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Preparedness as Governmentality. Probing the Italian Management of the Covid-19 Emergency

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Abstract

The paper deals with preparedness, a take on biological threats of growing academic and policy relevance, as a clue to ongoing changes in governmental approaches. We first address its features. Gauged against the security rationale of biopolitical governmentality, as discussed by Foucault, we argue these show "post-securitarian" traits. We then focus on the Italian management of the Covid-19 emergency, examining the main regulatory documents enforced by the Government during the pandemic, from its beginning, in January 2020, to July 2021. Results show that the response to the pandemic has been patchy; ample recourse to disciplinary measures created tensions with the securitarian logic of health apparatuses; the preventive character of many approaches and instruments, including vaccinations, contrasts with the precautionary framework of their actual implementation; and the limited role played by preparedness at a surface level is counterweighed by the post-securitarian implications of some measures and of the blurring of the very distinction between biopolitical failure and success. Relevant questions arise concerning the handling of new and emergent threats and, more broadly, the evolution of governmental powers in current societies.

Keywords: Governmentality; biopolitics; preparedness; COVID-19; post-security.

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1 Introduction

In the wake of pandemic threats such as SARS, H5N1 (avian flu), Ebola and Zika, the World Health Organization (WHO) has stressed the need to get ready for health emergencies caused by insurgent and resurgent infections, spurring countries to take a comprehensive anticipatory orientation. In this framework the concept of preparedness — in principle applicable to any sort of disruptive event, from natural disasters to nuclear attacks and bioterrorism — has taken growing hold (WHO, 1999, 2005, 2009; Sanford et al., 2016; Lakoff, 2017; David & Le Dévédec, 2018).

In spite of previous experiences with viruses seemingly capable of unpredictable and uncontrollable diffusion, leading to international guidelines and national plans (Barker, 2012; David & Le Dévédec, 2018; Rabi & Samimian-Darash, 2020), the Covid-19 pandemic, due to the Sars-CoV-2 virus, has caught by surprise governments and health systems all over the world. Nonetheless — or, better, precisely for that — the responses elicited are worthy of investigation, as a clue to the actual evolution of emergency approaches.

To this purpose the Foucauldian concept of biopolitical governmentality provides a useful backdrop. It has already been used to address the way preparedness affects traditional approaches that pivot on the notion of risk prevention (e.g. Bashford, 1999; Elbe et al., 2014; Chamlian, 2016; Sanford et al., 2016; David & Le Dévédec 2018). In the Covid-19 pandemic case, however, it seems to lead to opposed interpretations. For some we would be witnessing an acceleration in the biopolitical drift of contemporary societies by way of a normalization of the state of exception, the protection of health taking precedence over any other value, with a curtailment of individual rights of unspecified duration and an unprecedented extension of profiling of sensitive data (Becchi, 2020; Sylvia, 2020; Agamben, 2021). For others we would rather be faced with a biopolitical failure, governments all over the world showing contradictory behaviours and a fundamental inability to manage a health emergency hardly completely novel and unexpected (Amselle, 2020; Arminjon & Marion-Veyron, 2021; Pele & Riley, 2021).

Conflicting readings can be ascribed in part to different political standpoints, yet they are arguably related also with the ambiguity of today's governmental rationality. On one hand, while subscribing to the securitarian logic of the governmental apparatuses emerged in the late eighteenth century, neoliberal rule has promoted a politics of personal responsibility vis-à-vis existential risks (job, health, private life: cf. Rose, 2007; Dardot & Laval, 2017). On the other, in specific cases such as vaccines, state authority has been reaffirmed time and again, with paternalistic and disciplinary approaches engendering mixed reactions, from approval to protest and non-compliance in the name of individual autonomy (Engels, 2016; Gobo & Sena, 2019; Pellizzoni, 2021). The Covid-19 emergency seems to have deepened ambiguity about the handling of risks and uncertainties, the question being whether this should be read in terms of inconsistency of behaviour or of an emergent rationale. The evidence from which one has to start is that governments all over the world have resorted to disciplinary solutions, like quarantine and restrictions to people's mobility, while simultaneously appealing to individual and collective responsibility in following recommendations such as hand cleaning, face protections, social distancing and voluntary isolation. Likewise, existing pandemic plans have been largely disregarded, basically giving up a systematic overseeing of the progress of the infection, yet the idea of vigilance has been reiterated all along the emergency (case monitoring, contact tracing, data interpretation, etc.) (WHO, 2020d).

Against this backdrop, the present work reflects on whether, in the Italian handling of the Covid-19 crisis, the securitarian framework of threat responses based on prevention (or pre-

caution) has been confirmed or altered, and in which way. To this purpose, we first review Foucault's insights into biopolitical governmentality and its evolution from the liberal to the neoliberal era, focusing subsequently on preparedness and its peculiarities. As we shall argue, preparedness entertains an oblique relationship with the security logic, intensifying the latter's non-deterministic reasoning up to providing it with a new meaning, which makes it possible to talk of a "post-securitarian" take on threats. We then turn to the Italian Government's management of the pandemic from January 2020 to July 2021, addressing the main regulatory provisions issued in this time span to understand their rationale. Results show that the response to the pandemic in Italy has been inconsistent; ample recourse to disciplinary measures created tensions with the security logic of health apparatuses, especially in the framework of a growing stress on individual autonomy and responsibilization; the preventive character of many approaches and instruments, including vaccinations, contrasts with the precautionary rationale of their actual implementation; and the limited role played by preparedness at surface level is counterweighed by the post-securitarian implications of measures, such as the zoning system, designed to chase rather than precede the virus. Likewise post-securitarian can be considered the blurring of the very distinction between biopolitical failure and success faced with a take on the threat that engenders a strengthening of trial and error, resilience and adaptation to ever-changing yet simultaneously unmodifiable existential conditions, the governmental goal becoming not the resolution of the crisis but its — potentially endless — modulation.

This paper has been written with the crisis still underway and responses evolving. Analysis and discussion are, therefore, necessarily tentative. The meaning of observed phenomena may be distorted by the closeness of outlook, regarding especially whether or not apparent inconsistencies should be read as signs of an emergent logic. Taking legislation as the focus of inquiry offers at least an objective basis for reasoning, preventing possible biases due to feelings and personal experiences. That said, we restrict in the following our analysis to the national level. The complex, often boisterous relationship between national government and regional administrations — not determined but certainly exacerbated by the emergency conditions — deserves a study of its own.

