The Great Pandemic Confinement: Long-Term Care, Migrants, and Organized Abandonment

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Abstract

This article exposes the biopolitical and necropolitical logics that have guided pandemic mitigation in Ontario, Canada. I focus on the carceral character of measures that were deployed under the guise of managing COVID-19. Specifically, I examine two of the populations who were targeted for exceptional measures: the elderly and disabled residents of long-term care homes, who were confined in their rooms for months on end, and migrant farm workers, who were restricted to cramped living quarters and worked alongside infected co-workers. I consider what these measures imply about the problem that is being addressed. I argue that the treatment of these two groups shows the prioritization of the biopolitical imperative to fragment the population, to create a break between those who are to be protected and those who are not. This is an inherently racist imperative that aims to protect the "race" by separating out the weak from the strong, the healthy from the sick, and the self-regulating from the troublesome in order to protect the order required by capital and lessen the burden on the state. Carcerality signals abandonment. These two groups, while demographically quite different, share the characteristic of being outside the realm of life that is considered worthy of protection. Migrant farm workers, valued only for their labour, were always considered expendable. During a pandemic, long-term care home residents—viewed as already dying—fell within the classification of those who were considered too fragile or troublesome to merit protection. Within a society based upon the necropolitical exclusions of settler colonialism, the plantation, and imperialism, these conditions made these two groups utterly abandonable during a pandemic.

Keywords: biopolitics, pandemic, abandonment, long-term care homes, migrant farm workers

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Introduction

> Wherever we look, the drive is simultaneously towards contraction, towards containment, towards enclosure and various forms of encampment, detention and incarceration. Typical of this logic of contraction is the erection in countless parts of the world of all kinds of walls and fortifications, gates and enclaves. To this should be added various practices of partitioning space, of offshoring and fencing off wealth, of splintering territories, of fragmenting spaces, settling them with various kinds of borders whose function is to decelerate movement, to stop it in some instances, for certain classes of people, in order to manage risks. (UniversitaetzuKoeln, 2019, 15:37)

Speaking at the University of Cologne in July of 2019, Achille Mbembe drew attention to the carceral technologies that have proliferated globally "in order to manage risk." He was speaking of the enforcement of borders, the restriction of movement, and the confinement of

some populations as the solution to "those whose mere existence or proximity is deemed to represent a physical or biological threat to our own life" (UniversitaetzuKoeln, 2019, 31:11). The COVID-19 pandemic has exalted the proximity between carcerality and health within neo-liberal societies. On April 16, 2021, in Ontario, Canada, the head of the provincial government, Premier Doug Ford, announced expanded police powers in order to enforce a stay-at-home order in the midst of a brutal third wave (Benzie & Ferguson, 2021). This directive, which authorized officers to stop and question people regarding their destination, was quickly pared back due to public outcry but not rescinded. Many critics denounced the premier's repeated failure to act on the advice of the province's Ontario COVID-19 Science Advisory Table (Benzie & Ferguson, 2021; Hepburn, 2021). This group of experts had recommended paid sick leave and limiting the number of workplaces classified as essential in order to curb transmission. They emphasized that the racialized workers employed in these sectors needed to be protected from the virus (Benzie & Ferguson, 2021). The premier responded with a series of measures that sought to restrict and police people's movements but did nothing to protect workers. The press conference placed the responsibility for preventing contagion on individuals, leaving essential workers, their families, and communities exposed.

Ford's administration has been characterized as "flailing," "inept," "incoherent," "lurching," "lost," "fumbling," and "risk-averse" (Benzie & Ferguson, 2021; Hepburn, 2021). Yet rather than dismissing the premier's actions as ineptitude, it is crucial to examine the rationality from which they emerge. Here I have been guided by Foucault (2003), who held that the task for the critic is "to ask politics what it had to say about the problems with which it was confronted," to "question the positions it takes and the reasons it gives for this" (p. 21). Drawing on Foucault has led me to ask, What is the problem that Ford's measures are trying to address? At first blush, it is apparent that COVID-19 is the problem. Yet the diversity of responses to the pandemic at local, national, and regional levels indicates that these measures are organized by rationalities that are not strictly, or even primarily, about eradicating the virus.

In this article I propose a framework for tracking the carceral character of pandemic responses in Ontario in order to understand the rationality that supports it. The announcement on April 16 did not introduce policing as an answer to COVID-19 transmission, but it was an extension of this administration's propensity for "policing the pandemic."[1] Policing is not only what police forces do; "'police' is the ensemble of mechanisms serving to ensure order, the properly channelled growth of wealth, and the conditions of the preservation of health 'in general'" (Foucault, 1984, p. 277). Under the guise of "managing risk," the Ford government's directives prioritized surveillance, confinement, and enclosure. Yet the world contracted for some much more than others. This article can only name some of the groups targeted by the carceral state before and during the pandemic, including Black, disabled, immigrant, incarcerated, Indigenous, racialized, and unhoused communities. Insidiously, these groups also faced the highest rates of COVID-19 infection and mortality (Bowden & Warren, 2021). In the meantime, white anti-maskers held weekly rallies that imperilled others, unimpeded by the state.

Here, I explore the state's response to two populations to exemplify the growing kinship between care and confinement during the pandemic: migrant farm workers and long-term care residents. These two populations are distant in terms of race, class, age, and citizenship status.

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[1] I am indebted to Hall et al. (1978) for this term, inspired by *Policing the Crisis: Mugging, the State, and Law and Order*.

