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Biopolitics in the Twenty-first Century: India and the Pandemic

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Swatie and Rashee Mehra
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Abstract: Swatie and Rashee Mehra discuss in their "Biopolitics in the Twenty-first Century: India and the Pandemic", the rise of the biopolitical state in India in the 2020s. The article emphasizes the relevance of Michel Foucault's work on biopolitics for the pandemic in India. The biopolitical governmentality of the Indian state operates at several levels to politicize 'life itself': racism (the notion that sections of the population are disposable), economics (the notion of privatization of care), and the logic of contagion (based on ideas of threat perception and risk). The article engages with biopolitics in the 21st century and looks at the relief work done by non-governmental actors such as NGOs, *gurdwaras*, unions, and individual citizen-volunteers, which points to the importance of community outreach. The authors use theoretical and media commentaries and the experiences of one of its authors in Delhi government relief work.

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SWATIE and Rashee MEHRA

Biopolitics in the Twenty-first Century: India and the Pandemic

During the initial phase of the global pandemic in 2020, India witnessed a national lockdown through the imposition of the National Disaster Management Act 2005. This measure was imposed for the first time on 25 March 2020 and continued in successive phases till 31 May 2020 to combat the threat of COVID-19. Between its first imposition to the current situation, India has witnessed two deadly waves of disease caused by the novel coronavirus. However, these two waves have not been similar in their effects, in the statist techniques employed to counter the threat, or in the "collateral damage" in which the measures employed resulted. In this paper, we endeavor to periodize the present by unpacking the different biopolitical logics of the two waves of COVID-19 in India. We attempt this demystification by examining the prevalence of a governmentalized, biopolitical state in the 2020s in India. We engage with the different logics of the first and second waves by drawing on the experience of one of the authors' participation in the first wave as a frontline worker and activist, providing relief to vulnerable sections of society that were directly affected. We analyze how the initial display of patriotism and mass belief in governmental leadership to combat the threat of the virus connects with outrage in the public sphere at the "crimes against humanity" that the second wave has made evident (Roy).

India's rise in the 2020s as a biopolitical state is highlighted, drawing from Foucauldian insights on biopolitics of the 20th century (Subramaniam, Swatie). Biological life becomes the subject and object of state action and state policy. It is mobilized according to the logics of Foucauldian racism, the sensationalization of the threat of contagion, and neoliberal privatization that demands to privatize state responsibilities of care. This article detours to briefly summarize Foucault's very pertinent insights and moves to discuss the first and second wave in India through a biopolitical lens.

We argue that the 2020s can be periodized as a biopolitical reformulation of the Indian state during the pandemic, especially through the first and second waves. The biopolitical governmentality of the Indian state operates at several levels to politicize 'life itself': racism (the notion that sections of the population are disposable), economics (the notion of privatization of care), and the logic of contagion (based on ideas of threat perception and risk). The article engages with biopolitics in the 21st century and looks at the relief work done by non-governmental actors such as NGOs, *gurdwaras*, unions, and individual citizen-volunteers, which points to the importance of community outreach.

Michel Foucault and Biopolitics

Michel Foucault defined biopower as the "basic biological features of the human species [that] become the object of a political strategy" (*Security, Territory, Population* 1). He defines biopower as manifest in the human being as an individual body as well as manifest in an entire species, or the population. In this phase of his oeuvre, during the 1970s, he attends to discourses around the human, and his analysis is that of "man as species" as well as that of the individual human subject which is centered on the politics of care (*Society Must Be Defended* 242). He looks at the dawn of biopower as a supplement to the earlier sovereign right on the part of the state to kill a member of its own population. Power through biopolitical governmentality in the eighteenth and nineteenth centuries in Europe was invested in the right to *make live* or *let die*. In other words, the biopolitical state extended its limits through a permeation of the discourses around public health, longevity, sexuality and sexual wellness, population censuses, economics, security, geography. It gave itself, via a politics of infusion of life, a *raison d'état* (*Security, Territory, Population*).