Within these limits, we believe the paper highlights relevant questions concerning the handling of new and emergent biological threats and, more broadly, the evolution of governmental powers in current societies, a better understanding of which is of paramount importance.

2 Governmentality and Biopolitics

Foucault (2008) provides the notion of governmentality with two meanings. In an analytical sense, governmentality refers to the identifiability of different government rationalities. In a historical sense, it refers to the rise of the problem of government as management of things, administration of the living conditions and health of a population for the sake of protecting and improving the state's productive forces. Since the end of the eighteenth century, the governmental imperative becomes the public health, as instrumental to economic and social development. On this view, governmentality coincides with the rise of biopolitics. Foucault contrasts it with traditional "sovereign" power. While the latter consists in the capacity to "make die or let live", biopower is the capacity to "make live or let die" (Foucault, 2003, p. 241); the power "to foster life or disallow it to the point of death" (1990, p. 138).

Biopolitics does not rely only on law, but on complex management procedures of administrative, organizational and institutional nature, based on expert knowledge and scientific claims (Foucault, 2007a; Oksala, 2013). Individual freedom and responsibility are no longer seen as

threats to the social order but instrumental to governmental operations (Rose & Miller, 1992; Sena, 2014). Coercion becomes an option among others, such as, in the case of disease prevention, information and education campaigns or financial incentives (Foucault, 2003).

Foucault addressed biopolitical governmentality as it arose in the liberal age, subsequently turning to its transformation under neoliberal rule. A transformation, pivoting on an extension of the *homo oeconomicus* model to all spheres of life and a rethinking of market regulation as a purposeful construct (Foucault, 2008; Dardot & Laval, 2017), which by any evidence is still underway, with an intensification of its inherent tensions. Namely, the reduction in public spending, especially in the health sector and for non-hospital medical services, occurred in many countries in recent years in view of replacing it with privatized and customized solutions, has entailed a shrinking in the access to medication, contradicting the basic biopolitical aim of keeping healthy the productive forces, and, if not necessarily a limitation of biopower (Amselle, 2020), at least an increasing turn to indirect forms of governance. The neoliberalization of public health tends to reformulate the logic of making live or letting die in terms of freedom to cure oneself (under market conditions) or otherwise. Hence a growing stress on citizens' self-entrepreneurship in pedagogical (education to autonomy), economic (private efficiency as a prerequisite for public efficiency), political (autonomy from state power) and technical (personalized medicine and tailor made solutions in general) terms (Rose, 2007; Dardot & Laval 2014). Such seemingly unrestricted freedom that the subject is asked to manage is however produced, organised and consumed through "an actual relation between governors and governed" (Foucault, 2008, p. 63), according to the specific historical, political and social context (Lorenzini, 2018). The logic of governing the ungovernable implies therefore a tension between enactment and steering of unrestricted subjectivities, responsibilization and freedom of choice, which may surface in sudden eruptions of protest, as with mobilizations against vaccination campaigns (Blume, 2006; Ward, 2016; Gobo & Sena, 2019; Pellizzoni, 2021).

It is against this backdrop, where the use of indirect ways of governing conducts at once assumes and triggers an unordered, if not plainly chaotic, social landscape, that the rise of preparedness and the response to the Covid-19 pandemic have to be gauged.

3 Security as Anticipation: Prevention and Precaution

Before this, however, it should be reminded that a core aspect of governmentality is anticipation (Ewald, 2002). This is hardly surprising, given that the governmental rationality emerged in the late eighteenth century conceives the dynamics of environment and population, and future in general, as eminently open (Luhmann, 1976). As a result, probabilistic and statistical anticipation of events becomes increasingly central. The dominant governmental logic turns from disciplinary to securitarian (Foucault, 2003; Lakoff, 2017). Individuals are seen not only as political subjects, "but also as living beings who, collectively, form a global mass — a 'population' — with a natality rate, a mortality rate, a morbidity rate, an average life expectancy, and so on" (Lorenzini, 2020, p. 41). As part of security mechanisms, preventive risk management uses statistical and probabilistic devices, based on historical incidence models of an already known disease, to calculate its future probability. Tools increasingly characterizing Western governments' health policies, such as clinical or electronic health records, compulsory vaccination and preventive diagnosis of diseases, exemplify the application of a security approach to citizens' health. A significant example is the first case of mass inoculation, at the end of the eighteenth century, against smallpox. As Foucault (2007a) notes, vaccination established itself in terms of risk calculation rather than medical evidence or agreed-upon accounts of its efficacy. This

changed the approach to epidemics. While disciplinary mechanisms try to restrict the circulation of the disease isolating the sick from the healthy, for example through quarantine, security mechanisms allow the disease to circulate, minimizing its damage by way of action at the level of population, based on statistical estimates.

Western Europe had traditionally dealt with epidemics according to a disciplinary approach. Measures of public hygiene and preventive medicine, including vaccinations, which epitomize the biopolitical idea of immunization (Esposito, 2010) have entailed a shift to a security rationale. The idea of risk prevention based on probabilistic calculations, on which such rationale has long built, has in turn been challenged since the 1980s by the notion of precaution, largely as a result of growing public discomfort with the "side effects" of technology and awareness of ecological hazards. Precaution builds on the impossibility of actual risk estimates due to inconclusive evidence of looming threats, deemed however sufficient to foster action before it is too late to avoid major consequences. The key securitarian element of precaution is "proportionality" between threat and action (European Commission, 2000; Pellizzoni, 2009). This notion entails a shift in the biopolitical account of the dynamics between population and its biophysical milieu, towards the acknowledgment of greater cognitive limits to government. Yet, precaution still subscribes to a security logic, retaining a non-deterministic connection between action and outcome and a conception of the outcome itself as bringing a process to a desired level, though by way of something less than actual calculative rationality.