The majority of long-term care residents in Ontario are over the age of 75 (71.2%), with a small percentage under 65 (6.6%), who are classified as disabled or having complex health-care needs (OLTCA, 2019). Migrant farm workers are primarily young men from Central America, Mexico, and the Caribbean. They enter Canada under the purview of the Seasonal Agricultural Worker Program, which aims to fulfill labour needs "when qualified Canadians are not available" (Employment and Social Development Canada, 2021, para. 1). While long-term care residents are constituted as white, middle-class citizens, despite their heterogeneity,[2] the farm workers are racialized Black, brown, and Indigenous and are referred to as "temporary" and "foreign" on Employment and Social Development Canada 's (2021) website, and they lack permanent residency status. The website's language at once reveals and glosses how whiteness underpins notions of citizenship. These two groups' relation to the state is negotiated through distinct fields, labour (workers) and care (residents), under circumstances that are neither wholly volitional nor wholly coerced. My analysis does not compare nor equate their experiences but seeks to show the relatedness of the rationality that guided their regulation. During the pandemic, they were captured within regulatory regimes that compartmentalized the population into those worthy and unworthy of protection.

Canada has had the worst record of long-term care deaths among so-called developed nations (Canadian Institute for Health Information, 2021). During the first six months of the pandemic, 69% of deaths from COVID-19 in Canada happened inside long-term care homes. Ontario's record is particularly grim. *Ontario's Long-Term Care COVID-19 Commission: Final Report* (henceforth, "Final Report") stated that

> when COVID-19 struck Ontario, it devastated the long-term care sector. At the time of writing, 11 staff and almost 4,000 residents had lost their lives. Deaths among long-term care residents represent more than half of all of Ontario's COVID-19 deaths, even though long-term care residents make up only 0.5 per cent of the population. Many more residents and staff were infected, with a reported 14,984 resident and 6,740 staff cases by March 14, 2021. (Marrocco, et al., 2021, p. 16)

The ravages of COVID-19 were exacerbated by the deadly consequences of stringent lockdown measures that confined and isolated long-term care residents for over a year. A CBC report from March 30, 2021, noted that "many of an estimated 150,000 nursing home residents have been confined to their rooms or floors for as long as 15 months now, cut off from most relatives as well as the outdoors" (Perkel, 2021). In the words of Dr. Nathan Stall, a geriatrician at Mount Sinai Hospital, this strategy, accompanied by the decision to keep long-term care residents out of hospital, resulted in a "concentration of death" in long-term care homes (Marrocco et al., 2021, p. 136).

Migrant farm workers live in cramped bunkhouses and travel from farm to farm in crowded vehicles. Their employers control their legal status in the country, setting up an exploitative relationship that has been likened to apartheid and indentureship (Ramsaroop,

[2] The Canadian national narrative exalts white people as naturally belonging and racialized people as newcomers who benefit from the generosity of their hosts (Thobani, 2007). Indigenous Peoples are narrated as disappearing, and Black people are absented from the narrative. My analysis is not based on the race of the long-term care residents but on how they became a "threat" to the national race. I have not been able to address the heterogeneity of the long-term care population here due to lack of data, but anecdotal evidence from folks with relatives in long-term-care homes suggests the majority are white. In Ontario, there are also a few long-term care homes geared toward specific ethnic communities.

2016; Sharma, 2006). During the pandemic, migrant farm workers' already limited mobility was further constrained by fears of contagion. Their employers feared that they would socialize and bring COVID-19 back to the camp; townspeople feared they would bring the virus into the town. According to Kelley et al. (2020), migrant farm workers experienced rates of COVID-19 infection that were 10 times higher than that of the general population.

In writing this article, I have been mindful of Haque's (2020) exhortation that critical race scholars must contend with the heavy toll to human life experienced in long-term care homes, just as we must contend with the racialized effects of the pandemic. Haque (2020) asked how it was possible for the state and the public to accept the high fatality rates in long-term care homes. She attended to how they became a "state of exception" (Agamben, 1998) via "racializing assemblages" (Weheliye, 2014) that expelled residents from the realm of protection. Drawing on Haque led me to ask what made it possible to abandon a vulnerable population in the midst of a pandemic.

The biopolitical logic of race, as articulated by Foucault (2003) and expanded by Mbembe (2003), provides further tools for understanding the organization of life and death within a liberal state. Foucault (2003) argued that racism "is primarily a way of introducing a break into the domain of life that is under power's control: the break between what must live and what must die" (p. 254). *Biopower* is concerned with studying and controlling the biological processes of the population in order to regulate them and reduce the randomness (Foucault, 1984, 2003). The aim is to optimize life at the level of the population, not the individual. While Foucault (2003) worked out how this break into the domain of life functioned in the context of the Nazi state, Mbembe (2003) pointed to the origins of biopolitical technologies in the colony and the plantation. In particular, he foregrounded the existence of populations who were always already expendable and the capacity for liberal democracies to accommodate and expand "death-worlds" through necropolitical logics (p. 40).

Also pertinent is Gilmore's (2007) theorization of how the neo-liberal state organizes abandonment through carcerality. In the 1980s, the state of California in the United States responded to the crisis of surplus labour by dismantling the safety net and expanding the prison system (Gilmore, 2007). This process was underpinned by racism, which Gilmore defined as "the state-sanctioned or extralegal production and exploitation of group-differentiated vulnerability to premature death" (p. 28). Gilmore's insights led me to pay attention to the relationship between carceral practices and abandonment. Although long-term care home residents and migrant workers were not incarcerated, they experienced involuntary confinement. Part of the difficulty in advancing this analysis is to point to the creep of carceral technologies without erasing the violence within each site. In Ontario, COVID-19 was weaponized within prison walls: the incarcerated experienced extended periods of solitary confinement, taunting from unmasked guards, lack of treatment, and other forms of torture that led to suffering and premature death (Toronto Prisoners' Rights Project, 2021). As Hamlin and Speer (2017) proposed, it is crucial to acknowledge that "the prison is central to incarceration" while exposing the carcerality of a "diverse range of spaces" (p. 799).

