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Necroeconomics: How Necro Legacies Help Us Understand the Value of Death and the Protection of Life During the COVID-19 Pandemic

*Beverley Skeggs **

Abstract: »Nekroökonomie: Wie Nekro-Vermächtnisse uns helfen, den Wert des Todes und den Schutz des Lebens während der COVID-19-Pandemie zu verstehen«. The paper offers an analysis of how three historical legacies shaped the context for responses to the COVID-19 pandemic in England. They are firstly, necrospeculation, the ability to turn destructiveness into profit and produce new capitalist value. The second is the legacy of thanatocracy, the enactment of mass and organised killing as an official policy of the state. The third necro legacy, social reproduction, is not just about violent death and accumulation, but also the state's divestment of responsibility to women for the protection of life itself. What these violent legacies have in common as they entwine throughout history is the continuing relationship between property, accumulation, and disposable peoples, showing how economic and moral value is both captured and erased through abstract classifications of class, race, and gender. Bringing these legacies on a journey, we will see how they are modified and repeated in the present. Death during COVID-19 was used as an opportunity for speculation, consolidation of political power, and manipulation of the economy in the interests of the super-rich, government ministers, their friends, and the virus. True to neo-liberal philosophy, they "never let a serious crisis go to waste." Their predatory practices led to many people being callously disregarded, neglected, and unprotected, exposing those considered to be surplus to state and capital requirements. The pandemic revealed that the social contract was broken as the matter of state responsibility for protection of the people was transferred by the government to individuals. The paper will also show how some groups attempted to protect others and save lives.

Keywords: Capital accumulation, class, social reproduction, necropolitics, COVID-19, BAME, England, historical legacies, responsibility.

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1. Introduction

Stuart Hall's (1974) framework of articulation, which combines historical specificity, abstraction, and lived experience, is used to analyse the current conjuncture. This framework enables us to see how historical inequalities of race, gender, and class come to be inserted into the present as active structuring principles of life and death. To develop this framework, I draw on three historical legacies, the current COVID-19 context in England and participation in two COVID-19 crisis response groups. The first legacy is "necro-speculation" as described by Kris Manjapra (2019), who notes how the ability to turn destructiveness into profit and produce new capitalist value has a long history, especially evident in slave trading where anything, including death, was turned into a source of value, *predatory value*. He charts how the government of the British Empire was adept at making profit from the death of those they did not consider to be human and/or productive enough to exploit through labour for surplus value. Instead, he details how the production of value depended on the purposeful wastage of black life. The second legacy can be traced from the Enclosure Acts in England and Wales, which began in 1604 and included 5,200 different Acts of Parliament, appropriating common land so that people were deprived of their forms of livelihood. Those thrown off their land became (if fit enough) reduced to a source of labour for the Empire, disposed and left to die if not. Peter Linebaugh (2019) details how this was a policy of thanatocracy, the enactment of mass and organised killing as an official policy of the state. The third legacy is about the responsibility for social reproduction, also born from death. Silvia Federici (2004) details how the medieval witch hunts, both in England and globally, not only killed thousands of women in the name of patriarchal power but also crafted a new sexual division of labour in which the allocation of responsibility to women to care for the family subjugated women's labour and reproductive functions to the reproduction of the workforce. The reproducers of life were used and disposed of in the interests of emergent capital. Class and race divisions were drawn between those who needed to labour to survive and those who did not. The three legacies are all violent processes for accruing monetary value and property to the powerful.

These race, class, and gender legacies have shaped distinctive modes of capital accumulation, developing different techniques of violent value capture and erasure for different groups. Nascent processes of destruction, extraction, exploitation, accumulation, and appropriation are developed as a result. One thing they all have in common is the continuing relationship between property, accumulation, and disposable people. Some groups have a long history of being treated *as* property: their designation as property enshrined in the laws that institutionalised classifications such as class, race,

and gender. For instance, Achille Mbembe (2019) traces a line from these necro-legacies to show how racialised groups have been repeatedly over time and space subject to state violence, which can include neglect as well as direct attack. These necro legacies fed into and developed through Liberalism and early classical political economy, as Warren Montag (2005) demonstrates. In the present, these ideas about who has value based on their potential for monetary extraction also feed into neoliberalism's ideas of human value, utilitarianism, and responsibility. In their journey into the present, they take various routes through bio-power (Foucault, Davidson, and Burchell 2008), whereby Liberal governance becomes about protecting property and the effective control of populations by the state through the distribution of life and death. The necrolegacies produce a valorisation of death alongside the governance and distribution of life. I developed the theoretical framework after searching for an analysis that could make sense of the shape the COVID-19 virus was taking in England.¹

2. Lived Experience: Informing the Framework

As the pandemic took hold in March 2020, I watched the elderly be laid to waste in unprotected care homes “*as if expendable*” according to Amnesty International (2020). Trusted medics were also reporting high BAME (Black, Asian, and minority ethnic²) death rates on social media. These signals were

¹ The UK has devolved parliaments of England, Scotland, Wales, and Northern Ireland with differing powers. Scotland and Wales differed significantly with their approaches to pandemic management. For the purposes of this paper, England is the focus.