In this politics of care, the state is invested in life as an object and political strategy, and death becomes "the object of a taboo" (*Society Must Be Defended* 247). Foucault circumvents the discussion of the pandemics in Europe of the past and instead aligns his argument to a politics of care. Power relations of the state, according to Foucault, are no longer interested in their own capacity to kill their own citizens. They invest instead in the vitality of its population, regardless of its capacity as a socialist welfare state or a capitalist one.

This biopolitical paradigm has already been expanded and used in order to comment on the current COVID-19 pandemic (Demetri, Kakoliris, Singh, van den Berge). There is much of Foucault's work that is relevant to the current situation. However, Foucault discussed specific centuries and specifically worked on European history and politics primarily.[1] Even when the biopolitical paradigm has been

[1] This is, of course, with the exception of his venture in his biopolitical phase into the American economy in *The Birth of Biopolitics.*

adopted for the postcolony by others, it has been reformulated to look at postcolonial specificities, adherence, and deviations from the theory (Mbembe, Subramaniam, Bhattacharya).

The rise of India as a biopolitical state has already been examined through the biopolitical logic of Hindutva nationalism (Subramaniam). Within this view, India has become a biopolitical state based on its "bionationalism," its ability to posit a militant brand of Hinduism, Hindutva, as a modern scientific religion (10). While this view of biopolitics as bionationalism works on the claims regarding the scientificity of religion and the religiosity of science in a nationalistic, almost militant manner, our point lies in establishing that this view of "holy science" in contemporary India is part of the rise of the biopolitical state in the new millennium.

This biopolitics is evident in India, for instance, from an intertwining of the discourses of surveillance and security, as made evident by the twenty-first century discourse around the *aadhaar* card, a social-security measure combined with a gaze that reduces the population to numbers. These types of political interventions by the state enter into the realm of the biopolitical. This biopolitics is also evident in the governmentalized postcolony with strong social stratifications, and the rise of unilateralism in the Indian government, the early fascist tendencies of which have been highlighted in parliament (Pandey). However, the effort to periodize the contemporary must always be attuned to the logic of the present context as well as the past.

There are three tangents of thought in Foucault that are relevant to Indian explorations of the pandemic. These are first, the logic of contagion on the subject as an individual body in need of a clinical gaze and the logic of contagion as it pertains to crowd control. The second tangent is racism (what Foucault refers to as discrimination) and the logic of disposability of human life as it enters the biopolitical state. The state becomes racist as it deems certain sections of the population as unworthy of life. Finally, the third tangent is the economic privatization of care in a biopolitical state. The rise of biopower has been facilitated by the logic of the pandemic's destructive first and second waves in India. The biopolitical governmentality of the Indian state operates at several levels to politicize "life itself": the logic of contagion that is based on ideas of threat perception and risk, racism through the notion that certain sections of the population are disposable, as well as through economics and governmental refusal to participate in citizen welfare. We argue that the invaluable relief work done by non-governmental actors such as NGOs, gurdwaras, unions, and individual citizen-volunteers also follows the biopolitical logic of *making live*, yet departs from the *raison d'état* of the biopolitical Indian state. This is a state invested in itself and uses the logic of human life as a means to justify its own existence. This periodization of the present uses theoretical and media commentaries on the pandemic in India and the personal experiences of one of its authors (Mehra) as a "frontline worker" providing hunger relief in urban informal sectors of Delhi.

The importance of Foucault for thinking through the current moment has already been emphasized (Demetri, Singh). This Foucauldian trajectory is helpful in exploring the politics of contagion of the novel coronavirus. Notions of threat and the perception of this threat are intertwined in contemporary "risk society" (Beck 99). This claim holds valence for human subjects as both part of a species and as individuals. The individual suffering body is thought not just to undergo contamination but also to pass on that threat of sickness to other bodies. The threat caused by the perception of risk and danger to other bodies from a contaminated body is viewed through a clinical gaze. Yet this gaze is differently applied to various sectors of the population, as certain sectors are deemed riskier than others.