Carceral and biopolitical violence is of course not new, exceptional, or limited to the populations studied here. The Canadian nation was founded upon the stealing of land, labour, and people. State-driven policies and practices, including residential schools, the Chinese head tax, the Japanese internment, and the razing of Africville, show that there is a long-standing

break that allows for the harm and death of Indigenous, Black, and racialized people. I am mindful that Foucault's framework has been critiqued for ignoring the foundational role of colonialism and the trans-Atlantic slave trade in the development of biopolitics (Morgensen, 2011; Weheliye, 2014). And, as Weheliye indicated, the cleavage between the human and the non-human has been powerfully theorized by Hortense Spillers and Sylvia Wynter. Like other critical race scholars, I find it is crucial to foreground the anti-Black, settler colonial underpinnings of the Canadian nation while working out its biopolitical rationalities (Browne, 2015; Macías, 2015; Murdocca, 2010; Razack, 2008, 2015). What is useful in Foucault is his attention to how the slippage between care and confinement constitutes distinct populations within the modern liberal state.

In the next section, I expand on the connection between biopolitics and the policing of health and Mbembe's critical addendum to Foucault, necropolitics. I then examine the Ontario government's actions vis-à-vis migrant workers and long-term care home residents. In limiting my analysis, I have not examined all of the racist impacts of state responses to the pandemic. Most glaringly, I have not addressed the disregard for the health of long-term care staff, particularly the predominantly racialized and gendered personal support workers, whose abandonment merits its own study (Gupta, 2020).

By focusing on these two populations, I show how the province framed the problems posed by the pandemic. The treatment of migrant workers showed that the problem was how to continue to channel labour for the production of wealth. Long-term care home residents presented a different but related problem: how to abdicate responsibility for the welfare of the most vulnerable. These are biopolitical problems of ordering bodies, which emerge within a neo-liberal polity that puts the state at the service of capital and minimizes responsibility for social welfare. Neo-liberalism is the prevailing economic doctrine, having become entrenched in North America and much of the capitalist world since the 1990s (Macías, 2015). Ford's administration (2018–present)) has been particularly committed to currying favour with big business and slashing social spending (Kelpin, 2020; McDowell, 2019). As Macías (2015) indicated, neo-liberalism is more than an economic model. It is also an epistemic regime that makes sense of, and shapes, material conditions and subjectivities oriented around self-regulation, risk, and threat. Decisions are not only driven by profit, but also by maintaining the unequal conditions and values that sustain capitalism. Examining these two populations alongside each other lays bare a rationality that sorts the population and calculates how much death is tolerable to sustain the channelling—and ethos—of wealth.

Biopolitics: Policing the Imperative of Health

In *Madness and Civilization*, Foucault (1988) tracked the Great Confinement that characterized 17th-century Europe. Hospitals were opened up to house a motley population under a reform movement that "seemed to assign the same homeland to the poor, to the unemployed, to prisoners, and to the insane" (p. 39). Confinement was the charitable treatment for laziness, madness, and immorality. Yet, as Foucault (1988) reminded,

> before having the medical meaning we give it, or that at least we like to suppose it has, confinement was required by something quite different from any concern with curing the sick. What made it necessary was an imperative of labor. Our philanthropy prefers to recognize the signs of a benevolence toward sickness where there is only a condemnation of idleness. (p. 46)

For Foucault, this mass movement of people signalled a shift in the target of what was to be governed. Beyond the administration of territory, the state became interested in regulating individual bodies and the health of the population. It signalled the emergence of new forms of power: disciplinary power and biopower.

Disciplinary power emerged in the 17th century when the model of sovereign power was no longer sustainable: “far too many things were escaping the old mechanism of the power of sovereignty, both at the top and the bottom, both at the level of detail and at the mass level” (Foucault, 2003, p. 249). Disciplinary power targeted the body through the many technologies associated with the school, the barracks, the hospital, the prison, and the workshop: surveillance, the drill, training, and testing (p. 250). Foucault famously illustrated the effects of discipline through his invocation of Bentham’s plan for a prison with an all-seeing watchtower, the Panopticon. Under the presumption of constant surveillance, prisoners would internalize the rules and become self-regulating, docile subjects.

Whereas disciplinary power seeks to modify the behaviour of individuals, *biopower*, which emerged in the 18th century, aims to regulate biological processes such as birth and death rates, illness, and infection at the level of the population (Foucault, 2003). This interest stemmed from a concern with the extent to which illnesses “sapped the population’s strength, shortened the working week, wasted energy, and cost money, both because they led to a fall in production and because treating them was expensive” (Foucault, 2003, p. 244). In this time period, medicine and public hygiene developed as modern disciplines whose interests aligned with the objectives of biopower. The state and adjacent institutions attempted to order and control life, “to manage it, to compensate for its aleatory nature, to explore and reduce biological accidents and possibilities” (p. 261). In brief, biopower is “the right to make live and to let die” (p. 241).

Within this framework, the role of medicine was not primarily therapeutic. Its role was to create order, to administer health, to maintain the “social ‘body’ in a permanent state of health” (Foucault, 2003, p. 284). In addition to medicine, a series of institutions and technologies were enlisted in the interest of health. Demographers, economists, and educators all had their place in this project. Foucault (1984) used the term “police” broadly to describe how health is not only an interest but also an imperative that must be secured and enforced. “The exercise of these three latter functions—order, enrichment, and health—is assured less through a single apparatus than by an ensemble of multiple regulations and institutions which in the eighteenth century take the generic name of ‘police’” (p. 277).