Indeed, proportionality sits halfway between calculation and arbitrariness, both as regards the threat — the construction of worst case scenarios typically replacing proper data analysis — and, as a result, the countermeasure — hence numberless quarrels about the application of precaution (Pellizzoni, 2009). This determines a peculiar paradox: the more the precautionary action works, warding off the threat, the more it will appear excessive, its own success undermining rather than strengthening its legitimacy. In the case of the 2009 H1N1 flu WHO took a precautionary route, raising quickly the alert to the highest level (6 = pandemic underway). Yet, by the time a vaccine was made available the emergency was already waning — arguably thanks also to such strategy. As a result, the vaccination campaign, whose risk/benefit ratio was contested on this basis (Alfani & Melegaro, 2010; Ward, 2016), enjoyed limited success and WHO was charged with complicity with Big Pharma in leading governments to buy useless stockpiles of vaccines. WHO defended itself noting that, as long as the risk of an epidemic cannot be calculated in a strict sense, there cannot be a precise correspondence between level of alert and actual outbreak (Bourrier et al., 2014). This episode is possibly related with WHO's delay in declaring the pandemic emergency in the Covid-19 case, in a sort of reverse application of precaution. As we shall see, the problem of proportionality became especially salient, in the Italian handling of the emergency, in the application of a zoning system for graduating restrictions.

4 Preparedness as a New Biopolitics

Preparedness stands in contrast with both prevention and precaution. As said, these differ in how they connect threat and action but assume the former to be known enough and the latter to aim at its neutralization. Preparedness differs as regard the understanding of both the threat and the response. The former is conceived as "emergent", in the sense of a concealed growth before a sudden and potentially uncontrollable eruption, which makes it vital to detect it as early as possible (Lakoff, 2017). It is not just a matter of acting faced with limits to calculation

but to catch signs of something the existence of which is not acknowledged yet (Pellizzoni, 2020a). This, in turn, is a means to a different goal, compared with preventive or precautionary action: not neutralizing the threat but modulating or "negotiating" with it. We shall come back in a moment to this point.

Before, it is important to distinguish between the overall approach to emergency and its qualifying element. As an encompassing approach, found in WHO guidelines and national plans, preparedness includes security measures (Elbe et al., 2014), such as stocks of drugs, protective tools, vaccines and other health equipment, which Lakoff (2017) and Keck (2020) regard as preventive, or evolutionary scenarios, which they consider precautionary. They however disagree on whether preventive and precautionary measures belong to a same family. Such disagreement reflects the ambiguity of measures like stockpiling, which can be regarded as preventive or precautionary according to how proportionality to the threat is assessed (with proper calculation or otherwise). More generally, the contested nature of precaution depends on the fact that, as noted, it follows the securitarian logic of prevention while parting company with the latter's probabilistic grounds, strengthening the non-deterministic character of interventions.

Yet, the qualifying element of preparedness is "vigilance", centred on sentinel devices. These are meant to provide early warnings of an imminent danger as a requisite for "readiness", understood as the ability to respond promptly and effectively, hence as the operational side of preparedness (Italian Ministry of Health, 2021). This happens, for example, with the monitoring of changes in an animal population, such as a decrease in bee colonies as a sign of increasing pollution or the death of domestic animals like poultry and pigs as a sign of new pathogens. A statistical device is conceived for a world where threats can be prevented through careful actuarial and epidemiological research, as happens today with Big Data, which increasingly support choices in many health fields (Pastorino et al., 2019). A precautionary device tackles reality likewise, though in a cognitively weakened form, due to computability limits. A sentinel device, instead, is designed to elicit action when decision is necessary and urgent but knowledge is incomplete, in a deeper sense than in the case of precaution. It is not a matter of known unknowns, but of unknown unknowns (Wynne, 1992; Nielsen & Sørensen, 2017), to which neither calculation nor proportionality can be applied.

In health systems, sentinel devices are increasingly used to detect the emergence of unexpected or previously unknown pathogens. Significant for our analysis is, for example, the case of syndromic disease surveillance systems. These seek to detect signals of a new disease before a formal diagnosis, for example by looking for anomalies in the number of visits to emergency rooms for some types of illness, or in the use of certain drugs (Fearnley, 2008; Katz et al., 2011). The application of these surveillance systems in China or other countries at the beginning of the Covid-19 epidemic might have enabled the detection of an abnormal increase in hospitalizations for antibiotic-resistant pneumonias characterizing the first spread of the virus. Obviously, to contribute to preparedness, surveillance systems must be linked to guidelines and protocols indicating actions to be immediately taken by authorities. Thus, sentinel devices do not operate alone, but within a broader alert and response system, which includes decision protocols for acting before an event turns into an emergency (Lakoff, 2015).

Yet, it is not just a matter of detection devices or decision procedures. Keck (2020) points out that preparedness parts company with the "pastoral" logic of modern power, based on a control of the territory and the erection of defensive and containment structures (for example by killing millions of birds, pigs or minks to eradicate an epidemic outbreak). This logic is replaced with the "cynegetic" one of hunter-gatherer communities, where action builds on a

mimetic relationship with animals and plants, trying to see the world from their perspective in a framework of negotiation and coexistence rather than domination and annihilation. This indicates that preparedness differs from prevention and precaution also regarding the eventual goal of the response to the threat. More than its neutralization, deemed impossible or even undesirable as even a threat may be turned to advantage, for example by extracting valuable elements or using it to strengthen resilience and adaptation,[1] preparedness aims at its modulation in order to make it manageable. Any security device (not only in the health field) has "administrative" purposes. For example, vaccination aims to reduce the spread of viral agents to a level sufficient to neutralize its effects on a population scale. Smallpox is the only case of virus elimination, and the goal of an eradication of infectious diseases has waned since the 1980s with the rise of new ones like Ebola and AIDS (Garrett, 1994). Yet, preparedness deploys administration, so to say, as a tactic rather than a strategy, or — not unlike what financial derivatives do with the risk of underlying assets that in turn represent risks — intensifies it, "letting loose" the threat to adjust to or negotiate with its vitality, rather than leading it to a safety threshold, whether probabilistically or otherwise. Said differently, the biopolitical logic of managing indirectly the dynamics of population and its milieu undergoes an intensification that qualitatively alters its character. More than manageable in the traditional sense of the word, these dynamics are deemed rideable or surfable by way of promptness of response, trial and error, resilience, adaptation (Pellizzoni, 2020b), with resulting relativization of the positions of acting subject and acted upon object. This weakening of ontological distinctions foundational of prevention and precaution dovetails with, and expands on, neoliberal governmentality, which, joining and drawing on outlooks on complexity developing since the 1970s, assumes that social and ecological processes are inherently turbulent and unplannable (Cooper, 2008), making a case — grown ever-stronger over time — for intuition, gambling, "vision", adaptive flexibility, acceptance of insecurity and danger as increasing world actionability (Pellizzoni, 2016).[2]

In short, the governmental logic of preparedness builds on but goes "beyond security" in that it acknowledges and addresses much deeper conditions of indeterminacy than those to which security has historically responded. On the other hand, as with any anticipatory approach, applying preparedness entails selecting among a surplus of possibilities concerning the future (Luhmann, 1976). Choice is never just technical but first of all political. To make the future viable "some lives may have to be abandoned, damaged or destroyed in order to protect, save or heal other lives" (Anderson, 2010, p. 780), deemed of greater value. The biopolitical principle of "making live and letting die" thus remains in force, yet it arguably becomes increasingly unfathomable, as the process gets ever-more indirect and agency, and related responsibilities, blurred.