Therefore, the scientific discourse of contagion and the threat of infection from the virus is met with a differential logic: even as the coronavirus does not, to paraphrase Judith Butler, distinguish among humans, each being as possible of contamination as the other, there is greater risk to more marginalized sectors. This is not only inherent biologically, but also functions through navigating the cultural production of what counts as dangerous. Once the cultural logic of the risk is uncovered, the binary between nature and culture collapses. The virus is not just linked to a clinical gaze but comes under scrutiny through a cultural production of what counts as dangerous and through a social mitigation of risk.

This cultural navigation of risk and the clinical gaze inform the compulsion put forward to isolate and socially distance oneself from other vulnerable bodies. Yet this assumes that all humans are equally vulnerable and in the same social position, mis-recognizing the risk to all human beings. We know via Butler that:

> [t]he imperative to isolate coincides with a new recognition of our global interdependence during the new time and space of pandemic. On the one hand, we are asked to sequester ourselves in family units, shared dwelling spaces, or individual domiciles, deprived of social contact and relegated to spheres of relative

> isolation; on the other hand, we are faced with a virus that swiftly crosses borders, oblivious to the very idea of national territory. But not everyone has a household or a "family" […]." (Butler)

For Butler, speaking about an average US household, the notion of family is the key to unfolding social difference. In her assumption of isolation and social distancing, the notion of space that develops is tied to that of an average household in the United States as well. On the one hand, social distancing and quarantine have been normativized, leading to increased isolation and individuation, in Butler's view. On the other hand, the dependency of a larger communal body on each of its individuals to cooperate is emphasized by the pandemic.

Jean Luc Nancy, for instance, also stresses on the importance of community: he sees COVID-19 as "a virus coming from communism, a virus that communizes us" (Nancy). For Nancy, the virus is significant in that it appeals to the West to stress the importance of community in encountering the virus. Yet, he adds that this communization "is much more fertile than the derisory 'corona,' which evokes old monarchical or imperial histories. And 'communo' is good for dethroning 'corona,' if not decapitating it" (Nancy). Nancy is speaking for a Western social structure with strongly entrenched rituals of individuation within late capitalism. We find that examining the trajectory that unfolds in the Indian experience of the pandemic reveals that there is a different story to tell compared to that told by both Butler and Nancy, not least because of India's embeddedness in forms of community and relatively recent neoliberal tensions with what Nancy views as communizing.

India, Informality, and the First Wave of the Pandemic

In India, the conundrum between isolating individuals and dependence on community is further complicated by the impossibility of individual quarantine and isolation in economically disadvantaged sections of society. Large urban centers in India, such as Delhi, also consist of formally unaccounted (and therefore) informal settlements. Socio-spatially, the city consists of and is often dependent on informality. These dense, informal settlements are mostly auto-constructed. They proliferate due to the state failure to create adequate infrastructure, health care, sanitation, affordable housing, among other life requirements, for the economically disadvantaged sections of society. These citizens living within these informal settlements are not excommunicated from the citizenry. Rather, they are left to their own devices, left out of state protection of services, sanitation, healthcare, access to public spaces, and so on (Bhan et al.).