² In the 1970s in the UK, a time of extreme violence against racialised groups, the term Black was used by racialised anti-racists to collectivise opposition to biological essentialism and institutionalised racism and to recognise racial classifications as ideological, as “floating signifiers” (Hall [1981] 2021). Simultaneously a “multi-ethnic/multi-cultural” discursive strand was developing along liberal lines. According to Hall, it was assimilationist, a form of cultural essentialism, not oppositional to racism and was later named by Paul Gilroy (2021) as McKinsey corporate multiculturalism. BAME (Black, Asian, and minority ethnic) combines these different oppositional traditions, leading to what Claire Alexander (2018) argues is the fragmentation and de-politicisation of the term “Black.” The add-ons: Asian and minority ethnic, confuse the sources of racism by amalgamating of racist colour-classifications with geography, nationalism, religion, and culture and also through the increasing significance of identity in the political realm (see Hall [1981] 2021; Gilroy 2021). The problem is that classifications work in the interests of very different groups: racists, anti-racists, popular culture, academics, governments, and bureaucrats. The amalgam BAME also normalises whiteness by conflating “non-white” groups together but ignoring racialised white groups such as Travellers. It is also a non-performative acronym that is used by institutions to signal their recognition of “diversity” whilst simultaneously cloaking and reproducing the racism of the institution (Ahmed 2012). It is highly contested by the people to whom it is applied. So why is it used here? When drawing on official statistics, it is often the only way to make visible and recognise the significance of racialised classifications that are often ignored in studies of inequalities (hence the use with COVID-19 data that initially

also accompanied by multiple stories of corruption by government ministers. I had lived through austerity, the decimation by privatisation of the NHS, and the financial experiments being developed in social care (all with deadly consequences for my own family) and was alert to similar patterns emerging (Skeggs 2017). It appeared as if the government was operating with a *value* assessment of specific groups whose lives were considered as disposable, definitely not considered worthy of protection. Lockdown was late, care homes were not protected, and no protections were offered to key workers. But nonetheless, deaths did become a lucrative source of economic and political value for both extracting profit and extending power and influence. This was made possible by the issuance of government contracts for ineffective PPE equipment (£10 billion spent), hopeless software systems (e.g., Test and Trace, £37 billion spent) and faulty testing laboratories.³ Peter Geoghegan (2021) and *The Good Law Project*⁴ continue to expose how PPE contracts are processed through a secret VIP list, with the majority of contracts given to members of the government, their families, friends, and £881m worth to eight Conservative party donors. The National Audit Office have reported “alarmingly widespread levels of procedural impropriety.”⁵

Following the necro-legacies of colonialism and the imperative of neoliberalism to “never let a serious crisis go to waste” (Mirowski 2013), the government clearly proved to be very capable at facilitating the economic and political gain to be made from COVID-19 deaths. However, they were incapable of protecting those made vulnerable, either through age and/or structural inequality, often because of past government policies of impoverishment, racism, and depletion by austerity. It was not only a lack of health provision and care protection and/or austerity impoverishment that was killing these groups but also employment practices, such as being forced to labour in

did not break down deaths by racialised classification). However, it completely obfuscates the relationship between class and racialised classification, which was once subject to significant interrogation (e.g., see the archive of Ambalavaner Sivanandan). Hall (1980, 341) understood that “race is the modality in which class is ‘lived’, the medium through which class relations are experienced.” They are lived very differently because of Britain’s long colonial history, which creates very different geopolitical race/class articulations. Class cuts through differently racialised groups differently and it would indeed be clunky writing that listed how this manifested for different minoritised ethnicised groups: in 2009, the Organisation for Economic Co-operation and Development identified over 217 different nationalities living in the UK, some of whom are working class and some who are not. Adding the adjective BAME to the descriptor working class as “BAME working class” would not only normalise the working class as white but also create some problematic associations by including elites into the working-class definition. Hence the use of working class/BAME when referring to generalised data on inequalities.

³ See the BBC Undercover documentary “Inside the Covid Testing Lab.” <https://www.bbc.co.uk/iplayer/episode/m000tqjj/panorama-undercover-inside-the-covid-testing-lab> (Accessed 30 March 2021).

⁴ The PPE Fiasco. <https://goodlawproject.org/case/procurement-case/> (Accessed 18 May 2021).

