

Lockdown and the intimate entanglements of terror, virus, and militarism

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Lockdown and the intimate entanglements of terror, virus, and militarism

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Abstract

Despite their wide implementation since the COVID-19 pandemic, lockdowns are not spatial interventions unique to public health emergencies but have also recently been used to tackle the aftermath of acts of terrorism against crowded public spaces in cities. In this paper, we argue that lockdown, as a state-sanctioned security measure, bears longer political (often violent) histories that link individual mobility to geopolitics in corporeal and even visceral ways. Drawing on research on the lockdown of Brussels in 2015 and 2016 and the state of emergency in France between 2015 and 2017. We put these counterterrorism lockdowns in conversation with the lockdowns imposed as a response to the COVID-19 pandemic in Europe. The paper analyses the embodied, emotional and spatial politics of lockdown through the lens of intimate geopolitics. Specifically, we explore two themes: the reconfiguring of the intimate sphere in the terrorism/pandemic nexus and the curation of micro-vigilance between counterterrorism and public health. In doing so, we argue that the militarism of the state responses to COVID-19 virus needs to be understood as more than discursive framing of the “war on virus”, but rather a making present of a “war-like” situation to intimate bodies, spaces and subjectivities. The sphere of the intimate is thus considered at the forefront of the spatial logic of lockdown, as it deploys assumptions about (in)security, threat, danger and preparedness in ways that entrench and exacerbate existing social inequalities.

Keywords

Lockdown, public health, feminist geopolitics, counter-terrorism, intimate

Introduction

“We must declare war on this virus” exclaimed the UN Secretary-General António Guterres on March 13, 2020, as many places around the globe began to face the impacts of what 2 days earlier

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the World Health Organisation (WHO) declared as the new coronavirus (COVID-19) pandemic. Many state and international officials quickly adopted similar military metaphors, from Emmanuel Macron's repeated claims of "nous sommes en guerre" ['we are at war'] to Donald Trump's declarations of being a "wartime president". The language of warfare and militarism soon became a prominent discourse of the on-going health crisis. The "insurgent" virus became the anthropomorphised actor that threatens the stability of "our" social, political and economic order. The much-circulated picture of the virus with its threatening red spikes served to put a visible face on an otherwise invisible "enemy" that "infiltrated" bodies, cities and countries, and that now the state called for "eliminating". In his first speech after recovering from a COVID-19 infection and a stay in an Intensive Care Unit in April 2020, then British PM Boris Johnson compared the virus to a "physical assailant, an unexpected and invisible mugger" to "wrestle [...] to the floor" (Proctor, 2020).

The overlays between medical concepts and political metaphors in the public communication and management of diseases, are not new. We have witnessed various discursive alignments between militarism, security, and infectious diseases in the past decades, such as in the case of AIDS (Elbe, 2006), Ebola (Hirschfeld, 2020), and H1N1 flu (Maunula, 2017). These and other political discourses and ecologies shape human health in enormously impactful ways (King, 2017). In the case of COVID-19, however, we are talking about more than discursive analogies between war and virus, and we need to look more deeply at the spatial processes that "shape the ways that health is embodied, experienced and managed" (King, 2017: 165). More than only a language of war, state responses to the COVID-19 virus included a host of military and state security infrastructures, technologies and personnel deployed as emergency measures, reaching far into the individual intimate realm.

One such measure that was widely implemented as a response to the pandemic is the lockdown. This paper approaches lockdown as a form of spatial intervention with a long history as a state-sanctioned security measure that aims to control space by eliminating movement and interaction. From lockdowns in prisons, hospitals, or the lockdown of entire cities and regions, the measure has been implemented in different forms and for various purposes. Lockdown has been used as a security response for governing various threats and emergencies ranging from terrorism, war, and prison riots to infectious diseases (Parenti, 2000; Morin, 2013). Therefore, we approach the lockdown as a particular political strategy for governing emergencies, rather than a politically-neutral "scientifically objective" measure enacted as a response to COVID-19 pandemic (Simpson, 2021). In this paper we draw on our research on the lockdown of Brussels in 2015 and 2016, as well as the state of emergency in France between 2015 and 2017, that were imposed as a result of a series of deadly and violent events recognised as acts of terrorism¹ on behalf of The Islamic State of Iraq and the Levant (ISIS). Bringing into conversation terrorism-driven lockdowns with the COVID-19 lockdowns in Europe allows us, firstly, to resist the claims of exceptionality around the COVID-19 lockdowns and instead trace how lockdown is becoming an increasingly acceptable security measure by states to govern a variety of threats and emergencies; and secondly, to understand how lockdown, as a state-sanctioned spatial intervention, does not only regulate public movement, but it also importantly impacts and re-assembles our intimate sphere.