1. This is the goal of so-called "gain of function" research, where infectious agents are modified to explore their potential lethality and transmissibility (Lakoff, 2017) — with obvious military but also commercial implications. As a growing number of experts are inclined to believe, Sars-CoV-2 might be the result of this sort of experiments, actually conducted in the Wuhan lab.

2. Preparedness bears a close affinity with another securitarian approach emerged in recent years in the military field, namely pre-emption. For a discussion of the latter's features and similarities with preparedness see Pellizzoni (2020a). Note, moreover, that the weakening of ontological distinctions such as subject and object makes the discussion about the "natural" or "technical" origin of Sars-CoV-2 pretty much pointless. Biotech companies are long claiming they just do what nature already does, only more precisely and purposefully (cf. Thacker, 2007), any distinction between nature and technology being therefore relative (Pellizzoni, 2020b).

5 The Italian Approach to the Covid-19 Pandemic

5.1 Goals and Method

From the previous discussion various questions arise about the management of the Covid-19 emergency, which, as said, we sought to explore in the Italian case. Namely, one may ask whether a traditional security approach has been followed, and with which mixture of preventive and precautionary measures, or whether and to what extent has the disciplinary logic taken hold again; or else, whether it is the rationale of preparedness that has gained prominence, and whether and in what sense can one talk of a "post-securitarian" drift.

A qualitative analysis has been carried out of the Italian Government's regulatory documents from the beginning of the emergency, in January 2020 until July 2021. Analysis concerned only acts tackling the epidemic. Other ones, such as economic measures, go beyond the scope of this study. As anticipated, regional and municipal legislation is also not included in this analysis.[3] Specifically, we considered different regulatory acts of the Ministry of Health and the Department of Civil Protection, executive orders from the Prime Minister, called Decrees of the President of the Council of Ministers (DPCM), and Decree-Laws (DL), which again are executive orders, yet subject to subsequent approval from the Parliament.

From a preliminary content analysis of such legislation texts deemed most relevant for identifying the rationale of the Italian approach were selected. We subsequently examined them, following a chronological criterion and focusing on the measures they contained for tackling the spread of the infection. This made it possible to distinguish five groups of texts, each identifying a phase in the management of the pandemic. A list of the documents and their grouping is provided in Table 1.[4]

Table 1 – List in chronological order of the regulatory documents of the Italian Government divided by pandemic management phases

Italian Government legislation consulted	Phase of pandemic management
1. Memo of the Ministry of Health - 22 January 2020 2. Memo of the Ministry of Health - 27 January 2020 3. Order of the Ministry of Health - 30 January 2020 4. Resolution of the Council of Ministers - 31 January 2020 5. Order of the Civil Protection Department - 3 February 2020 6. DPCM - 5 February 2020	Phase 1: Health surveillance and anticipatory measures

3. Regional and municipal administrations have often issued ordinances aimed at adjusting national regulations to local needs and conditions. Yet, beginning with the Decree-Law of 25 March 2020, it was reiterated that measures should be taken primarily at national level, and only in the presence of particular conditions of necessity and urgency could regional and/or municipal ordinances be issued, adding to, without contradicting, national provisions. This did not prevent political tensions and regulatory controversies, which, as said, would require a separate discussion. When appropriate, however, hints will be made to local administrations' interventions and conflicts with the Government.

4. The complete legislation was collected from the websites: https://www.governo.it/it/coronavirus-normativa and https://www.gazzettaufficiale.it/dettaglioArea/12. These include all regulatory documents published on COVID-19 by the Italian Government.

Italian Government legislation consulted	Phase of pandemic management
7. DL - 23 February 2020, n.6 8. DPCM - 23 February 2020 9. DPCM - 1 March 2020 10. DPCM - 4 March 2020 11. DPCM - 8 March 2020 12. DPCM - 9 March 2020 13. DPCM - 11 March 2020 14. DL - 17 March 2020 15. DPCM - 22 March 2020 16. DL - 25 March 2020, n.19 17. DPCM - 10 April 2020	Phase 2: Regulatory restrictions and individual responsibility: Stay home!
18. DPCM - 26 April 2020 19. Decree of the Ministry of health - 30 April 2020 20. DL - 16 May 2020 21. DPCM - 17 May 2020 22. Memo of the Ministry of Health - 29 May 2020 23. DPCM - 11 June 2020 24. DPCM - 14 July 2020 25. DPCM - 7 August 2020 26. Memo of the Ministry of Health - 11 August 2020 27. DPCM - 7 September 2020 28. Memo of the Ministry of Health - 12 October 2020	Phase 3: The end of lockdown between "freedom for all" and virus monitoring
29. DPCM - 13 October 2020 30. DPCM - 18 October 2020 31. DPCM - 24 October 2020 32. DPCM - 3 November 2020 33. DPCM - 3 December 2020 34. Decree of the Ministry of Health - 2 January 2021 35. DPCM - 14 January 2021 36. DPCM - 2 March 2021 37. DL - 1 April 2021, n. 44	Phase 4: Second lockdown
38. DPCM - 21 April 2021 39. DL - 22 April 2021, n. 52 40. DL - 18 May 2021, n. 65 41. DPCM - 17 June 2021 42. Order of the Ministry of Health - 22 June 2021 43. DL - 23 July 2021, n. 105	Phase 5: Second reopening: monitoring, vaccination campaign and application of Covid Certificate

5.2 Phase 1: Health Surveillance and Anticipatory Measures

As known, the first harbinger of a risk of health emergency comes on 31 December 2019, when the Municipal Health Commission of Wuhan (China, province of Hubei) reports to the WHO a cluster of pneumonia cases of unknown aetiology. International organizations and governments all over the world do not seem to put themselves on the alert with preventive or surveillance measures, probably considering the risk of spread as limited to the Chinese territory. On 9 January 2020, the Chinese health authorities communicate that these cases of pneumonia are attributable to a new coronavirus (2019-nCoV), also publishing its genomic sequence. The virus is closely related to the Severe Acute Respiratory Syndrome (SARS), well known for having caused a global health emergency in the early 2000s. However, several days pass before the first surveillance procedures take place. On 21 January the Chinese Govern-

ment announces that cases of the new coronavirus have been detected in other areas of China and in neighbouring countries such as Thailand, Japan and South Korea. Only at this point does WHO begin to monitor the situation, reassuring however Western countries about the low threat of a pandemic.