⁵ BBC News Report by Rachel Shraer “Covid: PPE price rises cost taxpayers £10bn, National Audit Office report says.” <https://www.bbc.co.uk/news/health-55061183> (Accessed 25 November 2020).

dangerous conditions. The COVID-19 virus was facilitated through callous disregard and malevolent neglect, making the government appear to be working in the interests of the virus itself, which ultimately led to the highest confirmed COVID-19 death rate globally at the time of writing.⁶

It was in the midst of my astonishment at government incompetence and corruption that in April 2020 I was invited to join two different crisis response groups in the North-West of England: a city council BAME (Black, Asian and minority ethnic) cell and ADASS (Association of Directors of Adult Social Services). The former was established through its links to Public Health England, local medics, social service providers, and community workers who were already alert to the higher death rates of BAME populations across their region. The latter (ADASS) group was trying to work out how to provide support for those on the frontline of many types of care provision (care homes, informal and social work provision). My role in both was as an advisor, not as a researcher. Both were struggling to work out the best ways to respond to the pandemic. Both groups educated me in crisis management, in national-local state relationships, in the complexities of working in an environment with so many sub-sub-private contractors for labour and provision, in the lack of care and health provision available and in dealing with shock, frustration, and exhaustion. The sheer determination of these groups to protect the vulnerable was extraordinary.

I conducted a survey of crisis provision for ADASS. It was non-funded and urgent, a scoping analysis of what was needed, what was available, and how useful identified provision could be to the different types of care workers (see Skeggs and Lambert 2020). It was conducted online with targeted interviews enabled through the different representatives in the group, with care and social workers, unions representing care workers, and social service providers. The high levels of anxiety among the workers, managers, and providers were exacerbated by the lack of, and contradictory, government advice. Nobody knew what to do. The workloads and lack of protection reported by those working in care homes was extraordinary. The main solution discovered for supporting workers in dangerous environments was a monetised telephone app, in fact many telephone apps were on offer to assess one's anxiety. Finding so many monetised "support systems" was a research revelation: government failure had been monetised.

The BAME cell included medical researchers who were rapidly compiling statistics across the region to send to the government and were skilled at rapid response research. We would spend hours on the screen trying to identify patterns of death, which revealed problems with how COVID-19 deaths were

⁶ <https://www.statista.com/statistics/1111779/coronavirus-death-rate-europe-by-country/> (Accessed 29 April 2020). The key word here is "confirmed." On 29 April 2021 (at the time of writing), other countries have higher "reported" but not confirmed death rates. On 20 May 2021 (at the time of revision), Peru, Hungary, Brazil, and India had passed the British feat.

reported. It also included experienced political campaigners – public health officials and community representatives – who knew how to present to the public on complex issues. But how do you tell your own community that they are dying at a faster rate than their white counterparts? Protection strategies and campaign communications became central to the group who worked with local Imams and other community leaders to present information with sensitivity. Yet this indomitable and relentless group struggled with the overwhelming experience of facing death in every aspect of their lives. The experience of the frontline actions from groups determined to protect life was so very different to the media reporting of the crisis.

The then Health Secretary (Minister) claimed he had put a “protective ring” around care homes,⁷ and “PPE has been provided across the county” was also a regular statement from the Prime Minister.⁸ Yet all representatives from both groups were reporting this was definitely not the case. People were using scarves and even welding masks to protect themselves. The reporting of high BAME death rates was not reported at all early in the pandemic. The “*Disparities Report*” (Public Health England 2020) – euphemistically named with no mention of race – which contained all the statistics and analysis of racialised COVID-19 deaths, was embargoed by the government and only published after a campaign from BAME groups, including the one I was in.

I include these vignettes of experience as a participant observer, not as part of a funded research project, but in terms of how they shaped research questions and informed the framework of conjunctural articulation: 1) Why were certain groups more vulnerable? 2) Why was the government lying about protecting care homes and PPE generally? 3) Why did the media not hold the government to account? 4) Where was all the COVID-19 crisis money going? It was these questions that initially pointed me back to Mirowski’s (2013) trope “never let a serious crisis go to waste,” about the opportunism and institutionalisation of neoliberalism, which then led me to further dig into legacy analysis of state sanctioned death and capital accumulation. To be clear, this is not a detailed historical investigation but is about building a sociological frame that considers what we can learn from history to help us understand and respond to the present.

3. Historical Legacies of Value Extraction

If we begin with Manjapara’s (2019) definition of “necrospeculation” – the ability to turn destructiveness into profit and produce new capitalist value through death – we see that using death as an opportunity for capital

⁷ <https://fullfact.org/health/matt-hancock-protective-ring-care-homes/> (Accessed 08 June 2021).

⁸ <https://www.bbc.co.uk/news/53443161> (Accessed 17 July 2021).

accumulation shapes the state institutions that we currently inhabit. State institutions enshrined early forms of necrospeculation, of monetising death. For instance, the British Empire insurance industry was legitimated by state law to codify the death of certain groups as potential monetary value. Jeremy Krikler (2007) charts the Zong massacre in 1781, whereby the Zong, a slave ship, left West Africa carrying 470 African slaves for sale in Jamaica. By the time it reached the Caribbean, an epidemic – probably of dysentery produced through neglect – raged on board, killing scores of slaves and some of the crew. Because of a navigation error by the captain, the ship passed its destination, and with water supplies running low a decision was taken by the captain to throw overboard those slaves deemed too ill to survive or too damaged to be sold in the slave-markets of Jamaica. Over 130 slaves were put to death by being thrown alive and shackled overboard. This, apparently, was not unusual in the slave trade of flesh (Krikler 2007).