Therefore, "communo," in Nancy's words, does not necessarily act as an essential countermeasure against the virus. The challenges that such a community, built on informality, faces are extremely complex within India's varied social contexts. The density of the settlements makes it difficult to enact social distance, or isolate from non-infectious members within the informal settlement. The initiation of the lockdown was concurrent with the mandate to ensure "social distance" in public spaces. The disease and its mitigation were not the predominant object of concern in the first wave. Mandates curbing movement, curfews, and lockdowns were the initial response to combat the threat posed by the virus. This led to the precarious, informal sectors of society taking the brunt of the worst forms of public-policy measures enacting social distancing. The first year of the pandemic saw rapid decision making by the office of the Prime Minister without factoring in the informal economic sector and its workers, a sector which forms the backbone of urban centers. The swift decisions, encoded and hailed by the media as prompt and excellent leadership, had implicit hints of being part of a sovereign agenda (Migrant Workers Solidarity Network). Here, biopower operated to show the sovereign decision at work, highlighting that India had become a "state of exception" (Agamben 1), and emergency decision making was considered the need of the hour.[2] This aspect of the head of state assuming sovereign power and making the vulnerable segments of the citizenry invisible is commented upon sardonically in a report: "How can the sovereign treat them as rightful citizens during a state of emergency?" (Migrant Workers Solidarity Network 7).

Whereas the spread of the disease, and the damage it caused directly, would only peak later (in the second wave), the indirect damage caused by public policy pertaining to COVID-19 was highlighted as more aggravating than the effects of the virus itself (Jain et al, Asrani et al.). Large, precarious sections of the population in Indian urban centers living in informal situations were more severely impacted. These informal communities, which rely on informal livelihoods, such as paid care work, domestic labor, construction work, and so on, had previously migrated to urban centers such as Delhi to earn a wage.

[2] In Giorgio Agamben's view of sovereign power and biopolitics, drawing from Carl Schmitt, the sovereign is the one with the ability to exercise emergency decisions within the emergency state.

With the country-wide stoppage on all such activities, the challenges some of these communities faced were monumental.

The daily wage earners, for instance, found themselves unable to pay rent, without written rent agreements, or to provide food for their families. It became a daily struggle for survival, not because they were infected, but rather because they were coerced into negotiating food and shelter on a daily basis. The sovereign's ban curtailing movement of individuals ensured that those who chose to return to their hometowns, often in distant rural places, were not given a choice of using any form of public transport.

These migrant workers were left with a choiceless choice: to face starvation and death in urban centers or to return to their native hometowns. That this return was not aided by the government implied that these migrant workers would have to walk back, often for several hundred kilometers (Yashee, Chakravarty) due to the absence of public transport. As a news report states:

> Visuals of hundreds of workers wearing gamchas, carrying heavy backpacks and wailing children, and walking on national highways, boarding tractors, and jostling for space atop multi-coloured buses became defining images for days to come in India. To fight the novel coronavirus, States began imposing restrictions on the movement of people. (Rashid et al.)

The city, which exemplified India's foray and march into modernity, was shown to have no space, quite literally, for its informal workers on which it is heavily dependent for services. The deaths of these migrant walkers, who had to walk back because they could not afford to sustain life in the city without a livelihood, is not officially incorporated in India's COVID-19 toll. The government instead told parliament that it did not have the data on migrant deaths (Rawat).

In direct contrast, the rich, global travelers were not directly linked with responsibility for the spread of the virus. These transnational individuals were not held accountable despite public furor over Bollywood singers hosting social gatherings, even with the knowledge of being infected with the novel coronavirus (Indo Asian News Service). Aspects of class, of economic and social disparities operative in the techniques of management and mitigation of the disease were made starkly visible (John). Moreover, these differentials of class (and caste) were made even more evident when the rich and middle-class households stopped the entry, and thereby the pay, of paid domestic workers. These workers, reliant on informal care work of cleaning, cooking, and so on, were viewed as unhygienic and harbingers of disease (Rao and Geetha)

The relief efforts during the first wave demanded not so much a medical mitigation of COVID-19, but rather activism and relief work against the repercussions of swift, unthinking state-enacted policy. A migrant worker, in a personal interview, very clearly stated: "Covid se toh baad mein mareinge par bhook se pehle mareingein" ("we will die of COVID later, but first, we will die of hunger", personal interview to Mehra, our translation). The absence of food security and income security made possible the view that these entire populations, already living with economic precarity, were disposable in life as well.