The Italian Government is the first in Europe to react, actually way beyond WHO's indications. Before the latter declares Covid-19 an international health emergency (30 January 2020) and a pandemic (11 March 2020), it begins to apply the protocols in force: namely, the 2006 National Pandemic Influenza Preparedness and Response Plan, which includes guidelines for Regional Plans,[5] and the 2014–2018 National Prevention Plan, the leading framework for strategic public health planning and financing.[6] With two Memos (22 and 27 January 2020), the Ministry of Health (MH) asks all subjects overseeing health (from ministries to municipal departments, to professional associations) the application of the 2006 Plan and requires control of all passengers on flights from Wuhan who present suspicious symptoms, associated with those caused by the new virus, providing for their transfer in bio-containment to the Spallanzani National Institute of Infectious Diseases, in Rome. In addition, it requires the activation of a series of measures for the identification, isolation and reporting of any suspect cases from China and the tracing of all their contacts. A few days later, the Government bans all air traffic from China, to guarantee "an adequate level of health protection" (MH Order, 30 January 2020). At this stage, Italy is the first country in Europe to adopt such restrictive measure, which WHO had actually discouraged due to its negative impacts on international traffic and trade.

On 30 January, WHO Director-General declares Covid-19 as a Public Health Emergency of International Concern (PHEIC). Italy immediately responds by declaring the "national state of emergency", which the legal system allows for "an immediate undertaking of extraordinary and urgent initiatives, to adequately deal with possible situations of prejudice for the community present on the national territory" (Resolution of the Council of Ministers, 31 January 2020, p. 1). In a state of emergency the Prime Minister can assume exceptional powers and adopt executive orders based on all-of-government approach. This measure will be reiterated throughout 2020 and 2021. At the same time, the Head of the Civil Protection Department (CPD), which belongs to the Presidency of the Council of Ministers, is indicated as the authority to whom the Government delegates the task of managing the health risk. It is decided to set up a Technical-Scientific Advisory Committee, composed of managers from MH and Regional administrations, the Scientific Director and the President of the National Health Institute (CPD Order, 3 February 2020). This committee will be subsequently integrated with other members (DPCM, 5 February 2020), assuming an increasingly central role in orienting Government choices.

It should be noted that when Italy declares the state of emergency no indigenous cases of Covid-19 are recorded yet; only a Chinese tourist couple. In Europe, only 10 cases in total are recorded, all of which coming from China. It can therefore be said that, with respect to the level of alert internationally reported, the Italian Government's initial response to the threat of a health emergency is more precautionary than preventive in character.

5. Though in Italy a National Health System is in force, its actual handling belongs to Regions. This entails a significant variety in the invested resources and the organizational layout, including the hospital and non-hospital preventive and primary care services at community level (so-called "territorial medicine").

6. It has to be said that these plans had remained mostly on paper as they had not been translated into adequate equipment and organizational investments (WHO, 2020a).

5.3 Phase 2: Regulatory Restrictions and Individual Responsibility: Stay Home!

Two weeks after the declaration of the state of emergency the pandemic risk suddenly materializes. On February 21, the first case of Covid-19 is ascertained in a 38-year-old man hospitalized in Codogno (Lombardy). Italians and their Government realize that the virus was circulating for some time in the country. On the same day other 15 cases are ascertained, again in Lombardy. Another outbreak is identified in Vo' Euganeo (Veneto) and a Covid-19-related death is declared, again in Veneto, the first in a long series that will lead to 3,405 deaths in just one month, more than those recorded up to then in China, and 33,000 positives for the virus.

After the discovery of the first outbreaks the Government issues a Decree-Law (DL, 23 February 2020, n. 6) and, on the same day, the first of a long series of Decrees of the Presidency of the Council of Ministers (DPCM, 23 February 2020) which will mark the different phases of the response to the pandemic. It prescribes the first restrictions and containment measures in municipalities where even a single positive for Covid-19 is recorded. Measures are essentially isolation and suspension of all activities entailing contacts, as enforced already in China. More precisely:

- isolation of municipalities with cases of Covid-19 (so-called "red zones");
- suspension of schools, educational services of any kind, events or initiatives of any nature, any form of meeting in public or private places, including those of cultural, recreational, sports and religious nature;
- closure of public and cultural places;
- quarantine with active surveillance of individuals who had close contact with cases of Covid-19;
- closure of commercial and industrial activities and public offices, bar those providing essential services and goods or shifting to remote working;
- limitation or suspension of transport services of goods and people in the national and local networks.

This is the beginning of a set of actions shortly leading from "mini" lockdowns, concerning areas, such as the whole Lombardy and some municipalities in Veneto and Emilia Romagna (DPCMs 1 and 8 March 2020), affected by the first outbreaks of the virus and addressed to vulnerable people (elderly, immunocompromised etc.), to containment measures applied all over the country (DPCM, 8 March 2020). These measures involve the closure of schools, museums, recreational places, pubs and discos and the suspension of public events of any type. It is also proscribed visitors' access to hospitalization areas and nursing homes for non-self-sufficient patients.

A few days later, the lockdown is generalized to everybody and everything (bar essential services), as summarised in the slogan "stay home" (DPCMs, 9 and 11 March 2020).

More and more restrictions and recommendations of precautionary character are progressively added. For example, in the 1 March DPCM hygiene measures (e.g., washing hands often, avoiding close contact with people suffering from respiratory infections, covering mouth and nose when sneezing or coughing, cleaning with chlorine or alcohol-based disinfectants) are indicated for the first time, upon advice from the Technical-Scientific Committee. These recommendations will soon be supplemented by further indications (DPCM, 3 March 2020) leading

to so-called "social distancing", such as avoid hugs and handshakes, maintain an interpersonal distance of at least one metre, avoid shared use of bottles and glasses.