The health of society in general, and that of the poor in particular, became a concern because a degree of health was necessary for the smooth functioning of the economy:

> At the point when the mixed procedures of police are being broken down into these elements and the problem of sickness among the poor is identified in its economic specificity, the health and physical well-being of populations comes to figure as a political objective which the “police” of the social body must ensure along with those of economic regulation and the needs of order. (Foucault, 1984, p. 278)

The channelling of health, then, is connected to the channelling of wealth. Surveillance, policing, the ordering of bodies, and, if necessary, “constraint” are deployed to ensure order, enrichment, and health. Self-regulation is key: “the imperative of health: at once the duty of each and the objective of all” (Foucault, 1984, p. 277).

Rabinow and Rose (1984) articulated how the biopolitical imperative for self-regulation maps onto liberal and neo-liberal rationalities:

> For over the twentieth century, in liberalism and, more especially, neoliberalism, one saw the emergence of formulae of power that not only postulated, but also sought to create, certain forms and spaces of self-government, self-regulation, and self-responsibility. These were not illusory, but were quid pro quo for limiting the scope of the central administration, which, for such political rationalities, neither could nor should know and control all those forces upon which it depended…. this formula for politics has proved extremely mobile. (pp. xxx–xxxi)

During the pandemic, the responsible subject is interpellated into following virus-mitigation measures, which focus on the regulation of the self. The directives to "Stay home," "Wash your hands often," and "Keep a distance" are a form of discipline that has been internalized by many of us. These measures have been largely effective in keeping those who can practise them safe, but it is clear that they are only feasible for a slice of the population locally and globally. In Ontario, so-called essential workers, many of them racialized and working in low-paid jobs, could neither stay home nor keep a distance since they travelled from multiple-generation homes in crowded public transit to workplaces where distancing was not possible. The virus raged through Brampton, a hot spot where the majority of warehouse workers are South-Asian (Bowden & Warren, 2021). The incarcerated and unhoused are not outside of the reach of disciplinary measures, but they were never envisioned as the subjects of its protection.

To think about those who were never meant to be protected, I turned to Mbembe (2003). Mbembe questioned whether Foucault's formulation of biopower was sufficient for theorizing states of terror such as those experienced in the slave plantation, the apartheid state, or the War on Terror. He argued that, while biopower is helpful for analyzing how power works within the liberal state, it does not articulate how biopolitical regimes abandon the notion of fostering life altogether with respect to those considered outside their borders. For Mbembe (2003), biopower reaches its limits in trying to account for the terror of the plantation or the violence of colonialism:

> For all the above reasons, the sovereign right to kill is not subject to any rule in the colonies. In the colonies, the sovereign might kill at any time or in any manner. Colonial warfare is not subject to legal and institutional rules. (p. 25)

Thus, Mbembe called attention to the fact that while some populations are marked for discipline and regulation, those marked for extraction and exploitation remain under a form of power that more closely resembles the sovereign's focus on taking life rather than making live.

COVID-19 and the Contraction of the World of Migrant Farm Workers

> I didn't want to work because I was already feeling sick. Everyone was getting ill, but they sent us to work all the same," Juan said, noting that they travelled in vehicles containing as many as 20 people at a time. And no one took any measures to protect them from coronavirus spread. "No masks, no gloves, or goggles or information." (Kinch, 2021)

> We are allowed out two to three hours every two weeks," Ben said. "Only on our shopping days to get our food, that's the only time we can leave. If we leave and he

> sees us leaving, anything like that, then the first thing he would want [is] to send us home.… Honestly, it feels like I am in prison." (Kelley et al., 2020)

Under the Seasonal Agricultural Worker Program, agricultural workers enter the country on temporary visas that tether them to a specific farm. The program addresses the needs of the employers. The workers are paid lower than minimum wage, and they have limited access to health care, workers' compensation, and other benefits (Encalada Grez, 2016; Ramsaroop, 2016). Employers control their housing arrangements, transportation, and work hours.

Canada's temporary worker programs are not exceptional. The conditional migration of exploitable workers was part of the restructuring of global capitalism when the dismantling of the old empires was replaced by a new world order (Sharma, 2020). The demand in wealthier nations for exploitable labour has been met through programs that enable the entry of migrant workers, while excluding them from citizenship through nationalist rhetoric (Sharma, 2006, 2020). Racism underpins a program that thrives on the economic insecurity of global South nations (Ramsaroop, 2016; Sharma, 2020). Conditions that would not be acceptable for those considered to be citizens are suitable for these racialized workers. As Ramsaroop (2016) indicated, "Through the SAWP [Seasonal Worker Agricultural Program], the state has created a process of differential treatment and incorporation to render inferior a group of people temporarily admitted into Canada" (p. 108). In the summer of 2020, when there was a shortage of migrants due to the pandemic, Scottlyn Group, a farm operator in Norfolk County, offered higher wages ($25 per hour) to attract local workers, laying bare the racist hierarchy (Harvesting Freedom, 2020).

