply of NHS resources. Comparatively, Raval also explores the DNR dispute by way of necessity, i.e. in the face of a sudden and overwhelming influx of patients, how does one identify their needs or preferences, and how are these best recorded? In another respect, the unanticipated number of fatalities in the UK has potentially been facilitated by this process, with some patients feeling obliged to complete the forms and as a consequence not receiving the option. Speculation aside, according to the Resuscitation Council UK,[[16]](#endnote-16) over the last twelve months it has become even more essential to understand the wishes or requirements of individual patients. Under guidelines published by the organisation for medical professionals, the ReSPECT[[17]](#endnote-17) platform published in early 2020, considers the potential impact of coronavirus:

There are some situations where a person may have reached a point in their life or illness where, on balance, they are unlikely to benefit from resuscitation attempts or they may have a preference not to be resuscitated. Inevitably, as we reach the peak of COVID-19 cases, the number of people for whom this is relevant will increase (Resuscitation Council UK, 2020).

To this extent, the increase in DNR forms and difficult consultations taking place with patients during the first national lockdown can be explained by way of the sheer volume of people likely to become infected. Indeed, according to Raval (2020), ReSPECT was due for release in 2020 regardless, and the timing of this new approach to DNR consultation could simply have been misinterpreted. However, the alleged imposition of blanket DNR rules over other parts of the community (e.g. the elderly or disabled), is highly suggestive of discrimination, and when applied without consent, represents a fundamental breech of human rights. Again, writing for popular tabloid newspaper *The Sun*, Hannah Crouch (2017) explores the DNR phenomenon:

Although DNRs can be regarded as a form of passive euthanasia, they are not controversial unless they are abused, since they are intended to prevent patients suffering from the bad effects that resuscitation can cause: broken ribs, other fractures, ruptured spleen, brain damage.

Returning briefly to the notion of biopolitics, one could argue that “biopower is almost necessarily racist, since racism, broadly construed, is an ‘indispensable precondition’ that grants the state the power to kill” (Foucault, 2003: 25; Taylor, 2011: 50). Similarly for Padovan, “biopolitics is now linked to many crucial social processes, such as the implementation of segregationist urban policies, race discrimination, criminalisation and imprisonment of poor people, in a word, the definition of underclass label” (2003: 474). With regards to the Coronavirus pandemic, Western society and medical discourse has determined that obesity, class, age, and race in addition to those with ‘underlying health conditions’ now constitute a new underclass. What the notion of triage is akin to, is the notion of biopolitical rationality regarding the state’s capacity to regulate ‘biological processes’ and ‘the conditions that can cause these to vary’, i.e., the right to grant life or to allow to die, and according to predetermined criteria such as quality of life, chances of survivability and even contribution to the economy (Foucault, 1978: 139).

Conclusion – Biopolitics, Eugenics and the New State Racism

To conclude this Chapter it is necessary to compare the evidence in relation to one of the more prominent voices within the UK’s conspiracy community. It is important to consider why controversial figures such as Kate Shemirani, Mark Steele, David Icke (et al), maintain that the NHS is like Nazi Germany, that 5G telecommunication masts spread the virus, or why the pandemic is perceived as a part of a nefarious global plan. Inevitably, in a mixed socio-political economy in which contrary public opinion is fast becoming a regulated medium (with Icke and Shemirani both suspended from social media in 2020),[[18]](#endnote-18) one must ask why an established mass media is allowed to make similar allegations if there is a questionable degree of accuracy in their claims. As a prelude to a London rally in mid-2020, Shemirani released a video on YouTube following her suspension from the Nursing and Midwifery Council. In partial reaction to the suspension she stated:

I do not want to be part of this nursing and midwifery council that are supporting this, lying liars of lies, murdering patients, complicit in genocide. This is genocide. Call it whatever you want, it is genocide when you get establishments like this facilitating Do Not Resuscitate end of life care […] NICE, National Institute for the Centres of Excellence, on the 29th of April 2020, gave doctors and nurses the authority to decide whether patients who couldn’t reach their desired goals of critical frailty score six or above […] that’s a license to kill […] Our elderly, our vulnerable are being murdered. This is murder, this is genocide […] Nazi Germany, they gave the nurses of the Third Reich, they gave them and the doctors, they ran the camps they ran it all. They were the ones that facilitated the murdering of the disabled people, the disabled children, even epileptics. They were the ones who gave them death cocktails and put them outside to starve and freeze […] Genocide has no time limit … (Direct Action, 2020)

To begin to unpick the above statement in terms of its factual accuracy, it is generally agreed that the mass genocide committed in World War Two during the Holocaust, was first conceived through projects such as Aktion-T4 in which those suffering from a range of ‘hereditary’ complaints were involuntarily euthanized by doctors in psychiatric institutions. Indeed such facilities were repurposed during the early stages of the war to act as euthanasia centres, with many of the staff later redeployed into the concentration camp system. With regards to the concept of genocide, it is acknowledged by the United Nations that the crime often involves acts intended “to destroy, in whole or in part, a national, ethnical, racial or religious group” (OSAPG, 2010). While this was certainly the case in Nazi Germany, one should be wary of casting similar accusations in relation to the UK’s National Health Service, for this is both factually in contextually wrong.