The DPCMs of early March 2020 include therefore a mix of strict prohibitions and recommendations relying on individual responsibility. For example, it is recommended to avoid any movement, bar proven reasons of work, need or health. Instead, an absolute ban on leaving one's house is imposed to those quarantined or positive for the virus. In addition, the territorially competent Prefect is no longer assigned only the task of monitoring the application of the various measures by local administrations, but also the power to ensure their actual implementation, also making use of the police. Furthermore, for the first time failure to comply with obligations is criminally prosecuted.

The DPCM of 11 March 2020 closes pubs and restaurants. Likewise, the DPCM of 22 March 2020 closes non-essential industrial and commercial activities. The DL of 25 March 2020, n.19, and the DPCMs of 1 and 10 April 2020 confirm all restrictions, allowing Regions to adopt additional ones if needed for virus containment. For example, the DPCM of 10 April (Art. 1) entrusts Regions with the planning of reductions and limitations of local public transport, as well as all necessary interventions to avoid its overcrowding in the time slots of the day where the greatest presence of users is registered.

In the DL of 17 March 2020 (Art. 122), the Government also appoints a "Special Commissioner for the implementation and coordination of measures to contain and combat the epidemiological emergency Covid-19". This figure will become central in the management of all emergency measures, coordinating with the Head of Civil Protection and with the Technical-Scientific Committee. A Committee of external experts with multidisciplinary skills in various sectors is also appointed with the aim of indicating the measures necessary for the recovery of the country (DPCM, 10 April 2020).

5.4 Phase 3: The End of Lockdown between "Freedom for All" and Virus Monitoring

With the DPCM of 26 April 2020, faced with a comforting trend in the diffusion of the contagion, the Government begins to loosen some restrictions. For example, travel is allowed for meeting relatives within a same Region, until then prohibited. This is coupled with the launch of a new phase in the management and monitoring of the progress of the pandemic. This phase is also characterized by the search for tools "to strengthen the preparedness and tightness of the health system and to ensure the identification and management of contacts, the monitoring of quarantines and an adequate and timely execution of swabs for the diagnostic assessment of cases" (MH Decree, 30 April 2020).[7] For this purpose, some indicators are constructed with threshold and alert values, to be monitored through surveillance systems coordinated at national level, in order to promptly classify the level of risk (from very low to very high) and evaluate the necessary responses. To do this, MH sets up a "Control Room", which involves Regions and the National Health Institute, for a weekly assessment of the risk level in each Region (MH Decree, 30 April 2020).

In the DL of 16 May 2020 and the DPCM of 17 May 2020, the Government basically declares the end of the lockdown. The reopening of some outdoor and production activities and services is authorized, with the application of strict protocols and guidelines, aimed at containing the spread of the virus (social distancing, sanitation of rooms, body temperature control, use of masks, contact tracing, etc.). Contact tracing is delegated to Regions, with the aim of quickly identifying and isolating secondary cases, in order to break the transmission chain. To

7. Swabs will in most cases be paid by people, rather than being provided by the National Health System.

this purpose, the Government introduces the app "Immuni", which citizens can download and activate on a voluntary basis (MH Memo, 29 May 2020).

The subsequent DPCM of 11 June 2020 further extends the reopening of activities and authorizes movements outside the national territory. The DPCM of 7 August 2020 confirms and extends the reopening, yet for the first time masks become mandatory for everyone over 6 years when a one-metre distancing is impossible. MH also starts to develop a preparedness plan against Covid-19 in view of the next autumn and winter. In the plan, preparedness is mentioned and defined as "activities aimed at minimizing the risks posed by infectious diseases and mitigating their impact during a public health emergency, regardless of the magnitude of the event" (MH Memo, 11 August 2020). The strategies developed in the plan mirror the indications contained in the DPCMs of April and appear to be precautionary in character, consisting in a reinforcement of the hospital and non-hospital health network, an increase in trained personnel and a strengthening of the monitoring system at national and regional level, based on 4 different infection spread scenarios. In a subsequent document (MH Memo, 12 October 2020), measures are updated according to the guidelines issued by WHO (2020b, 2020c). Specifically, the Memo identifies eight strategic pillars in responding to the Covid-19 pandemic:

- Pillar 1: National coordination, planning, and monitoring
- Pillar 2: Risk communication and population involvement
- Pillar 3: Surveillance, fast response team, case investigation
- Pillar 4: Cross-border entry points / healthcare
- Pillar 5: National labs
- Pillar 6: Infection prevention and control
- Pillar 7: Clinical case management
- Pillar 8: Operational and logistic support.

Meanwhile, the Government tries to provide for the reopening of schools, with "systems measures" such as phasing and extension of opening hours for shops, offices and schools, incentives for sustainable mobility, enhancement of public transport services and regulation of access to public and commercial places (DPCM, 7 September 2020).

5.5 Phase 4 and 5: From the Second Lockdown to the Second Reopening

The period of freedom and of the alleged control of the virus, enjoyed during summer, ends in mid-October. After increasingly worrisome indications of a new escalation of the infection, a new DPCM rules the mandatory use of masks outdoors as well as in all indoor places, and recommends its use also at home when non-cohabiting people are present. The first curfews are imposed for all restaurant services and restrictions on international travel (DPCM, 13 October 2020). The contagion curve rises quickly. As a result, the Government begins to issue periodic provisions, containing progressively restrictive measures: closure of all sports, recreational and cultural activities; curfew starting at 10PM; reintroduction of distance learning; prohibition of moving outside one's own region or municipality of residence (DPCMs, 18 and 24 October

2020, 3 November 2020, 14 January 2021). A different level of restrictive measures is also established at regional level, according to a zoning classification (red = very high risk, orange = high risk, yellow = medium risk, white = low risk) based on the trend of Covid-19 cases registered weekly by the MH Control Room (DPCM, 3 November 2020, Art. 2). This solution will lead to continuous contestations from business, citizens, politicians (also belonging to the Government coalition) and Regional administrations, regarding the difficulties it raises for planning activities, the reliability of its evidential bases, the way the latter are connected with restrictions, and its debatable effectiveness. Finally, short lockdowns are imposed all over the national territory during Christmas holidays (DPCM, 3 December 2020).

At the beginning of January 2021, the Government launches the Covid-19 vaccination campaign, with first shots reserved for health personnel and staff and for residents in nursing homes (MH Decree, 2 January 2021).

On 29 January, the new 2021-2023 Influenza Pandemic Plan is approved, updating the previous one and including a series of preparedness actions to be carried out in the three-year period 2021-2023 (Italian Ministry of Health, 2021).