The intimate sphere became the "frontline" in the "war against the virus" (Burrell et al., 2021). With the message to stay home, the lockdowns primarily hinge upon the domestic realm imagined as a place of safety and refuge from the threats circulating within the public realm. Patriarchal societies have long been based on the discursive construction of the home as a haven free from stress, pressures and geopolitical threats (Bowlby et al., 1997; Brickell, 2012). Neglecting the inadequate housing of many homeless, poor and migrant people (Nowicki et al., 2019), as well as the unsafety of home for many victims of domestic violence, the lockdown further exposed and entrenched patriarchal ideas of domesticity as safety (Mitropolous, 2020b). Moreover, the ability to stay home

and work during lockdown entrenched class differences, putting at risk low-paid working populations, opportunistically named as “essential workers”. The lockdown, as a stay-at-home order, exposes thus the centrality of the sphere of the intimate in establishing assumptions about (in) security, threat and danger (Brickell, 2012, 2020; Katz, 2008). In and beyond the domestic realm, the lockdowns enrolled the bodies’ emotional, affective and sensorial realms in the politics of pandemic response. Managing individual people’s behaviour and bodily comportment became a central strategy in governing the pandemic in many European countries², exemplified through social distancing rules, hygiene regulations, and vaccination behaviors. Moreover, with a severe impact on people’s mental health (Rose, 2020a; Ali et al., 2021), lockdown can be understood as an intensely embodied predicament.

Building on these insights, the paper examines the spatial politics of lockdown through the lens of intimate geopolitics and links its embodied, emotional and political facets. Centering the intimate, we analyse the alignments between governing the terror threat and the microbial threat through lockdown, within the broader militarism of state responses. With the lockdown as an intimate spatial intervention, we argue that there is an emergent material and embodied entanglement between warfare, terror and the virus, with significant (potential) consequences.

The paper begins with situating the current health crisis within the framework of geopolitics. Engaging with the literature on global health, this paper addresses the multiple ways health has been framed as a matter of geopolitical stability and state security. We proceed by building upon the feminist literatures around the relationship between the intimate and the geopolitical as a way to expand on the intimate dimensions of the emerging health geopolitics. The following section goes on to examine the spatial logics of lockdown as an expanding state strategy for governing a variety of threats. Drawing from our research on the counterterrorism lockdowns in Brussels, and the state of emergency in France, we argue that the governing of the health crisis parallels the governing of terrorist threats in these and other European countries. Here, we analyse the processes and materialities of enclosure and fortification that correspond with a wider military gaze enacted through the spatial logic of the lockdown. We show how this spatial logic supports nationalist discourses and relies on racialized and colonial ideas on danger and threat. In the subsequent section, we further develop our argument on lockdown as a form of intimate geopolitics. This section examines how lockdowns reconfigure domestic spatialities in two inter-related ways: on the one hand, by imagining home as a place of refuge and on the other hand as a carceral space. Beyond discussing notions of domesticity, this section shows how the state responses to both microbial and terrorist threats are acting on and through the level of the body, the emotional and the sensorial. The argument centres on the emerging intimate entanglements between terror and the virus in terms of constructing a culture of vigilance in the post-COVID city. The final section concludes with considerations of the consequences of such intimate and embodied alignments for everyday lives and places, and addresses some of the (potential) consequences of using lockdown to manage public health as a matter of (national) security.

Global health between the intimate and the geopolitical

Public health and its knowledge mechanisms are not exclusively and neutrally biological as health is the embodied outcome of specific political choices (King, 2017), as well as of wider (and often unequal) infrastructures and socio-technical systems (Baumann and Yacobi, 2022). Moreover, the COVID-19 pandemic has brought forcefully to the fore the tight connections between public health and geopolitics (Cole and Dodds, 2021; Diaz and Mountz, 2020), via the virus’ implications for questions of sovereignty at multiple scales (Bialasiewicz and Eckes, 2021), border management (Fall, 2020; Sturm et al., 2021) and global inequalities (Alemanno and Bialasiewicz, 2021; Sparke and Williams, 2022). The coupling of health and geopolitics is not new: health has been increasingly