The ensuing legal cases, adjudicated by Lord Chief Justice Mansfield, were made through property law, as an insurance case, that cast the slaves as chattel, not human. In 1783, a first trial – purely on the matter of insurance – found in favour of the slavers, i.e., that they did the right thing to throw the slaves overboard to protect their remaining *value/cargo*. The insurers appealed, bringing the matter to court again. Note this was a battle between the slave owners and insurers over their costs. This was because the value of slaves was only known and legislated through their economic value (dead or alive).

It took some time, as Ian Baucom (2005) notes, for slaves to be registered as non-chattels, as legal persons, as human. This, Ruth Wilson Gilmore (2002) argues, is a practice of abstraction, a death-dealing displacement of difference into hierarchies which produces our contemporary racist classifications. She notes how processes of abstraction organise humans in relation to inhuman persons in a hierarchy that produces the totalising category of the “human being.” This legacy is not only carried into mainstream Anglo law, as legal theorists have since shown, but also into every pore of our culture, in evaluations of whose life matters, who counts, and in the current conjuncture, defines who will be protected from COVID-19. Person-value is produced daily through numerous processes of classification, evaluation, and institutionalisation, which distribute moral and economic value to specific groups as if they were property (Skeggs 2011). For instance, Cheryl Harris (1993) charts how in law and criminal justice systems, whiteness is made “as-if” it is a property, shaping hierarchies of personhood in all state institutions. David Roediger (1991) details historically how racialised hierarchies of classification shape occupational classifications. Additionally, Colin Dayan (2011) charts how categories of legal non-personhood work in present legal systems, enabling state sanctioned death, punishment, and torture of those still not considered to be human. De-humanising, objectification, and de-legitimation

are key to the daily operations of racism. Necrospeculation shows how the entangled relationship between economic value, classification, and personhood become institutionalised in government, law, and financial systems shaping one of the major lines of articulation that fed into the pandemic: the extraction of economic and political value from lives made by histories of racism.

That the necrospeculators of the British Empire were legitimated through the support of state institutions should not surprise us as many were members of the government; only property owners could hold a seat in Parliament. The Virginia Company is a classic example and shows not only the entwined state-capital interests but also the emergent race/class configurations. The Lord Chief Justice of the Kings Bench from 1592 to 1604 was the leading organiser of the colonist Virginia Company. As Linebaugh and Rediker (2000) detail, the company benefitted from the laws that criminalised those who were starving and impoverished as a result of the Enclosure Acts. The criminalised were classified into different value potential as labour, ready for transportation to build slave colonies in America. If they had no potential value, they were disregarded and left to starve. It is from this state legitimisation of monetary interests that necrospeculators become institutionalised.

Achille Mbembe (2019) argues that we need to think of institutional politics as the work of death by the state. Knotting death, labour, and race together for the purposes of economic value extraction and moral value degradation has a long history. As Wilson Gilmore (2002) further notes, racism is the state-sanctioned or extra-legal production and exploitation of group-differentiated vulnerability to premature death. It is also, Lisa Tilley (2020) argues, why one of the main responses to the COVID-19 pandemic is shaped by eugenics. Mbembe maintains that the state holds the right to impose civil or social death depending on one's position in the racialised hierarchy of person-value. Neglect by design and callous disregard in the face of a global pandemic is not new, it builds on the long history of racism put into effect by the British Empire.

Death was always central to the spatially dispersed logics of Empire: on a global scale it was a logic of purposeful disregard in one space to ensure accumulation elsewhere. As Mike Davis (2001) notes, the Victorian Holocausts (1876–1897), which resulted in 30-60 million people being killed in famines all over the world, were mainly concentrated in India. British colonialists, supported by the British government, imported India's grain harvest into Britain to be sold on, knowing it would kill millions. As Davis shows the accumulation premised on death was accompanied by the theological application of the sacred principles of Liberalism.

Even Keynes, often held as a proponent of social democratic policies and a classic Liberal, was also an eugenicist. He applied the theology/ideology of utilitarianism and its method of "political arithmetic" to model and estimate

the likely profit from death. Michelle Murphy (2017) details how Keynes's argumentations that colonial immunisation projects in India were misguided because he believed that reductions in population caused by death from plague in the Punjab were correlated with increased wages and prosperity in the generation that followed. Death from plague for Keynes became a "beneficent visitation," a calculation of long-term progress.

When the "*Disparities Report*" was finally published (PHE 2020), it revealed the higher death rate for BAME groups in proportion to white groups. In parallel with the rapid response research by Abdul Razaq et al. (2020), it found that Black excess deaths (observed vs expected) were 4.5 times higher for the Black African population, 3 times higher for the Pakistani and Bangladeshi population, 2.5 times for the Black Caribbean population, and 1.5 times higher for the Indian population. Mixed excess deaths are 2 times higher. Overall people of Chinese, Indian, Pakistani, Other Asian, Black Caribbean, and Other Black ethnicity had between 10 and 50% higher risk of death when compared to White British. The reasons were multifactorial: firstly, BAME communities have a high presence within the NHS workforce at all levels with more than 50% of healthcare workers who died being from BAME backgrounds. Of 262 social care workers deaths, 53-60% were BAME groups. England and Wales have the second highest number of health and social worker reported deaths from COVID-19 in the world (although it is likely India has surpassed these figures). Certain groups are also more likely to be in multi-generational housing and be geographically located in areas of socio-economic deprivation.