Relief work took the form of action by non-state actors. There were community kitchens which had been organized by activists. These kitchens created a "communo" (*à la* Nancy) that did not just provide free distribution of food and essential commodities like medicines and soap, but also acted as informal information centers to help prevent the spread of the virus. This work from below was the hallmark of the community kitchen, and most participants were individual or organizational volunteers.

This above relief work undertaken was in direct contrast to the statist propaganda of the central government meant to distract from the dire situation at hand. The demand by the central government to display patriotism, replacing the notion of India with that of a leader, enacted rituals of recognition of state power. The "*thali bajao*" measures, where citizens were asked to display their support for the medical staff and the nation by beating utensils at a set time (PTI), created a ritualistic enactment of right-wing propaganda and state power. These measures were established to act as a distraction from the failing social-protection measures, which made visible the social underbelly of the city and the statist apathy to it. The spectacle of power, as Foucault would call it, was enacted ritually.

Within the relief work, aspects of daily existence such as travel, food, and rent were not the only challenges faced by the informal sectors. The requirements for travel e-passes (electronic documents citing state permission to travel) created a digital divide. Relief work by non-state actors included recharging or footing in advance mobile data bills and monetary charges. Those without devices such as smartphones needed to be provided access to the internet as one among several essential, life-saving goods and services. Access to systems of public distribution of these essential goods became an issue when proper documentation required to access them was found to be unavailable as well. Health came

in as a primary concern only after job-security requirements and regular sources of income in a survey by domestic workers (Bhan).

Thus, with the privatization of care, through relief work taken on by non-statist individuals and organisations, economics and neoliberalism entered the domain of biopolitical state machinery. Notions of risk and contagion were differentially applied in the first wave, a trend that continued in the second wave. More vulnerable populations were deemed more infectious due to circulating ideas of risk and contagion. Yet those with direct access to international travel, who were more prone to having and passing the infection, were considered less "risky."

The Second Wave, Religion, and Risk

Nancy's notions of community interdependence are further complicated by the differential perception of contagion among different religious groups. Large social gatherings were prohibited by the Indian government across social groups. Yet the *enforcement* of the National Disaster Management Act continued to differ in different social sections. The enforcement by the police and government was also bolstered by a government-centric news media, creating a "culture industry" (Adorno and Horkheimer) that dwelt on sensationalism and polarization.

This aspect of the differential perception of contagion was observed, for instance, in the difference in the way two religious gatherings were handled in the recent past in Indian media. The governmentalized biopolitical state sought to control crowds by criminalizing or deeming as dangerous certain religious (mostly Muslim) gatherings, while glorifying or normativize certain mainstream Hindu crowds. The crowds created by the Tablighi Jammat, an Islamic sect, having its congregation in the Nizamuddin area of New Delhi, were deemed "risky," and a discursive production of danger was unleashed by the governmentalized Indian media industry. Bisht and Naqvi noted how the Muslim crowds were demonized in mainstream media for not following COVID-19 prevention protocol. Yet the Hindu gathering of the *Kumbh mela*, immediately preceding the onslaught of the second wave, was permitted. The government was said to have turned a blind eye to a gathering of a reported 9.1 million devotees offering prayers, and mass ritualized baths in the river Ganga (Al Jazeera, AFP) In fact, the date of the gathering was advanced because it fell under astrologically defined auspicious periods (Jaiswal).

Muslim identities in Hindutva India were shown to be more amenable to the logic of extreme racism and discrimination by the biopolitical state. The biopolitics of race, to paraphrase Foucault (*Society*), implied that there was a gap created between those worthy of life and those who were demonized by the state and held as scapegoats in a global pandemic due to an Islamophobic state. Foucault did not define racism as biologically determined. Instead, racism for him lay in the state's decision to determine within biopolitics which social groups must live and which must be left to die (*Society*). Racism for Foucault is the force of discrimination between social groups.