on the agenda of the UN Security Council and the G20 within the framework of global health that emerged as part of rising security paradigms following the 9–11 attacks (Ingram, 2005). The notion of global health as a security concern is a result of the “active framing by particular constituencies in health, foreign policy and security” (Ingram, 2005: 524). In the UK, global health and influenza pandemic has been a tier-1 national security risk since at least 2015 and preparedness for flu-like infectious disease has been at the forefront of resilience discourses as well as emergency planning around critical national infrastructure. Disease is being linked to the stability of the nation, with a host of consequences. On the one hand, it allows an allocation of funds necessary to prevent and treat diseases on a global level, and on the other hand, it tends to focus narrowly on infectious diseases - especially those threatening the interests of global capital in the Global North (Hirschfeld, 2020). This utilitarian view of a healthy productive body embedded in circuits of global capital “attracts attention away from the structural, political, and economic causes of ill-health such as unsafe working conditions and environmental health hazards” (Lupton, 1995: 3). Moreover, the coupling of health and security sustains and naturalizes different forms of militarism and violence, hindering the efforts for social justice (Loyd, 2009).

In this way, the geopolitics of public health is more than a discursive and interpretative framing of health; here, geopolitics act on and through intimate lives and experiences. Here, we draw on feminist approaches to geopolitics that centre on the role of the body in geopolitics as a way to highlight how geopolitical relations are lived and experienced, grounded and embodied in particular ways. The body becomes a site of intimate geopolitics (Pain and Staeheli, 2014; Zaragocin and Caretta, 2021; Barabantseva et al., 2021; Laketa, 2021), where the intimate does not simply refer to individual or private (Berlant, 1998) but is instead implicated in a multiscalar analytic that disrupts the binary contours between public and private, global and local, macro and micro (Mountz and Hyndman, 2006; Pratt and Rosner, 2012; Hergon, 2021). Moreover, this literature shows the centrality of the emotional, affective, sensorial, and atmospheric realms (Pain, 2009; Woon, 2013; Gökariksel and Secor, 2020; Fregonese and Laketa, 2022) in the process of the active making and remaking of spatial politics. Here, we extend these approaches towards the notion of health, in order to understand the spatial politics of governing the COVID-19 pandemic through the specific measure of the lockdown and its entanglement with the sphere of the intimate. This allows us to place the current health crisis beyond the realm of the exception, and instead bring it in conversation with other pre-existing state responses to security threats and emergencies.

The article, more specifically, investigates the way that militarism is incorporated into state responses to the pandemic. We define militarism as more than simply an encroachment of symbolic and material presence of military logics and values upon a range of civilian sites and practices. Indeed, medicine and warfare have had a symbiotic relationship since at least the 19th century, overriding any simple binary between military and civilian realms (Howell, 2014). Rather, we approach militarism as process through which counter-terrorism (as a form of modern warfare) and public health are co-constituted, in order to examine their shared logics and to inquire into the particular workings of these relations of power (Howell, 2018). Notably, we highlight how these entangled mechanisms of power are shaping intimate spaces, bodies and subjectivities, in two inter-related ways. First, the lockdown, as a stay-at-home order that minimises the population’s mobility to contain a contagion, reconfigures our experience of the intimate, especially relating to domestic spaces. And second, the lens of intimate geopolitics also allows us to view the COVID-19 responses as part of wider and growing state project of governing threats and emergencies by enrolling the body’s visceral sensorium (Adey et al., 2015; Anderson and Adey, 2011). The following sections seek to make productive connections between the governmentality of disease and the governmentality of terrorism. To that end, we focus on the technologies of lockdown to bring attention to the spatial, material and intimate practices that constitute public health as a matter of national security in everyday (urban) environments.