4. Thanatocracy

In parallel another legacy emerges, namely what Peter Linebaugh (2019) identifies as a long history of thanatocracy. This is a general history of the development of the English working class whose survival was determined by their ability to labour in order for value to be extracted and appropriated. Marx (1967) details how the individual capitalist attempts to extend workers' production by extracting every minute of energy and time, which ultimately shortens the life and use of the worker. The struggles of the English working class to protect themselves from exploitation have been extensively documented, not least by E.P. Thompson (1966). Liberal humanism obscured the contradictory dynamic between the protection and disposability of labour through the myth of "freedom to exchange" one's labour. The only "freedom" was to die if labour was not exchanged. Some protection of life was enabled through charity offered by local parishes, but it was rarely enough against brutal exploitation and death. It was local organising, riots, and social unrest that led to the first legal protections, such as the Poor Law of 1834.

However, allowing the source of labour to die or be depleted through bare survival proved to be counterproductive to value extraction, social order, and the production of human artillery for Empire projects over the long-term. A shortage of labour for the Boer War and the First World War led to the establishment of a nascent welfare state between 1906 and 1914, which was designed to create a labour supply, to produce a war-ready healthy population, and to offset likely social unrest. The many initiatives developed to feed, educate, and house the working class were subject to frequent challenges from the governments of the time, with strict boundaries redrawn (from the 1834 Law) between the categories of deserving and undeserving.

It was only with The Beveridge Act of 1944 – which established the formalised Welfare State, designed to rid the population of moral diseases such as idleness and ignorance, alongside generating a healthy population – that the state fully institutionalised its responsibility for health and welfare. It was established by a Labour government with an aim to generate full *male* employment. It was underpinned by both Eugenics and patriarchy: The Act addressed the working class as if they were totally white, with a duty to “maintain their breed at its best” (1943, 161, as quoted in Shilliam 2018, 75). And, as Denise Noble (2015) notes, (white) women were specifically allocated the role of reproducing racism, ensuring the adequate continuance of the “British race” and of “British ideals in the world.” Through a variety of different laws, women were not only allocated the responsibility for social reproduction but also, if they were working-class, were subject to the state surveillance of their “standards” through health, education, and welfare institutions (Skeggs 1997).

The welfare state and organised protection, predominantly by trade unions, alongside local charities and mutual aid, offered some defence against brutal exploitation. The destruction of that protection began with a vengeance in 1977 when the Conservative party commissioned The Ridley Report, a report into how to destroy the most powerful British trade union – the National Union of Mineworkers. The report’s recommendations were put into effect in 1984 by the then Prime Minister Margaret Thatcher with the help of the army, the police, and the law. The welfare state was simultaneously subject to the first round of austerity cuts.

It was also in the early 80s that the symbolic delegitimation of the working class began with a vengeance where adjectives such as “feckless,” “undeserving,” and “idle” were reintroduced by government and media to describe the working class (Skeggs 2004). This delegitimation was further developed by successive Labour and Conservative governments (Skeggs and Loveday 2012) and became central to the political and moral economy of media output from the 1990s onwards (Skeggs and Wood 2012).

It was the Conservative party who in 2010, with the support of the Liberal Democrats, introduced further systemic austerity policies designed to cut

public spending, including welfare. Since then, £18 billion has been cut from welfare support in the UK.⁹ *The British Medical Journal* estimated that over 120,000 excess deaths were caused by austerity.¹⁰ Of these 111,000 were “benefit deaths,” including 17,000 disabled people, due to late welfare payments as a result of austerity policies.¹¹ Although the time span is much longer – 10 years – this total is nearly as many as COVID-19 deaths, currently standing at 153,734 in the UK.¹² The patterns between austerity and COVID-19 deaths are similar: disabled people are also more susceptible to COVID-19 deaths. The UK Office for National Statistics (ONS) reported that between 24 January and 20 November 2020 in England among women, the risk of death was 3.5 times greater for “more-disabled women” and 2.0 times greater for “less-disabled women” when compared with “non-disabled women.”¹³

In the UK in 2020, women in the most deprived areas were 133% more likely to die from COVID-19 than those in the least deprived areas (Stafford and Deeny 2020). Deprivation produced through austerity policies also significantly impacted upon life expectancy (Dorling 2019). The effects of austerity have been extensively documented (Dowling 2020). Histories of class, gender, and institutionalised racism combine in multiple ways making presentation for health and social care less likely (Marmot et al. 2020; Razaq et al. 2020) and death more likely.