In addition, the management and control of crowds and the discursive production of the governmental "handling" of both issues as depicted in news media provided a stark contrast (Jena et al.). The logic of contagion was differentially applied: the Hindutva-practicing right-wing government chose to demonize the crowds of the Tablighi Jamaat but condoned the rituals of the Hindu *Kumbh*. If governmentality, as Foucault saw it, was linked to biopolitics in as much as it became an optimal management of crowds, via logistics and the "science of the state" (Foucault "Governmentality"), the Indian pandemic biopolitical state saw a differential enactment of its right to manage, disperse, and control crowds and gatherings of people. Biopower was redefined to allow a redefinition of risk, one that deemed certain social groups to be riskier than others.

The Economics of Contagion in the Second Wave

The second wave hit India in an unprecedented and catastrophic manner. It did not just affect the under-privileged and excommunicated members of society. The furor over the death and devastation caused by the second wave can be attributed to the fact that it was the country's rich, privileged, and powerful sectors that were affected as well. The hospitals ran out of beds, and medical supplies including testing were scarce due to the rising numbers of infected persons. The system, which had earlier worked for the rich because of privilege, had collapsed under the weight of the numbers of COVID-19 infections. The lack of preparation and failure to take responsibility was combined with a militant mitigation through censorship, and persecution of those who sought to highlight the lack of basic medical needs like oxygen supplies to hospitals. Arundhati Roy writes about the destructive impact of the virus and its mitigation measures (or lack thereof):

> Where shall we look for solace? For science? Shall we cling to numbers? How many dead? How many recovered? How many infected? When will the peak come? On 27 April, the report was 323,144 new cases, 2,771 deaths. The precision is somewhat reassuring. Except – how do we know? Tests are hard to come by, even in Delhi. The number of Covid-protocol funerals from graveyards and crematoriums in small towns and cities suggest a death toll up to 30 times higher than the official count. Doctors who are working outside the metropolitan areas can tell you how it is.

Here, unlike in Foucault's theorization of biopolitics, however, death is not taboo; rather death is unseen, uncounted in a manner where the statistical state willingly looks the other way. Official records and figures do not reflect the lived reality of the present because of the state's extreme investment in numbers/ statistics, and the way those numbers are *perceived* by the population.

Besides discriminatory policies linked to religion and the biopolitical management of crowds, a discrimination based on economic status was also visible in the Indian context within formally urban centers as well. The second wave's devastating impact on lives and livelihoods was measured in economic categories. This, for instance, became the norm when the reopening of the markets and relaxing the lockdown measures was discussed. The logic of economics competed with the logic of life itself. Further, the neoliberal biopolitical Indian statist machinery, even during the second wave, privatized the logic of care. The politics of care entered into a *laissez-faire* market where essential life-saving drugs and equipment were transacted by private entities. The black market for essential drugs, oxygen supply, and access to hospital beds grew exponentially. Major hospitals cried out for help through social media, asking the state for more oxygen. The state, the second time around, became inactive and withdrew from notions of care. Care became privatized and subject to the logic of market capitalism. Even the sustainability of having a lockdown was soon discussed through the logic of its economic viability. Wendy Brown, taking her cue from Foucauldian biopolitics, calls this an aspect of the neoliberal state of the contemporary period (Brown *Undoing the Demos*).

For scholars of neoliberalism like Brown, Foucault is writing not so much a "history of the present" (*Discipline and Punish* 31), but rather a "history of the future" (Brown 54), in that his ideas cast a prophetic shadow on the mechanizations of neoliberalism today. For Foucault, the *raison d'état* of the state is one entrenched in the economic. As Wendy Brown states about Foucault's work on the political reason of the state within the economic:

> With neoliberalism, the political rationality of the state becomes economic in a triple sense: the economy is at once model, object, and project. That is, economic principles become the model for state conduct, the economy becomes the primary object of state concern and policy, and the marketization of domains and conduct is what the state seeks to disseminate everywhere. (Brown 62)

The neoliberalism of the West can be said to have come to India through a wave of economic measures in the 1990s leading to heavy privatization and a rationality of the state where the economic was at once "model," "object," and "project." Rupal Oza comments on this through the change wrought on the democratic imaginary of the Indian nation. She remarks on these reforms brought about via satellite television, and cartographic anxiety on the border, among other aspects that the neoliberal "reforms" in India helped usher in. While Oza's thrust is on the changing contours of gender norms, our point lies in uncovering this trajectory for periodizing the present.