Lockdown: Spatial responses from terrorist to microbial threats

The term lockdown has been increasingly utilized to describe a host of various state security interventions that differ in their scope and duration. It is often unclear what exactly is meant by lockdown and what it specifically entails. Broadly speaking, however, lockdown has come to signify various forms of state intervention whose main goal is to block or restrict the movement of people. In contrast to the supposed exceptionality of the COVID-19 lockdowns, this section addresses the lockdown as a security mechanism with a longer history, and moreover, as a spatial security intervention that states have progressively resorted to in governing various threats in the past years. One of the first immediately visible results of the COVID-19 lockdowns were empty streets and squares of numerous cities around the world. With the COVID-19 lockdowns, urban spaces of encounter became void. The sight of emptiness across many usually bustling city cores is, however, not new: most notable recent examples are the Brussels counterterrorism lockdowns instituted during 2015 and 2016. Before these events in Brussels, lockdown as a shelter-in-place order was put in effect in response to the Boston Marathon bombings in 2013 and during the Cronulla riots in Sidney in 2005. While the scope and the duration of the lockdowns of Brussels constituted, at the time, an unprecedented state security intervention in a post-1945 European city, since then, various forms of urban lockdown, albeit with more limited scope and duration, have been employed in responding to various security threats, such as the lockdown in London in 2017 following the attack on Westminster Bridge. Indeed, the UK National Counter Terrorism Security Office has recently added lockdown as one of the “highly effective” counter-terrorism measures (NatCTSO, 2020a) and developed the measure of dynamic lockdown – a flexible and/or partial closure of venues and buildings to confront a fast-developing incident in order to protect people from the attacker or frustrate the attacker’s attempts to access spaces and move around (NatCTSO, 2020b). In January 2022, the state in Kazakhstan implemented lockdown in several major cities as part of its counter-terror operations against growing uprisings instigated partly by increasing fuel prices.

The lockdowns in Brussels were put in place in response to several suicide bombings and killings in urban public spaces. The first lockdown was implemented a week after the 13 November 2015 attacks in Paris, as the Belgian government feared similar attacks might happen in Brussels, raising the country’s terror alert to “serious and imminent danger” on account of undisclosed information. The second lockdown was implemented on 22 March, 2016, during and following several suicide bombings in the Brussels metro and the airport departure hall. Both lockdowns lasted several days and involved the shutting down of the public transportation system, the closing of public buildings, schools, universities and cafés, shops and restaurants, and the instructions to citizens to stay indoors. In addition, during this time some 500 soldiers were deployed across Brussels, along with a host of other military equipment and vehicles (Ponsaers and Devroe, 2017). In the research we conducted following the lockdowns in Brussels, and the state of emergency in Paris, one of our aims was to explore how these security measures were implemented and with what purpose, focusing especially on the way they impacted the affective experience of the city³. This research has shown, among others, that the decision to impose such a totalizing security measure in the city needs to be understood primarily as a political decision enacted to resume control of a city in times of uncertainty, rather than being a targeted police intervention (for e.g., to catch specific suspects). Moreover, it has also imparted that the lockdown is, above all, a spatial intervention, where the command over public space is seen as essential in managing threat and performing security around the so-called “soft” targets. In the words of a Brussels federal police officer employed in the anti-terrorist unit, the lockdown was “a way of clearing space”⁴, in order to ensure complete control of the city. While the officer was indeed sceptical of effectiveness of the lockdown as a counterterrorist strategy, he also, half-jokingly, commented that from the perspective of the police, the city under

lockdown is the perfect city. The lockdown is thus mobilized as a security strategy with a vision of a total control of mobility in ways that produces an urban imaginary of a “segmented, immobile, frozen space” (Foucault, 1977: 195) - similarly to the attempts of lifting the ‘fog of war’ via totalising military surveillance technologies employed in urban operations in global south war zones, where the dense and often informal morphology of cities frustrate wider military aims of post-cold war military techno-science (Graham, 2006).

This vision of total control of mobility in the city is also one of main spatial logics driving the implementation of COVID-19 lockdowns. The suspension of movement ensures command of urban public spaces identified as vulnerable spaces of contagion. Like counterterrorism, the COVID-19 lockdowns also contributed to further militarizations of public space with, for example, France employing some 100,000 military personnel during the health crisis. Justified as an emergency response, the army in France, and other countries European countries like Italy, UK and Belgium, was tasked with supporting local death management and vaccine rollout, transporting patients, as well as patrolling the streets to ensure compliance with the lockdown regulations. The militarized response to the pandemic is thus more than discursive, it also entails the material and the social presencing of a war-like situation. In other words, the framing of the pandemic as a national security threat, mobilizes the practices and values of militarism as a response to such constructed threat. Moreover, with COVID-19 lockdowns in Europe the suspension of movement has been larger in scope, extending to state borders. Here, the lockdowns entailed a (re-) introduction of an array of border materialities - fences, barbed wires, and other militarized, often haphazardly implemented, barriers in border regions – that had become obsolete at least within the EU (Fall, 2020). These have now made international law visible and sensed through the management and conduct of the body and its micro-practices (from keeping distance to not speaking loudly, from testing to sanitising and mask-wearing) at and through international borders during the pandemic (Tedeschi, 2020). The state enclosures entailed the blockade of long-eliminated borders within the different states of the EU, and an even greater solidification on the outer rim of “fortress Europe”. The reinstatement of state borders further catalysed state nationalist discourses on the defence of the health of the nation in the “war against the virus” (Diaz and Mountz, 2020), with the implementation of lockdown relying on racialized and colonial ideas on the contagious “others” (Mitropolous, 2020a).