Austerity was a product of the legacies of necrospeculation and thanatocracy that had killed and depleted specific groups of people in the interest of capital accumulation. It was the institutions of social reproduction that were relied upon to offer some protection.

5. Social Reproduction

The entangled third historical legacy that directly feeds into the response to the COVID-19 pandemic is that of social reproduction, generally defined as life-making activities. Silvia Federici (2004) details how today’s regime of social reproduction is premised upon the allocation of responsibility to women to care for the family. By subjugating women’s labour and reproductive

⁹ <https://www.ft.com/content/5fcbd0c4-2948-11e5-8db8-c033edba8a6e> (Accessed 17 November 2021).

¹⁰ <https://blogs.bmj.com/bmjopen/2017/11/15/health-and-social-care-spending-cuts-linked-to-120000-excess-deaths-in-england/> (Accessed 17 November 2021).

¹¹ <https://www.independent.co.uk/news/uk/home-news/pip-waiting-time-deaths-disabled-people-die-disability-benefits-personal-independence-payment-dwp-a8727296.html> (Accessed 17 November 2021).

¹² <https://coronavirus.data.gov.uk/details/deaths> (Accessed 17 November 2021).

¹³ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbydisabilitystatusenglandandwales/24januaryto20november2020> (Accessed 17 November 2021).

functions to the reproduction of the work-force, social reproduction appears *as if* private. She maintains that the nuclear family form was the state's first bio-political form, used to control the supply of labour and discipline the workforce. It is social reproduction that enables capital accumulation to proceed: it forms the infrastructure of caring, feeding, housing, security, socialising, educating, and repairing that enables labour to come into existence and survive, replenished daily for exploitation. The nuclear family form enables devolved responsibility from the state.

Institutionalised social reproduction is a matter of responsibility-transfer: In England the national state transfers its responsibility to the local state, which then transfers its responsibility to the household structure, who then if unable to take responsibility transfers it to anyone who can. If there is no one to take responsibility, people die. Since the 1970s the responsibility has often been outsourced to migrant workers, who support health and care provision. Sara Farris (2015) identifies the reserve army of migrant labour, the majority of whom are women, who take on the work of social reproduction for both the state and middle-class families. The sexual division of labour entwines with the classed and raced division of labour and, as Susan Ferguson (2008) argues, shows how racism and sexism are *not* historical aberrations but are integral to capital, actively *facilitating* processes of capital accumulation. Isabella Bakker (2020) also demonstrates how, in the present, social reproduction is interlinked within a neoliberal rationality that prioritises economic growth and market logics over all other activities.

However, taking familial responsibility for social reproduction is fraught with contradictions, operating as not just fundamental to capital accumulation, the often-violent oppression of women and the state surveillance of working-class women, but also as a key site for the protection of workers. Johanna Brenner and Maria Ramas (1984) demonstrated how campaigns for a "family wage" (a male breadwinner) in the late 1800s came about not just through the external imposition of a sexual division of labour but also through struggle, as the working class organised their own protections against the rapacious desires of capital to expend every source of energy. Likewise, Hazel Carby (1982) has shown how the family can be an important site of solidarity for both Black women and men, a legacy developed from slavery. Alternative structures of social reproduction, such as queer "families of choice," have often been developed to protect those regularly subject to violence from the state and beyond.

We can see how these different mechanisms of exploitation and defence played out through the pandemic. Often disregarded in medical and epidemiological reviews, the responsibility for social reproduction is a compounded factor towards exposure to COVID-19. Many working mothers caught in a care sandwich – caring for both young children and the elderly – were disproportionately exposed to the virus through extended responsibilities. If this

responsibility took place in a multi-generational household, most likely to be BAME, the risk of catching COVID-19 was high (Razaq et al. 2020). The Women's Budget Group (2020) reported that most women, especially BAME women, were struggling to cope.

Formal paid care labour was exceptionally exposed. Most of the adult care workforce who are paid are also unpaid carers too. In the scoping project I did, many care workers had been threatened by wage withdrawal and job loss. The Trade Union Congress report (TUC; 2021) on insecure work found that of the total 1.6 million UK adult social care workers, 685,000 home care workers are paid by the minute on zero hour contracts,¹⁴ often employed by outsourced agencies. During the pandemic they were forced to go from house to house and, because of the lack of PPE, they spread infection.¹⁵ Almost two thirds (64%) of unpaid carers have not been able to take breaks from their caring role since the pandemic began (TUC 2021), and most have struggled to find support that would enable them to work, as both external child and elderly care support was both difficult to find and afford (Barker 2020).

Those who had previously paid privately for others to do the work of social reproduction had to take the responsibility back: nannies and domestic workers were often not allowed to enter private houses for fear of contamination. And the combination of school and childcare facility closures, plus loss of informal care networks, led to increased responsibility, specifically for mothers: in households with a child aged under 5 years, women did on average 78% more childcare than men.¹⁶ The ability to outsource social reproduction responsibility was further compounded by the effect of Brexit in January 2020, creating an even more acute shortage of health and care workers.