From this moment on, the management of the pandemic basically remains unchanged, though the new Prime Minister Mario Draghi (helped by a much broader government coalition, encompassing almost all political forces) takes a markedly more decisionist style than the former, Giuseppe Conte, with consequent *de facto* downsizing of the role of the Technical-Scientific committee. Weekly monitoring of cases leads Regions to shift up and down in the risk classification, with consequent changes in restrictions and closures, and reiterations of complaints. In the meantime, efforts are made to accelerate the vaccination campaign. In the DL of 1 April 2021, vaccination becomes mandatory for all operators and professionals carrying out activities in health facilities (Art. 4) and adverse reactions (damage and death) to the vaccine are decriminalized (Art. 3).

In the DL of 22 April 2021 n. 52, Draghi takes what he calls a "calculated risk" vis-à-vis the decreasing trend of infections. Disregarding calls for more prudence coming from many experts, a tight schedule for the reopening of activities based on the zoning system is adopted. The Government also introduces the so-called "Covid-19 green certification" (or "Green Pass") (Art. 9), better specified in the DPCM of 17 June 2021,[8] and further reiterates the state of emergency, until 31 July 2021 (DPCM, 21 April 2021). In the DL of 18 May 2021, n. 65, in addition to redefining the reopening of some services, criteria and parameters for assessing the incidence of infections at regional level and the related risk classification (red, orange, yellow and white) are modified in a "looser" direction.

Finally, the increase in vaccinations and the decrease in the cases of contagion lead the Government to declare the white zone (low level of risk) throughout the national territory, starting from 28 June, and to revoke most of the restrictive measures, including the compulsory use of masks outdoors (MH Order, 22 June 2021). At the same time, the Government promotes the sequential tracking of infections and the Green Pass to access collective gatherings and travel abroad. It also reiterates again the national state of emergency, to 31 December 2021 (DL 23 July 2021, n. 105). In the same Decree the zoning criteria are revised once more and the Green Pass is made mandatory from the age of 12 to access some services, such as indoor dining, in-

8. The Green Pass will be lent to people who have completed the vaccination course or recovered from the infection. A negative swab carried out within 48 or 72 hours (according to type) may replace it — and will be used by people unwilling to vaccinate. In late November 2021 these were about 8,500,000 (including those who could not vaccinate for any reason), corresponding to around 15% of the population over 12 (the vaccinable one, according to the rules in force). See: https://www.governo.it/it/cscovid19/report-vaccini/.

door and outdoor events, cinemas, theatres, gyms, swimming pools, flights and long-distance trains, with ensuing unrest from small but vociferous groups.

Though our in-depth analysis stops here, it may be worth considering briefly how the governance of the pandemic has evolved since July. As we write (late November 2021), the "fourth wave" of the infection is spreading all over Europe and elsewhere, the "Delta" variant of the virus has taken predominance and a new one ("Omicron") is emerging. The Friuli-Venezia Giulia Region has entered again the yellow zone, possibly followed soon by others. Evidence about the amount and the period of effectiveness of the anti-Covid vaccines is inconclusive. In the last DLs, the Green Pass has been progressively made mandatory for school and university staff, for some public transports such as high-speed trains and airplanes (DL, 6 August 2021, n. 111) and for public administration and private sector employees (DL, 21 September 2021, n. 127). A new Decree-Law (DL, 26 November 2021, n. 172) has reduced the duration of the Green Pass from twelve to nine months and made it mandatory for all public transports. A "Super" version of it (only for people vaccinated or recovered from Covid) has been introduced with a ban of non-vaccinated people from access to public spaces (gyms, restaurants, cinemas etc.), and the compulsory vaccination (included a third booster shot) has been extended from health workers and the school and law enforcement staff. Meanwhile, the vaccination campaign proceeds with polemics concerning the risk/benefit ratio of its extension to children and its compulsory application to other categories of workers. In addition, the possibility of new lockdowns, restrictions and a generalized compulsory vaccination is under discussion.

6 Discussion and Conclusions

From the reconstruction above we can draw various indications. For a start, the response to the pandemic in Italy has been inconsistent. The inadequate implementation and updating of the national and regional pandemic plans may have played a role in this (Maffeo et al., 2021). A properly implemented pandemic plan — one that not only ensured a better coordination of emergency services but also avoided a dismantling of "territorial medicine", occurred especially in Regions such as Lombardy as a result of many years of right-wing administrations — might have reduced the number of cases (and casualties) registered in the first phase of the infection, and hence to some extent the pace of its escalation. It goes without saying, moreover, that failure in enacting a prompt response to the eruption of the infection has entailed precise, if unacknowledged, choices about which lives could be abandoned and which had to be protected.[9] That said, even countries, like the US and UK, provided with highly rated planning for pandemic preparedness (GSH Index, 2019) have performed poorly. This raises the question about the actual ability of emergency systems to tackle the threats against which they have been set up, and about the validity and reliability of the performance indicators against which they are assessed.

9. Elaborating on this point goes beyond the scope of the paper, yet it may be worth mentioning that the high number of infections and casualties in the first wave of the pandemic has put especially Lombardy under the spotlight. Rumours have been circulating about pressures from the industrial sector against restrictions which might have caused crucial delays in the latter's enforcement (cf. e.g. Marzocchi, 2020). Furthermore, on 8 March 2020 the Regional administration issued a resolution asking nursing homes to host Covid-19 patients released from intensive care in order to free hospital beds, with consequent possible spread of the infection to vulnerable subjects (cf. e.g. Ammendola, 2020). A complaint has been filed by a citizen committee to shed light on these and other incidents.

Second, recourse to measures, such as movement restrictions or compulsory mask wearing, the disciplinary character of which has been highlighted by forms of actual surveillance like the patrolling of streets and other public spaces, has been made whenever the threat seemed to be going out of control, as an immediate response. Such an approach, however, has remained in constant tension with the non-deterministic (probabilistic or otherwise) logic of security, and especially with its neoliberal declension in terms of autonomy and responsibilization. This clearly emerges from the plethora of recommendations about hygiene, self-protection and distancing, as well as from the handling on a voluntary basis of the contact tracing app and the vaccination (the exception of health personnel raising a harsh controversy). The tension emerges also from the combination of a (mostly) non-compulsory vaccination (which relies on the individual sense of responsibility and freedom of choice) and a Green Pass basically mandatory (and actually such with the "Super" version) for all vaccinable categories in order to perform a variety of activities and access a host of places and services. The requirement of paid swabs for escaping quarantine after ascertained or potential contacts with positives shows as well the hold taken by the neoliberal version (freedom to cure oneself) of the biopolitical maxim of making live and letting die.