The racialized spatial logic of the lockdown is further evident at specific locations where the pandemic compounded bodily vulnerabilities previously exposed with counter-terrorism measures, as well as by historical geographies of exclusion and fear. A case in point is the commune of Seine-St-Denis in the north of Paris. Similar to other neighbourhoods in Paris labelled as challenging to French assimilationist ideals (Benjamin, 2018), Seine-St Denis has historically been a receptacle for France’s social fears. The area has been labelled with suspicion, undesirability, and even health threats in the 19th century, when theories of hygiene connected St Denis’ industrial smells with ‘bad miasmas’ and fears of and disease (Bréville, 2022). This is a sensorium later referred to by President Jaques Chirac in his infamous 1991 speech in Orleans, where “le bruit et l’odeur” [‘the noise and the smell’] of the Parisian area of la Goutte-d’Or was cited as part of the problem of social cohesion in high immigration neighbourhoods. Seine-St-Denis was also the focus of militarised emergency measures in the wake of the 2015 terrorist attacks. A counterterrorism raid by the French police rapid intervention brigade was conducted at dawn on 18 November 2015. Here, on Rue de Courbillon, police located the individual suspected of orchestrating the deadly terrorist attacks of 15 November in the French capital. The raid was successful in zeroing in on the terrorists, but it carried a host of militarised atmospherics that enveloped the area and significantly disrupted the intimate and private spaces of those innocent residents caught up in the raid – their domesticity, the bodies, and their emotions (Fregonese, 2021). While ambulances and military trucks were stationed in the street, helicopters hovered over buildings as the police raided flats overlooking a primary school, residents woke in the dark to sounds of helicopters, gunfire and explosions. Due to the blasts, there

was physical destruction, and some residents were injured by shrapnel of glass and other objects, while others had to relocate elsewhere due to structural damage to buildings. The pandemic and lockdown have compounded the vulnerabilities left exposed by the raids and has exacerbated existing social inequalities (Mariette and Pitti, 2020). According to the Institut National de la Statistique et des Études Économiques, COVID excess mortality was substantially higher in St-Denis, than in other regions: 134%, as opposed to 99% for Paris (Institut National d'Études Démographiques, 2020). Here, pre-existing suboptimal social conditions— including jobs entailing higher exposure to the virus, higher density of population, worse access to the health system, and multi-generational households – contributed to higher illness rates.

Finally, under the conditions of expansion of what is considered criminal behaviour during COVID-19 lockdowns, such as not observing social hygiene rules and mobility restrictions, we have witnessed increased policing of the already vulnerable and stigmatized urban populations in the city of Brussels (De Backer and Melgaço, 2021). Similarly in Paris, Amnesty International identified several abuses of police powers predominantly in poorer neighbourhoods (Amnesty International, 2020). These processes highlight the implications of lockdown for social injustice and inequality, as it makes some places and communities feel safe and protected while intensifying feelings of vulnerability for others (see also Apostolopoulou and Liodaki, 2021; Torres et al., 2022). Moreover, the relational politics of lockdown involves an intense and uneven reconfiguration of intimacy, of homes, bodies and subjectivities, to which we turn next.

Re-configuring the intimate: Homes and bodies on the “frontline”

In the spatial logic of lockdown, domestic spaces hold an important position. The home is primarily constructed as a place of safety and refuge from the threats circulating within the public realm. Staying indoors becomes a way to reduce these potential threats. Thus, lockdown is another example of domesticating geopolitics (Carter and Woodyer, 2020) where government responses to various threats reconfigure the domestic realm (see also Brickell, 2012). These state constructions of domestic spaces as safe places in the governing of both microbial and terrorist threats are partial as they neglect, for example, both domestic violence as everyday terrorism (Pain, 2009) and the inaccessibility of appropriate housing for poor and homeless urban populations.