The Women's Budget Group (2020) has shown how women are not only overrepresented in occupational sectors that have been hardest hit by lockdowns – such as hospitality, child-care, and tourism – but also make up 77% of the 3.2 million workers in “high risk” roles such as medical staff, carers, and cleaners, who are also more likely to be BAME. The TUC (2021) also found that 70% of furlough requests (to be released from full-time work on 80% pay) from working mothers were turned down by their employers (Barker 2020).

A key institution of social reproduction, the health system, was unable to cope due to years of underfunding prior to the pandemic (Buckingham and

¹⁴ Zero-hour contracts are contracts that do not guarantee an employee hour while requiring availability for work.

¹⁵ <https://www.theguardian.com/world/2020/may/18/agency-staff-were-spreading-covid-19-between-care-homes-phe-found-in-april> (Accessed 17 November 2021).

¹⁶ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/articles/parentinginlockdowncoronavirusandtheeffectsonworklifebalance/2020-07-22> (Accessed 19 November 2021).

Dayan 2019); out of 33 OECD countries, only 3 had fewer hospital beds than the UK,¹⁷ with an acute shortage of nurses, especially in deprived areas.¹⁸

Along with mothers, it was up to charities such as the 1,300 Trussell Trust foodbanks to do the work of social reproduction: between April 2020 to March 2021, 2.5 million emergency food parcels were given to people in crisis, of which 980,000 of these went to children. Food need has increased by 123%.¹⁹ Many Mutual Aid groups (4,300) were established and over 400,000 people joined the NHS as volunteers in one day, contributing to the total 750,000.²⁰ Repeating history, protection comes from local organising against the irresponsibility of the national state. The long history establishes patterns that are repeated in response to the COVID-19 pandemic, revealing how the dynamic of abuse and disregard for life can be set against the struggle for survival and protection.

6. Knotted Necrolegacies

The violent lines from the necrospectators, thanatocracy, and patriarchal power that stretch and entwine from the fourteenth century into Liberalism are now the DNA of neoliberal capitalism. As Mbembe (2019, 30) notes:

The abolition of slavery represents an important moment in the consolidation of liberal statecraft, as it deployed biopower to make live and let die, as well as necropower to capture surplus from the ongoing death-making practices of the state. The emergent British scavenger state converted old corruption into gentlemanly capitalism and old monopoly into new liberalism. And it did so not by consigning the dead to the past but by a necromantic feeding on the ongoing vibrancy of the dead and destroyed.

Debates about who should be protected, the bio-politics of life and death, have been made explicit: Toby Young, ex-member of the *Board of the Office for Students*, tweeted that “spending £350 billion to prolong the lives of a few hundred thousand mostly elderly people is an irresponsible use of taxpayers’ money.”²¹ The former Supreme Court Justice and advisor to the Conservative party, Lord Jonathan Sumption, declared some “lives less valuable,” referencing the elderly as an unnecessary cost to the economy, and Jeremy Warner, a

¹⁷ <https://www.health.org.uk/news-and-comment/charts-and-infographics/did-hospital-capacity-affect-mortality-during-the-pandemic> (Accessed 17 November 2021).

¹⁸ <https://www.nursingtimes.net/news/workforce/nhs-nurse-vacancies-in-england-rise-to-more-than-43000-08-10-2019/> (Accessed 08 October 2019).

¹⁹ <https://www.trusselltrust.org/news-and-blog/latest-stats/end-year-stats/> (Accessed 08 October 2021).

²⁰ <https://www.england.nhs.uk/2020/03/over-400000-people-join-nhs-army-of-volunteers-in-one-day/> (Accessed 17 November 2021).

²¹ Toby Young (@toadmeister). 2020. “spending £350 billion to prolong the lives of a few hundred thousand mostly elderly people is an irresponsible use of taxpayers’ money.” Twitter, March 2020, Tweet has been deleted.

journalist for the conservative *Telegraph* newspaper, wrote, “from an entirely disinterested economic perspective COVID-19 might even prove mildly beneficial in the long term by disproportionately culling elderly dependents” (Roberts 2021). Right-wing commentary is one thing, but a leaked WhatsApp message (from 15 October 20) from the Prime Minister to his former senior advisor made public by the BBC opposed the third English lockdown on the basis that those dying were “all over 80.”²² Letting those less economically exploitable and a cost to the state (via pensions) die is clearly considered from the highest rank in government to be legitimate. Didier Fassin (2009) names this classification and calculation nexus “biolegitimacy” as it is based on the power to calculate “who shall live and what sort of life and for how long” (53). The Office for Budget Responsibility (OBR; 2021) reported that spending on state pensions will fall by £1.5 billion by 2022. The government will also receive an extra £0.9 billion from inheritance tax due to COVID-19 related deaths. The abstraction and objectification of life and death are discussed by the media and government representatives as if people were not involved and dead pensioners were a benefit to the nation. Further biolegitimation is achieved through the reification of “the economy” as an abstract “good thing” by right-wing think tanks such as the *Institute of Economic Ideas* (IEI) who propose the use of “formal” calculations such as QALY (quality adjusted life year). QALY, a measurement specifically designed to judge the cost of medicines to life expectancy, was transformed by the IEI to “model life” through a “cost-benefit analysis” of lockdown in order to identify and “exploit inefficiencies” (J. Jessop 2020), a byword for non-profit making activities and those regarded as “depotentialised life” (Cooper 2008).