Third, also measures like the quota system to access public transport, which should in principle be classified as preventive being based on an estimate of the transmissibility of the infection, have taken a precautionary meaning given the *de facto* replacement of probability with proportionality assessments aimed at balancing individual protection and limitation of contagion with social acceptability and the need to maintain basic social functionings and fostering economic recovery. This emerges most notably in the zoning system, not by chance at the centre of an endless dispute and of readjustments of its criteria based on accommodations of epidemiological and socio-economic considerations. That the progressive decrease in the rate of infections and hospitalizations coincident with its application has not lowered contestations sounds like a confirmation of the paradox of precaution hinted above. The use of scenarios has been extensive and controversial (and disconfirmed both when overly worrisome and when overly optimistic). Overall, one should therefore say, precaution has trumped prevention — with unclear results. This claim seems contradicted by the turn to vaccination, a most classic preventive instrument, as the main, if not the only, possibility for an exit from the emergency. However, the piecemeal increase in the knowledge of the virus, the experimental character of the vaccines at the moment of their introduction and the controversies over their implementation strategy (which one for which, herd effect as an achievable and desirable goal, need of new shots against new variants of the virus, etc.) indicate that its governmental rationale has been more precautionary than preventive.

To sum up, looking at the Italian Government's behaviour, we are confronted with measures that not only, over time, move back and forth between a disciplinary and a security rationale, but the formal character of which is often contradicted or blurred by their actual working.

Fourth, what about preparedness in this context? Though heralded at documental level, it seems to have played a modest role, not only in recognizing early indications of a threat on the verge of erupting but also in the subsequent management of the emergency, as shown by the very limited success of the contact tracing app and by the fact that the new pandemic plan sets preparedness as a condition postponed to the future. This may be regarded as, and in part undoubtedly is, a specific inadequacy of the Italian health emergency system. And yet, very few are the examples all over the world of an effective contact tracing, both in itself and for an actual containment of the infection, all of which benefitting from previous comparable experiences and — according to many commentators — from social (before than written) norms facilitat-

ing its acceptance and support. Said differently, the Covid-19 story should be classified, in Italy as elsewhere, as a resounding case of unpreparedness (Lakoff, 2017), rather than otherwise.

Beneath the surface, however, the story seems to go somewhat opposite. The zoning system is a telling example. Not only was it precautionary rather than preventive in its concrete deployment, due to the little-known character of the infection and to its being designed to accommodate contrasting health, social and economic needs, but it was by design *chasing*, rather than *preceding*, the dynamic of the virus, pretty much in accordance with the agential blurring and the modulated or "negotiated" character of action which we have argued to be distinctive features of preparedness as "post-securitarian" governmentality.

Beside and beyond this example, it is the overall logic of the response to the emergency that looks "beyond security" in the sense specified above. Not only has the Italian Government, as basically any other, subscribed to the narrative of inevitability of similar crises, hence of a future bound to endless adjustments to "terrestrial forces" (Latour, 2018) or forms of "geopower" (Grosz, 2011; Povinelli, 2016) of which no neutralization is possible, whether in preventive or precautionary terms (to say nothing of deterministic ones). It is the very meaning of biopolitical failure or success that gets relative or plainly confused, as the modulation of the threat ensures *in any case* the strengthening of a governmentality based on trial and error, resilience, response on the spot and endless adaptation to existential conditions deemed at once ever-changing, hence unpredictable, and unmodifiable, as a reconsideration of ruling growth models and technological approaches is off the political agenda. That the state of emergency has been prolonged time and again, in Italy as elsewhere, cannot but strengthen the impression of a new socio-ecological order in the making, post-securitarian in that it builds on a security rationale yet parts company with the latter's original ontological assumptions, acknowledges and embraces deep indeterminacy and stretches its administrative goals to an enduring, potentially limitless, modulation of the crisis.[10]

In this framework, the question of preparedness takes a much broader meaning than whether, to what extent and with what degree of success are emergency systems, at global and national level, reorganizing themselves to tackle insurgent and resurgent biological threats, pointing rather to the spirit of time, or what Foucault (2000, 2001) calls the "problematization" that characterizes a certain historical period — how and which problems are identified as relevant and which types of responses become conceivable. On this view, even the harsh debate between supporters and critics of the idea of a normalization of the state of exception in the traditional sense of a suspension of law for biopolitical purposes (Agamben, 2005) seems to miss the actual character of what is going on. The point is not so much that normalization changes the very character of the exception, which from a decisive political moment (as in Schmitt's formulation) becomes a matter of everyday administration, as this feature may be claimed to be already present in the Nazi and the Fascist state. The point is rather that the current "economy" of the emergency does not follow an established pattern, being constantly

10. On crisis as an endless condition rather than, as conceived in modernity, a decisive moment see Gentili (2018). Existing rules in Italy (Decree-Law 2 January 2018, n. 1, Art. 24) limited the state of emergency to one year, extendable once. In our case this meant a maximum extension to 31 January 2022. Yet, rules established by ordinary law can be modified by ordinary law. This is what has happened. With a Decree-Law issued on 14 December 2021 the Government has decided to extend the state of emergency until 31 March 2022. As noted above, a Decree-Law needs subsequent approval from the Parliament, yet in this case this is a mere formality, given the broad party support to the Government. Whatever the opinion about its contingent justification, a dangerous precedent has thus been set — amid the general silence — for temporally unlimited compressions of constitutional rights. We felt the need to add this note after the paper's acceptance, before licensing it for publication.

readjusted to the fluctuations it itself contributes to engender in the socio-material collective comprised of humans and the virus.[11]

It is the task of critique — again in the Foucauldian immanent sense of raising the question of "how not to be governed like that, by that, in the name of those principles, with such and such an objective in mind and by means of such procedures, not like that, not for that, not by them" (Foucault 2007b, p. 44) — to shed light on power operations that are changing under our eyes while engendering ever-more devastating social and ecological consequences.

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11. "Pre-emptive" and "humanitarian" wars and more in general emergent forms of security and surveillance also show this character, which expands to previously unimagined extents the scope of the exception (see Massumi, 2007; Pellizzoni, 2020b).

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