In counter-terrorism, however, domestic spaces become sites of containment, removal and detention of people deemed as threat. The practice of house arrest was one of the central counter-terrorist strategies during the two-year state of emergency in France between 2015 and 2017. In this period, several thousands of house searches were conducted, with over 700 house arrests ordered (Hergon, 2021). This extensive number of house arrests was followed, on the other hand, by a rather modest and limited number of actual convictions on the grounds of terrorism (Mechai and Hergon, 2020). The spatial logic of the house arrest mirrors that of the lockdown, as it aims to reduce mobility and the access to public space and, in France, carries a history of pre-emptive governing of threats involving the intimate sphere. In France, according to the French 1955 colonial law on the state of emergency, the targeted subject of house arrests are individuals whose “behaviour constituted a threat to security and public order”. The law was drafted during the war for Algerian independence as a means to legalize existing French military operations in Algeria and ensure the settlers’ colonial dominance (Lambert, 2020). Between 2015 and 2017, this colonial logic underlying the French state of emergency resurfaced via the state particularly targeting Muslim and Arab communities as threats, subjected to house arrests. These house arrests further stigmatized and traumatized this specific “suspect community” perceived to not abide to the accepted amount or mode of religiosity (Hergon, 2021). Further colonial continuities are evidenced in the “state of sanitary emergency” drafted as a response to COVID-19 pandemic in France that shows the

translations and iterations of the colonial structures of governing in response to a health crisis (Lambert, 2020).

Tracing similar logic with the state governing of the microbial threat, the practice of quarantine became a way to remove from public circulation people deemed potentially contaminated with the virus. While the quarantine is situated on the other end the spectrum of social control and control of mobility, with respect to counter-terrorist house arrest, we can consider them as related biopolitical projects centred on the level of the intimate and the domestic. For one, we see a spatial logic of confinement and carcerality that runs through these different security measures - quarantine, house arrest, and lockdown. Carcerality stems from a power to exclude, remove and contain those deemed as threat (Morin, 2013). Carcerality as state power needs to be understood along the continuum of state detention practices that converge with racial and colonial ideas on threat (Gilmore, 2007). Sudbury (2005) used the term “global lockdown” to describe these expanding spaces of confinement that link the growth of prisons to global warfare and terrorism. For Sudbury, lockdown as a security measure cannot be thought outside of the global war on terror and the growth of the prison, as the two are intimately related. The power of contemporary neoliberal states is inextricably linked with growing practices of detention, ranging from prisons, refugee camps, asylums to migrant detention camps. With respect to house arrest and quarantine, the home becomes shaped through carceral power primarily by fixing and strengthening the boundary between inside and outside domestic spaces, and second by deploying the spatio-temporal logic of pre-emption. In other words, in the case of governing emergencies, carcerality comes to be a pre-emptive security strategy. In the terrorism/pandemic nexus, the space of the home thus becomes entangled with the geopolitical in multiple ways. On the one hand, the home is constructed as a site of safety for the general public, reproducing normative and patriarchal ideas on domestic spaces as sheltered from various threats (Brickell, 2012; Mitropolous, 2020b). And on the other hand, with the order to stay home as a pre-emptive security strategy (either as house arrest or as quarantine), the domestic becomes a space of confinement for people deemed dangerous and threatening public order or public health.

Beyond re-configuring domestic spaces, state responses to both the microbial and terrorist threat also act on and through the level of the emotional and sensate. While lockdown might potentially increase a sense of real or perceived security, it can also act as an intensifier of perceptions of fear, suspicion, siege, vulnerability, and even increase anticipation of imminent danger (Fregonese and Laketa, 2022). Primarily, the lockdown is a condition that disrupts the everyday routinized affectivities, connectivities and flows of life in the city. It intervenes in affective atmospheres through the propagating sense of danger “in the air” in many cities and places (Vannini, 2020; Young, 2021). Here, the spatial and the sensorial come together to enact the embodied effects through the sights, sounds, smells and tastes of places under lockdown. The militarism of the response to the COVID-19 virus enacted through the spatial politics of enclosure and confinement has further politicized affective urban atmospheres (Fall, 2020), intensifying feelings of vulnerability much like physical partitions in conflict urban zones (Marić, 2020; Fregonese, 2021). It is important to consider these emerging feelings and affective atmospheres of control, confinement and isolation, especially in view of the significantly impaired mental health of many residents of places under lockdown. If we understand questions of mental health broadly as “the distress of body and soul experienced by those forced to make their lives in the face of the consequences of structural inequality” (Rose, 2020b: 489) then it is clear these effects are not equally distributed. Women’s mental health has been particularly affected, a consequence of the double burden of domestic work and paid work, as well as the rise of domestic violence to which many women and children have been subjected to (Ali et al., 2021). Recent research also shows increase in the use of psycho-active medications, specifically antidepressants, in adolescents and more particularly young women (De Oliveira Costa, 2022). Moreover, especially vulnerable to adverse psychological effects are people with pre-existing mental ill health, as well as those from disadvantaged racialized and minority ethnic

communities (Rose, 2020a). Therefore, while feelings and affects of confinement might be expanding, they are also unequally experienced, and gendered and racialized in ways that exacerbate existing social inequalities.