Mbembe's (2003) insights regarding the neo-liberal state's capacity for sustaining zones of exception resonate with the anomalous space inhabited by migrant farm workers, who are restricted but not protected by either federal or provincial laws. The *zone of exception*, as theorized by Agamben (1998), is a space where the law does not apply, where "the exception everywhere becomes the rule" (p. 12). Those who inhabit this space, the *camp*, are abandoned, condemned to a "bare life," reduced to existing for subsistence (p. 71). While Agamben indicated Foucault's inattention to the links between biopolitics and totalitarianism as exemplified by the Nazi camp, Mbembe (2003) argued that a theory of biopolitics must contend with the foundational structures—the plantation, the apartheid state, the colony—that have shaped the modern world. In particular, he proposed the plantation as paradigmatic of the camp. The plantation births both "biopolitical experimentation" and "manifests the emblematic and paradoxical figure of the state of exception" (p. 21). Mbembe (2003) also detailed the conditions that structure enslavement:

> As an instrument of labor, the slave has a price. As a property, he or she has a value. His or her labor is needed and used. The slave is therefore kept alive but in a *state of injury* [emphasis in original], in a phantom-like world of horrors and intense cruelty and profanity.… An unequal relationship is established along with the inequality of the power over life. (pp. 21–22)

The "exceptional" status of migrant agricultural workers is not new but has been heightened during the pandemic. In the spring of 2020, when the borders were closed to most foreign travel, the federal government made an exception to allow migrant farm workers into Canada. The risk for Canada was low. At the time, COVID-19 rates in Canada were higher than in Mexico and the Caribbean, where most of the workers originate. Arriving uninfected,

their health was channelled for wealth. Workers were then subjected to a 14-day quarantine in hotels, where they were left to fend for themselves before being moved into crowded living spaces where distancing was not possible.

While the federal government secures migrant workers' precarious status in the country, the provincial government oversees their labour and health conditions, creating a situation that blurs accountability (Encalada Grez, 2016). In June 2020, the Ontario government provided an exemption to farms, allowing workers who tested positive for COVID-19 to keep working as long as they were asymptomatic. At this point, more than 1,000 farm workers in Ontario had tested positive for COVID-19, and three had died. Foucault (2003) argued that racism

> is primarily a way of introducing a break into the domain of life that is under power's control: the break between what must live and what must die.… It is a way of separating out the groups that exist within a population. It is, in short, a way of establishing a biological-type caesura within a population that appears to be a biological domain.… That is the first function of racism: to fragment, to create caesuras within the biological continuum addressed by biopower. (pp. 254–255)

The break was made explicit when Ontario's associate medical officer of health, Dr. Barbara Yaffe, was asked whether the Ministry of Health would be curtailing this practice and she replied, "At the end of the day, the employer is responsible for ensuring that other workers are not at risk" (as cited in Bogart, 2020, para. 16). Yaffe's statement confirmed that migrant farm workers were not worthy of state protection. They were at the whim of their employers, who benefited from their exploitation. In another report on the same issue, the break was affirmed: "The Ministry of Health directed a *Toronto Star* reporter's queries about the working group's recommendations to the Ministry of Labour" (Mojtehedzadeh, 2020, para. 19). Migrant farm workers are only to be considered labourers, not the subjects of health.

The government's indifference, coupled with the "stewardship" of the employers, allowed infection to grow unchecked. Justice for Migrant Workers[3] has been in touch with workers throughout the pandemic. Workers who were sick have worked alongside others, and they experienced barriers to testing, preventing them from knowing their own COVID-19 status:

> All the workers we spoke to have stated that there are many cases of COVID at their workplace. Yet, their employers have either refused to disclose this information, or they have taken steps to protect themselves (through quarantine), while forcing their workers to continue reporting for work. One worker stated that their employer has known about outbreaks in their workplace for months, and yet only informed workers about the newest outbreak this month. Another worker only learned of COVID-positive cases in their workplace from other workers who tested positive. Some workers do not know their COVID status because their employers have not allowed them to get tested if they are not showing symptoms, or else have tested them and have not informed them of their own test results. (Harvesting Freedom, 2020)

The employers viewed workers as expendable and were not invested in preventing infection. Here it is important to foreground Mbembe's (2003) insight that the enslaved's value

[3] Justice for Migrant Workers (J4MW) is an activist collective that organizes for the rights of migrant workers. For almost 20 years J4MW has been organizing with farm workers to expose the conditions and demand justice.

is their labour and that a permanent "state of injury" is required to maintain the "inequality of the power over life" that underpins the exploitative relation (pp. 21–22). While the Seasonal Agricultural Worker Program is not equivalent to chattel slavery, the legacy of unfree labour connects the structuring of plantations and of industrial farms. These are spaces where the logic of race justifies segregation, enclosure, containment, and injury. As Razack (2008) wrote, "Exceptions operate with varying regimes of incarceration, imprisoning some in migrant worker camps or domestic worker zones and confining others within gated communities but removing all such communities from the reach of the law" (p. 11).

During the pandemic, the confined spaces inhabited by migrant workers contracted even further. Going into town once a week on their day off was one of the few pleasures enjoyed by workers. Employers curtailed these trips to manage risk. Workers such as Ben (see epigraph) reported that their employers limited their visits to once every two weeks for a few hours. Some farm operators prohibited travel altogether. Procyk Farms Ltd. in Norfolk County banned town visits and set up an online food store for workers, further blurring the line between paid labour and indentureship. The restriction was bolstered by townspeople, who were emailing the mayor, expressing outrage that "we allow the migrants to wander around town, to go to the grocery store" (Kelley et al., 2020). While these restrictions may not be legal, workers have few alternatives. If they cross their employers, they risk being fired and deported. As Ben said, "Honestly, it feels like I am in prison" (as cited in Kelley et al., 2020).