With neoliberalism fully entrenched in the Indian context, by the time the pandemic hit the world, the economic rationality of what Foucault had called the *homo economicus* in the 1970s has become fully true in the present. Human beings are entrepreneurs of the self but also enterprising about community-based "care". In this sense, the relief work done by non-governmental actors such as NGOs, gurdwaras, unions, and individual citizen-volunteers pointed to the importance of community outreach in the face of a government that used the logic of *laissez faire* even for the "politics of care." While the government chose to abandon its people or knowingly look away, these relief providers during the second wave created extra-statist practices of care. Care was thus community based, grounded in a sense of being part of the "communos" that Nancy discusses. Yet this emphasis on community, which Nancy had suggested, was born in this case out of a logic in which the state had left everyone to their own devices, and in which care was in "crisis" (Rao and Geetha). This community relief work was sometimes put forth by the state as a privatized version of communal care, born out of neoliberal logic.

The actual disease did not discriminate between the vulnerable and the less vulnerable sections of the population, but social markers and mitigation of the pandemic led to an understanding that the disease and its disaster was not an event of nature. Rather the disaster was, as we understand through work on Hurricane Katrina in the United States, a man-made event. We know that "[i]n every phase and aspect of a disaster – causes, vulnerability, preparedness, results and response, and reconstruction

– the contours of disaster and the difference between who lives and who dies is to a greater or lesser extent a social calculus" (Smith).

The policies enacted during the pandemic showed the coronavirus' devastating impact to be a creation of state interests and state apathy. Vulnerable and disposable sections of society were considered not to be the subjects of the Foucauldian biopolitical motto of making live (*Society*). Neither were these sections of the population let go and left to die, according to the motto of letting die (*Society*). Rather there was an active state participation, through ritualistic enactments of patriotism, through propagandist displays of state progress in combating the coronavirus, followed by active state interest in how the increasing death toll would be *perceived*.[3] These machinations of the state, in being an active absence in policy and death by actively avoiding state policies that may provide relief from hunger or disease were the hallmarks of this biopolitical state.

Conclusion

There is media commentary that views the politics of the state during the pandemic as amounting to "crimes against humanity" (Roy), thus bringing notions of state culpability and accountability into the discourse on the state's role in the pandemic. The crimes the state commits are likened to statist human-rights abuses. This framework is problematic in as far as it uses the liberal-humanist politics of human rights without accounting for the notion of how, unlike previous machinations of the state, this should be understood as a new apparatus of state power. This new state *dispositif* is one that uses biological life as the locus of its organisation. The state can only be periodized in the present context if its biopolitical regime is recognised as an "emergent" political culture (Williams).

This biopolitical logic of the contemporary period is different from the state's right to kill through necropolitics (Mbembe). For Mbembe, the necropolitical state is invested in a discourse of murder and death. What differs in the Indian biopolitical state is the state's investment in a discursive regime of "making live" and privatization of that regime, whereby populations can invest in life itself. The Indian biopolitical state organizes itself around a rationality of life-infusing state power, coupled with the "biopolitics of Hindu nationalism" (Subramaniam), whereby the rationality of the state is extra-real and relies heavily on astrology as a reason/ logic for the state, a *raison d'état.* Thus, until this paradox of state operations is conceptualized and periodized in the contemporary as a new, paradoxical biopolitical logic of the twenty-first century, its operational regime cannot be uncovered completely.

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