Lastly, we want to take a step further to highlight the way the militarised governing of terrorism and pandemic does more than simply producing effects on bodies, emotions and senses. Rather managing individual bodies and mundane bodily behaviours - walking, singing, sitting, shaking hands, cleaning, touching hugging, and so on – became a central strategy for governing the pandemic. In addition to painstakingly managing precise set of compartments and corporeal practices, some states also aimed to mobilize a generalized affective and more-than-cognitive “COVID-safe culture”. This became particularly evident with the French government initiative in constructing a culture of vigilance in the post-COVID city. Vigilance as an affective state has long been identified and framed by the state as an important emotional and sensorial register for governing of terrorist threats across Europe. In France, for instance, the “Plan Vigipirate” is part of France’s anti-terrorism strategy and its genealogy goes back to the 1970s (Fregonese and Laketa, 2022). In its latest iteration, updated after the spate of attacks in Paris in 2015, Vigipirate aims to create a “culture of vigilance” encompassing “all the national actors – the state, the local authorities, enterprises and citizens” (Gouvernement.fr, n.d.) and relies on “a culture of individual and collective security, expanded to the whole of civil society” (Gouvernement.fr, n.d.). The meaning of the notion of vigilance has changed over the years, with the latest iteration clearly enrolling the individual’s sentient experience in the politics of threat governance. This is often translated into security messages that target an individual’s instinct and “good reflexes” (SGDSN, n.d.) to spot potential threats. One’s own intuition – “ *fiez-vous à votre intuition* ” - and attentiveness to others and one’s environment – “ *être attentive aux autres et à son environnement* ” - (SGDSN, 2016) are mobilised in a way that recalls the situational awareness employed in counterterrorism operations in urban terrains (Krasmann and Hentschel, 2019). Thus, the affective politics of vigilance for counterterrorism become embedded into bodily, sensate and “instinctual” procedures and routines: “the many banal daily activities, devices and sites” that shape securitisation as a situated and embodied practice (De Goede et al., 2014). With the emerging technologies and discourses on terrorism, we see a further re-scaling of responsibility for governing threats on the level of the bodily senses, with the mobilization of vigilance as an important affective mechanism of the governmentality of terrorism. Here, the sensate and the embodied realm are put on the frontline of vigilance and resilience agendas (Fregonese and Laketa, 2022).

These affective politics of vigilance, in France at least, are transposed from the realm of counterterrorism to that of public health and the management of COVID-19 through the notion of “good reflexes”. In 2020, the French Government launched the campaign “ *Passons un bon été avec les bons reflexes* ” [‘Let’s spend a good Summer with the right reflexes’]⁵, to encourage COVID-secure bodily micro-behaviours in the effort to contain the spread of Coronavirus as lockdown eased in Summer 2020. The campaign continued into 2021, encompassing various public and governmental sectors such as education (for example, in managing pupils with symptoms of coronavirus or testing positive in classes and schools). The “good reflexes” COVID campaign promotes the adoption of protective and preventive, banal and routinised “ *gestes barriere* ” [barrier gestures] to promote good hygiene (e.g. wash hands) and counter viral spread (e.g. respect social distancing, do not touch the face). What is important to notice is that these are framed as automated and almost instinctual bodily and situational acts and reflexes, which are curated in the name of a type of response to an emergency and therefore have politics. The imperative of vigilance is thus translated from the context of counter-terrorism into a series of bodily micro-gestures and reflexes in the government of public health. The state mobilization of the bodily and the sensate in governing the pandemic is contributing to, and further normalizing, the underlying individualization of responsibility for managing microbial and other security vulnerabilities. The state project of shaping

“COVID-safe culture” scales down the responsibility for managing the health crisis (and the associated guilt) onto an individual body in ways that diverts attention away from structural problems, inequalities, and social conditions within which the crisis has developed. The vigilant body as part of a neoliberal individualised solution to both public health and terrorism threats, consolidates further the long process of disinvestment in public infrastructures that underlie the inequalities of global health. With the aim of curation of vigilant bodies, security responses to the pandemic parallel the responses to terrorism, and the final section addresses the consequences of this framing of health as a matter of national security.