Yet the elderly, the “depotentialised,” have been repotentialised for some time through experimentation in value extraction that moves beyond traditional labour exploitation into the realm of financial extraction – financialisation, where financial services are used to generate profit for financial companies. Hedge fund investment in care homes for debt loading and asset stripping are well established (see Burns et al. 2016; Horton 2019). Personal debt and private insurance are other means by which financial services can reap a profit through elder social care. Pension funds are also a huge source of “liquid” capital in the extraction of fees by financial companies (UNISON 2016). Clearly the traditional Conservative commentators have yet to catch up with the financialisation experiments promoted by their government that extract profit from the exceptionally vulnerable. The increased significance of predatory financial capital – via debt – in all our lives highlights a return to the necrospeculators, and the “variegated” forms of capital that exist simultaneously searching for new sources of extraction (B. Jessop 2014). As Mbembe notes, the techniques used against Black people throughout history

²² See Laura Kuenssberg “Agree with him or not, Dominic Cummings’s words matter” 19 July 21 <https://www.bbc.co.uk/news/uk-politics-57894745>. (Accessed 19 July 2021).

are extended to other groups made vulnerable for predation *and* experimentation.

7. Conclusion

If we take the long view, we can see the articulation of the many elements that come together in the COVID-19 conjuncture. The necrolegacies of Empire still haunt: necrospeculation and thanatocracy shape the lack of protections afforded to BAME/working-class populations. The structure of social reproduction not only provides the infrastructure that enables capital accumulation but also offers some protection from COVID-19 for some. The licenced larceny, state institutions, and legitimation that emerged from these violent legacies draw a line into the present. The politics of predation, Eugenic, experimentation, and entitlement to another's labour or care, fundamental to the establishment of industrial capitalism, enfolded into the biopolitics of the Liberal-to-neoliberal state are alive and well. The people who have been subject to them are not.

The English government has been practicing, normalising, and institutionalising “failing forward for some time” (Jones 2020; Peck 2010), perfecting the techniques of a state that extracts rather than protects, one that has systematically weakened those it considered to be disposable whilst also facilitating their financialisation. The “crisis of care” has been identified for decades now, as the elderly and vulnerable die from not just the pandemic but also austerity and vulnerability (The Care Collective 2020; Dowling 2020). They have been subject to callous disregard, malevolent neglect, opportunism, and predation. The ability to create chaos appears to be a purposeful political strategy as the incompetent and inept proved to be exceedingly capable of capitalising upon a serious crisis. They have brazenly drawn both money and power to themselves throughout the pandemic, exposing the failure of the social contract, as the protection of the populous was converted into a matter of individual responsibility. The recourse to individual responsibility is also something that the other contributions to this HSR Forum point to in the country contexts they analyse.

The social classifications developed through the violent distribution of value through property, exploitation, and disposability are inherited through an accident of birth. This inheritance distributes the predisposition to death by the virus. The pandemic has revealed how class contempt, racism, ageism, and patriarchal power underpin the institutions and infrastructures of government. Entwined processes of classification distribute not just moral and economic value to specific groups but also distribute life and death chances (Skeggs 2011). Class privilege offers strong protection against COVID-19 for some groups. The amalgam BAME contains stark class differences, most

visible in the government that has been generating the COVID-19 policies outlined above, where ironically as BAME people die at a much higher rate, there are more BAME senior ministers than ever before in history.²³ Mothers of all classes have had to increase their social reproduction responsibility, but again class privilege offers some protection with greater access to the means for securing health, housing, food, safety, and education. The historical dynamic between the brutal disregard for life can be set against the struggle for survival and protection. This is class, race, and gender as the motor of a very long history.

This is why I want to pull all these legacies into a framework that stresses the economic dimensions of state sanctioned death: necroeconomics. Lives could have been saved, painful deaths avoided, and grief and trauma abated. The long legacies of necrospeculation, thanatocracy, and social reproduction should have alerted us to how the pandemic was likely to play out. Now that we can see the juggernaut of necroeconomics proceeding apace we need to pay attention to its operations elsewhere such as in the ecological destruction that is repeating the same patterns of callous disregard and malevolent neglect as the reckless opportunists continue to refuse to take responsibility. In the historical struggle between abuse and disregard versus protection and care, the question now is how do we protect ourselves and others against the pandemic predators and rebuild a world that is being so savagely broken? That is if we survive.

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²³ Javid (Health), Sunak (Chancellor), Patel (Home Office), Sharma (COP26 President), Kwarteng (Business), Zahawi (Education), Braverman (Attorney General); as of 16 September 2021.

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