One definition of Aktion-T4 would conform to an accepted medical definition of ‘active euthanasia’, which involves “the direct administration of a lethal substance to the patient by another party with merciful intent”’ (see Abohamied et al, 2019: 199). In Nazi Germany the conduct of such operations was legitimised under the premise of *Gnadentot* (merciful killings), to put an end to the alleged suffering of disabled patients. Yet, in reality the scope of the Aktion-T4 was to implement a much wider programme of ‘racial hygiene’ throughout Europe. In both cases, one can legitimately claim a systematic process of state sanctioned murder took place. Comparatively, in the context of the UK’s response to the pandemic, the widespread implementation of DNR forms does not represent euthanasia when done in consultation with patients. However, when DNR’s are imposed over the elderly or vulnerable in society (as has been the claim of a wide number of institutions), the grounds for “withholding or with-drawing of life-sustaining treatment” becomes questionable (Abohamied et al, 2019). According to the UN’s Special Adviser on the Prevention of Genocide, genocidal acts often include:

Less obvious methods of destruction, such as the deliberate deprivation of resources needed for the group’s physical survival and which are available to the rest of the population, such as clean water, food and medical services (OSAPG, 2010: 3).

In relation to concerns cited that the elderly or vulnerable in British society have been deprived of essential medical services, this allegation should be a taken seriously by the Establishment and subjected to public scrutiny. If indeed, blanket DNR orders are being imposed without consultation (over those with the capacity to make such decisions for themselves), then human rights violations are taking place. To return to Shemirani’s main point, does this equate to genocide? According to the above definition, no, because said groups are not being prevented from receiving medical care per se, just emergency resuscitation. The issue is therefore more aligned with the concept of passive euthanasia by way of “withholding or with-drawing of life-sustaining treatment” than it is with genocide (Abohamied et al, 2019). The greater question is how are these decisions being implemented, and who has set the criteria against which said individuals are measured? Arguably both factors should be the focus for further research into the rights of elderly or vulnerable patients in modern society, and the clarity of regulations applied in the healthcare service.

Nevertheless, to conclude: in a society which has ‘limited’ access to emergency resources as a result of poor prior planning, ‘difficult decisions’ have been made regarding the survivability of the population and access to essential medical care. Decisions have been made that appear to be discriminatory in hindsight - that on the one hand serves to protect society’s vulnerable from infection via shielding, yet ironically deprives them of CPR. The potential justification for this can be for a number for reasons founded in medical discourse including survivability, triage, quality of life, etc., but from a political and sociological perspective, the pandemic has forced the UK to embrace a new era of eugenics, not as a result of considering the social value of its citizens, but with regards to making ‘tough’ clinical decisions about their lives. It is not a return to the sovereign right to kill but a biopolitical decision regarding the state’s capacity to regulate “biological processes” and “the conditions that can cause these to vary” (Foucault, 1978: 139). The new state racism is the same as the old, predicated by the supply of limited resource and political economy. It is not a question of genocide but a matter of involuntary euthanasia by proxy.

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1. Further investigation revealed the parent in question to be Kate Shemirani, one of the more prominent members of the anti-vaxxer movement. Following the interview with her son, Shemirani was invited by the BBC to comment, and stated it was concerning that anyone with a contrary perspective was now considered a conspiracy theorist. [↑](#endnote-ref-1)
2. Often called the archive in Foucault’s work. [↑](#endnote-ref-2)
3. The change from the disciplinary society to one of government is not always clear in Foucault’s work, and one must read a selection of volumes to comprehend the different types of government and different types of power he conceptualises. [↑](#endnote-ref-3)
4. As press coverage of the coronavirus is now being regulated by OFCOM, one can also add the mass media to the capillary institutions of power cited above. [↑](#endnote-ref-4)
5. That is, in addition to discipline’s object of the population and the individual, and governmental society’s emphasis on security. [↑](#endnote-ref-5)
6. Until the introduction of various Enclosure Acts in the early-twentieth century rendered troglodism illegal. [↑](#endnote-ref-6)
7. In terms of eugenics, these factors often equate to questions of nature or nurture regarding how to manage the population. [↑](#endnote-ref-7)
8. This addition refers to the *RhinelandBastarde* (Rhineland Bastards), Afro-German citizens believed to have been fathered by soldiers of French-African descent who were stationed in the Rhineland during World War One. [↑](#endnote-ref-8)
9. This was backdated to September 1939 to legitimise earlier medical fatalities. [↑](#endnote-ref-9)
10. Chelmno was originally designated a euthanasia centre before becoming an extermination camp. [↑](#endnote-ref-10)
11. Patients were placed in sealed chambers and gradually deprived of air to determine at which point the brain irrecoverably shuts down, and what condition it might be in if resuscitation attempts were successful. [↑](#endnote-ref-11)
12. At the time of writing the current death toll in the UK exceeds 140,000. This exceeds the government’s worst case scenario forecast of 40,000 fatalities. [↑](#endnote-ref-12)
13. See Thaler and Sunstein’s (2008) book entitled *Nudge: Improving Decisions about Health, Wealth, and Happiness* on the use of “nudges” in contemporary politics. [↑](#endnote-ref-13)
14. See the *Civil Contingencies Act 2004*, the Civil Contingencies Secretariat, Regional and National Risk Registers, and Local Resilience Forms, for example. [↑](#endnote-ref-14)
15. Hence, the repeated slogan of “Stay at Home – Protect the NHS – Save Lives” seen throughout public communications. [↑](#endnote-ref-15)
16. The UK’s guiding body for cardiopulmonary resuscitation (CPR) practices and practitioners. [↑](#endnote-ref-16)
17. Recommended Summary Plan for Emergency Care and Treatment. [↑](#endnote-ref-17)
18. Icke for example, was removed from Twitter in November 2020, having broken the platform’s various rules on spreading Covid-19 Misinformation. Similarly, Shemirani (suspended from the college of nurses since June 2020), was removed from Facebook in September 2020, and Twitter in October 2020 for breaking similar regulations on both of these platforms. However, one can easily find videos of her various theories on YouTube (see Direct Action, 2021). [↑](#endnote-ref-18)