The cramped, substandard housing, already an issue before the pandemic, has encouraged transmission. The housing standards for migrant farm workers state that they "only require a minimal amount of living space per worker—the size of a small 8-by-10-foot bedroom—and beds can be as close together as 1.5 feet. Only one toilet and shower are needed for every 10 residents" (Kelley et al., 2020). Minister of Agriculture, Food and Rural Affairs Ernie Hardeman remarked that "we saw that a lot of the housing that we presently have and have had for years is fine until you have a pandemic where you have to isolate people" (CTVNewsKitchener.ca Staff, 2020, para. 9). For Hardeman, the cell-like accommodations were only a problem due to the virus. The assumption was that bare life is enough for these workers.

The state's approach toward migrant workers shows its bio- and necropolitical foundations. Bodies can be channelled, moved in and out of the country when needed, partitioned into narrow living quarters and workspaces. The indifference toward migrant workers' health from both the federal and provincial governments shows that some populations were already discardable in a nation founded upon settler colonialism, racial capitalism, and imperialism. Their segregation and containment were for the benefit of capital, not themselves. Sustaining the highly unequal structures that allow for unimpeded extraction requires maintaining the exploited in a permanent state of injury and replaceability (Mbembe, 2003).

Long-Term Care Homes: Confinement and Organized Abandonment

> In this time of lockdown and ever-extending state of provincial emergency, Agamben's insight into the workings of Auschwitz as the place in which the state of exception has come to coincide with the rule may give insight into the current conditions of the LTC [long-term care] residence. To be clear, I draw on Agamben's insights not to parallel LTC homes with the camps but rather to illuminate how the state, through its ever-extending state of emergency, structures the state of exception

> through monopoly on conditions of life and death in these homes—in short, through structural violence. (Haque, 2020, p. 137)

If the unspoken plan for migrant workers was to contain COVID-19 within the farms, the plan for the elderly, whether intentional or not, ended up containing death within the walls of long-term care homes. During the first wave of the pandemic, the Ontario government was slow to act to stop the spread of COVID-19 in long-term care homes and put their heaviest weight behind the strategy of isolating the residents from the rest of society and from their families, a strategy that would prove as deadly as COVID-19. The final report from Ontario's Long-Term Care COVID-19 Commission (henceforth "Final Report") detailed some of the effects of this prolonged isolation:

> Visitors—particularly family members and loved ones—do more than visit, often taking care of many of the daily living needs of the residents. As a result of staff shortages, and with no family members to help, residents were confined to their rooms for extended periods without access to recreation programs or visitors. With visitor restrictions in place, the care burden on staff increased. One resident described the experience by saying it was as if reality had been suspended and a nightmare had set in. Many residents experienced symptoms of what is known as "confinement syndrome." The term is typically used in medical literature to describe symptoms shown by people placed in solitary confinement. Due to visitor restrictions and limited staff, many residents died alone in their rooms, with no one to ease their passing. (Marrocco, et al., 2021, pp. 22–23)

Given that isolation harmed, rather than protected, residents, it is crucial to ask, What is the problem that the confinement of the residents was addressing? And, drawing on Haque (2020), given that isolation was tantamount to abandonment, what makes it possible to abandon a vulnerable population in the midst of a pandemic? To address this question, I began with Haque, who drew on Agamben (1998) to think about how isolation and segregation from society positioned long-term care homes in a space akin to the camp. Keeping them out of sight from society protected not the residents but the government. The devastation was tolerable as long as it was not seen. Drawing on Foucault (1984), I argue that confinement aligned with the biopolitical imperative to order the population. As shown below, the stories told by government and some of their expert witnesses spoke of a problem that was at once logistical (how to order bodies), computational (how much death can be tolerated by the public), and, connected to this, aesthetic (how the state is perceived to be managing risk).

In this section, I examine the problem that was addressed by the Ontario government as revealed through their actions and the story they told about long-term care homes. I focus on the testimonies given to Ontario's Long-Term Care COVID-19 Commission (henceforth "Commission"). The Commission was charged with uncovering how COVID-19 spread during the first wave of the pandemic so as to inform a more robust response for the expected second wave. It was held remotely on Zoom from September 2020 to early April 2021. The Commission's mandate was to investigate and formulate recommendations, not to determine civil or criminal responsibility. The Commission heard from elected representatives, appointed officials, management and staff of long-term care homes, residents and their families, various professional bodies, and unions. The Final Report stemming from the Commission, which ended in the midst of a third wave, was released on April 30, 2021.

In examining the statements made during the Commission, I was guided by Razack (2015), who demonstrated that government inquests and inquiries are sites of public and official meaning-making. In her investigation of the high number of deaths of Indigenous men in police custody in Canada, Razack paid attention to how these deaths were narrated and naturalized in official inquests and inquiries. Like the Commission, these were not trials of criminality but investigations into what went wrong with the system. Inquiries tell a story. In reading the transcripts of the inquests and inquiries, she began by asking, “What does the story do?” (p. 5). Razack found that the predominant story told about the deceased men was that they were close to death prior to their demise. This view was so strong that police and health-care providers did not provide a minimum of care when the men in custody were clearly experiencing a health emergency. Their impending death cast them out of the realm of the living and of humanity. For Razack (2015), the official inquests attempted to make sense of the disproportionately large number of Indigenous persons who died in police custody, while maintaining the myth of white settler innocence.