Conclusion

This paper has centred lockdown as a security intervention for governing threats that links state responses to health crises to state responses to terrorist threats. Many critical authors have denounced the ways narratives of war, conflict and security have dominated public discourses during the COVID-19 pandemic (Caso, 2020; Enloe, 2020; Marić, 2020; Pandit, 2020; Pfrimer and Barbosa, 2020). Building on their critiques, in this paper we highlighted that this militarism is more than simply discursive. Showing the links between the governing of microbial and terrorist threats, we address this militarism as a material and an intimate process that becomes sutured in everyday life, shaping embodied understandings and performances of security, risk, vulnerability and threat.

The paper considered a host of state responses to the COVID-19 health crisis through the lens of intimate geopolitics and addressed the more-than-discursive overlay between the medical and the geopolitical. We sought to discuss how, in the current health crisis, embodied practices become the terrain where geopolitics and security are enacted. Departing from the practice of lockdown as a ban on the circulation of individuals, we analysed the material and the embodied folding and unfolding of spaces under lockdown in ways that reconfigures intimate relations, bodies and subjectivities. We argued that through the spatial logics of enclosure, fortification and immobility, government responses to COVID-19 pandemic, in Belgium and France, as well as in other European governments, primarily rely on and reconfigure domestic spaces as both places of safety, and sites of carcerality. The lockdown as a governance framework can therefore be seen along a continuum of colonial and racial forms of governing, and as such, it compounds existing inequalities. Beyond recomposing domestic spaces, we addressed the emerging intimate geopolitics of the lockdown as an embodied, deeply felt and sensed reality, and have argued that state-led responses to both the microbial and terrorist threat enroll and curate the realm of the corporeal, the emotional and the sensate. Specifically, the affective state of vigilance is analysed as a form of a normative curation of affect that links the governmentality of terrorism with that of the pandemic.

Drawing on our research on the embodied and affective dimensions of urban conflict, violence and terrorism, we conclude with some considerations of the consequences of the intimate entanglement between terror and the virus. Primarily, this entanglement further normalizes militarist practices and values across an extended range of relations and spatialities. Second, it consolidates the neoliberal logic of governing, through its emphasis on individual solutions and individually distributed notions of responsibility and guilt. This is important to consider, given that, in many places, the COVID-19 pandemic and ensuing imposition of lockdown exposed the devastating effects of decades of neoliberal government through disinvestment in public health and other public infrastructures and through the rising global inequalities in terms of access to safe, clean, and healthy environments and to vaccines and medicine (Sparke and Williams, 2022). The scaling down of responsibility for managing threats, both terrorist and microbial, shows the neoliberal logic of governing that further entrenches the conditions that are responsible for the crisis, rather than contesting and changing them. Last but not least, the emergent entanglement of terror and the virus promotes understanding of security and risk in ways that are partial, labelling some places and

communities as sources of risk in ways that promote mistrust and supports forms of populist nationalism. The “us” versus “them” mentality of warfare shapes the solutions to the crisis, in ways that prevent cooperation. The most obvious consequence is the practice of vaccine nationalism, where wealthy nations stockpile vaccines and other medications in their efforts to reinforce national defence and security (Elbe et al., 2014). Or when nation states, such as, for example, Switzerland and other western European countries, actively prevent the removal of the patent protection for the vaccine that would permit their generic production, further backing national and neoliberal solutions to the pandemic. With these deeper and intimate entanglements with the affectivities and the materialities of warfare, health thus gradually becomes not a matter of human rights but of national security in ways that reinforce divisions rather than build networks of support and solidarity necessary for addressing it as a global issue.

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Notes

1. Terrorism is here also understood as a discursive and normative construction that is used to identify only certain people (Muslims, non-white people) as threats, and to legitimize unjust and inhumane state actions in response to so-defined terrorism.
2. The policies, physical infrastructures and technologies of imposing and managing COVID-19 lockdowns vary significantly across states and regions, even within Europe. However, rather than seeking to account for that variation, the paper aims to highlight the spatial politics of the lockdown in tracing the emerging nexus between terror and virus, predominantly as it plays out in Belgium and France, while drawing connections to related European and other national contexts.
3. For further information on the methodology employed in the project see Fregonese and Laketa, 2022.
4. Interview conducted on June 22nd, 2016.
5. <https://www.pas-de-calais.gouv.fr/Actualites/Actualites/Passons-un-bon-ete-avec-les-bons-reflexes#>

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