Drawing on Razack, I read the Final Report and the transcripts of the Commission for the story that the Ford administration told about its actions and inaction in long-term care homes. These documents reveal multiple, and sometimes contradictory, stories about the crisis in long-term care homes. Residents told a story of the suffering caused by COVID-19, confinement, and isolation. They longed to go outdoors and visit with family members. They suffered acute physical and mental distress. A heartbreaking testimony comes from Wilbert: “I am just tired of seeing people crying and wishing that they would rather die from COVID than, you know, not see their families” (as cited in Marrocco, et al., 2021, p. 33). Long-term care staff felt that they were deserted by management and thrown into a battlefield with little preparation or equipment. Many of these workers were terrified as other staff fell sick and some died. Others left the field altogether. Those who stayed were haunted by the inability to properly care for the residents.

The commissioners who wrote the Final Report told a story of how the long-standing neglect of long-term care homes, coupled with the government’s actions and inactions, fuelled this atrocious crisis. Some of the conditions that preceded the current government included poorly designed buildings, understaffing, low wages, lack of personal protective equipment, and lack of staff expertise in infection control. There were specific decisions made by the Ford administration that facilitated contagion, including paring down the budget for inspections of long-term care homes and being late to acknowledge asymptomatic and community transmission, to institute universal masking, and to restrict staff to only one home. The “lack of urgency” shown by the government startled some of their advisors and the Commission (Marrocco et al., 2021, p. 19). By mid-April 2020, the situation had become so dire that the armed forces were called into the seven hardest-hit long-term care homes to provide care. The resulting Canadian Armed Forces report revealed shocking conditions. One team member described the toll that understaffing and isolation had taken in one particular home, where “26 residents died due to dehydration prior to the arrival of the CAF [Canadian Armed Forces] team due to the lack of staff to care for them. They died when all they need[ed] was ‘water and a wipe down’” (as cited in Marrocco et al., 2021, p. 150).

Government representatives, appointed officials, and experts told a story of the inevitability of the tragedy. For instance, Minister of Long-Term Care Merrillee Fullerton focused on how

her government inherited a "broken system" (Commission, 2021, p. 23) and the unknowability of the virus:

> I would add in there that this was a relatively unknown virus and the science at the beginning was not clear in many areas. And so we were listening very carefully to quite a few experts. And our Chief Medical Officer of Health, the Associate Chief Medical Officer of Health, we were listening and taking the advice of the experts. (Commission, 2021, p. 20)

By invoking the lack of clarity around the science and the inheritance of a broken system, Fullerton was reiterating a storyline that had often been mobilized by the government to defer responsibility and action.

Claims regarding the unknowability of the virus were contradicted by the testimony of experts (nurses, doctors, and scientists), who narrated a preventable tragedy. As early as January 2020, the Ontario Association of Nurses warned the Ministry of Health that they needed to begin planning for the novel coronavirus, which would be particularly deadly for the elderly and disabled residents who inhabited congregate settings. By February 2020, on the heels of outbreaks in congregate settings in Washington state in the United States and in Korea, other unions and experts were calling on the government to formulate a plan specifically for long-term care homes. Yet as described by Dr. David Fisman (Commission, 2020c), the Ford cabinet stalled the planning and focused on creating a "Byzantine structure" of advisory tables made up of experts and elected officials, whose advice they would "cherry-pick" (p. 36). Fisman is an epidemiologist and professor at the Dalla Lana School of Public Health and Institute for Pandemics at the University of Toronto. His account, which showed that the extent of the tragedy was largely preventable given what was known at the time, detailed "nine fundamental errors that were made in Ontario and that resulted in the tragedy that unfolded" (Commission, 2020c, p. 10). Briefly these errors included (a) a late recognition of community transmission and asymptomatic transmission, (b) the application of influenza-outbreak protocols to COVID-19, (c) the establishment of improper testing protocols, (d) failure to emulate successful strategies from the province of British Columbia, (e) failure to provide adequate personal protective equipment, (f) failure to create economic security for workers, and (g) insufficient testing.

Aside from disregarding recommended virus-mitigation procedures, several witnesses and the Final Report pointed to problematic sequestering of information, which often kept management, staff, and residents of long-term care homes in the dark. The complex command structure set up by the government resulted in a siloing of information, which impeded a coordinated response between long-term care homes, public health units, and hospitals (Commission, 2020a, p. 50). So not only were residents isolated from the rest of the community, the long-term care sector was isolated and left to fend for itself. Hospitals could have played an important role in preventing contagion and treatment, but the relationship between these two sectors was impeded. And in fact, residents of long-term care homes who contracted COVID-19 were unlikely to be transferred to hospital for treatment (Marrocco et al., 2021 p. 136). It would be incorrect to portray a picture where the management and operators of the long-term care homes were not implicated in the outbreaks. While some managers took matters into their own hands and appealed to public health units and hospitals for assistance, others mirrored the government's lack of aggressiveness in battling the virus.

Underpinning all of the above-stated failures was that government directives ignored the precautionary principle, which states that "public health protection measures need not wait for scientific certainty before implementation" (Marrocco et al., 2021, p. 16). When one of the commissioners asked why the precautionary principle was not followed, Fisman expressed puzzlement:

> I can't answer your question because I don't understand it. I don't understand it at all. I think that repeatedly not just in long-term care but throughout this pandemic in Ontario, we've had arguments about things like masks, arguments about things like bunk houses and migratory workers where the precautionary principle would clearly state that if you're in doubt and if you're operating under uncertainty, you err on the side of caution. (Commission, 2020c, p. 15)

The precautionary principle was enshrined in Ontario's public-health protocols following its experiences with a tainted-blood crisis in 1997 and SARS in 2003. Acting swiftly, without waiting for evidence, makes sense if your guiding compass is preventing illness and loss of life for *all* members of the population. Yet as Foucault (1984) noted, achieving the objective of "the health and physical well-being of the population *in general* [emphasis added]" (p. 277) involves a more discerning calculation:

> [Biopolitics] is not a matter of offering support to a particularly fragile, troubled and troublesome margin of the population, but of how to raise the level of health of the social body as a whole. Different power apparatuses are called upon to take charge of "bodies," not simply so as to exact blood service from them or levy dues, but to help and, if necessary, constrain them to ensure their own good health. (p. 277)

During a pandemic, the Ontario government focused on constraining residents of long-term care residents and on sequestering information, which had the effect of abandoning the residents and isolating the long-term care sector. These actions point to a regime that envisioned the problem "not [as] a matter of offering support" (Foucault, 1984) but as one of ordering and compartmentalizing the population (p. 277). Biopower aims to not only foster life but, also, to sort out "those with greater or lesser prospects of survival, death, and illness, and with more or less capacity for being usefully trained" (Foucault, 1984, p. 279). The biopolitical imperative is to discern the weak from the strong, the idle from the productive. Yet within the context of a liberal democracy, there is a further complication. The disavowal of the "particularly fragile, troubled and troublesome" cannot be outwardly spoken. It is unacceptable to admit that abandonment is not accidental, even if the actions that led to it were deliberate. Thus, biopolitical regimes face a tricky calculation: How many deaths can transpire before a significant portion of the public no longer views them as inevitable?

Levinsky's (2020) study of the school lockdown draws attention to how containment addresses the aesthetics of chaos and the appearance of accountability. Originally the term "lockdown" referred to the confinement of prisoners to their cells and was later adopted to name the practice of locking classroom doors in response to perceived external threats. Following the Columbine High School massacre in 1999, school boards became blamable for the harm they did not prevent. Lockdown drills addressed institutional culpability by performing two functions: they enact preparedness, and they manage the aesthetics of the emergency by containing students indoors (Levinsky, 2020). Whether or not lockdown drills save students is unproven. But if crisis ensues, the board will have been prepared and the media will not be privy to chaotic images of children running in fear.

The concern with containing chaos was perhaps most salient in Dr. Arthur Sweetman's testimony (Commission, 2020b). Sweetman, an economist, was called to testify because his research is in the area of long-term care staffing. Early in his testimony, Sweetman framed the crisis for the commissioners in terms of statistics. He suggested that the problem of COVID-19 in long-term care homes was one of perspective. If the focus were shifted away from the worst affected long-term care homes, it would have to be recognized that "more than half of the homes did really, really well" (pp. 6–7).

> And I think the issue is, the issue we missed in some sense is that the average home in the province did not have terrible problems during COVID-19.
>
> In fact, I think the average home did reasonably well. And not maybe wonderfully, but reasonably well. But the top, say, 40 percent of homes, maybe 50 percent of homes, I think did quite well. (Commission, 2020b, p. 6)

For Sweetman, sickness and death in long-term care homes was only troubling if the focus was on the "worst performing homes." It is a matter of "averages."

While Sweetman is not a government official, Deputy Minister of Long-Term Care Richard Steele is. His remarks were more guarded but had a similar effect:

> So even though, you know, a significant number of homes had outbreaks, many of those homes were able to effectively and successfully manage the outbreak. There were, though, a number that were not, and those were the homes where, you know, we did see significant disease spread and significant mortality. (Commission, 2020d, p. 61)

Steele, like Sweetman, called for a change in perspective. It was only because the inquiry focused attention on the failures that the situation looked so bad. Sweetman and Steele were engaged in a game of calculation, gauging how much death could be tolerated.

One of the strategies for ushering in acceptance of abandonment is, as Razack (2015) indicated, to make the deaths seem inevitable. Dr. Samir Sinha, director of geriatrics at Sinai Health System and the University Health Network, was "distressed" that "we have had various officials who basically have said, Well, you know, if they go a little bit sooner, you know, is that a big deal because they are towards the end" (Commission, 2020a, p. 67). In another part of his testimony, Sweetman expressed this view. This time he was addressing the problem of high staff turnover in long-term care homes, and he directed the Commission's attention to how challenging the job is:

> And don't forget, the average life expectancy of someone going into long-term care is three years, right?
>
> You're not talking about seniors in long-term care who are healthy. You're talking about seniors in long-term care who are very, very ill.
>
> One-third of the people—again, I'm using big round numbers. These are wrong, obviously, but as a ball park, but one-third of people in long-term care die every year. The staff is constantly forming bonds with people and the people are dying. It's emotionally challenging work; it's physically demanding work. (Commission, 2020b, p. 48)

While remarking on the difficulty of the work environment, Sweetman was implicitly telling a story of residents of long-term care homes as already dying. There is a chilling parallel between

Sweetman's characterization of the residents and the depictions of Indigenous men at the inquest. As Razack (2015) argued, there is a very short distance between declaring a people as dying and exonerating those responsible for their deaths. When a people are viewed as already sick and dying, their deaths become inevitable, and the negligence of their caretakers is justified. Razack (2015) showed how settler colonialism materially and discursively structures indifference toward the injuries of Indigenous persons. Alongside the story regarding premature deaths, "spatial fixing" organizes the neglect "so that they either stay on reserves where life is so often not tenable or they scatter to skid rows where dying is the order of business" (p. 53). For instance, the containment of people who were experiencing poverty, addiction, and mental distress in Vancouver's Downtown East Side created acceptance of the violence and death to which the inhabitants were exposed (Razack, 2015).

Haque added Agamben's insight that the spatial separation between the exception and the rule is crucial for occluding the cruelty of the anomalous zone:

> As long as the state of exception and the normal situation are kept separate in space and time, as is usually the case, both remain opaque, though they secretly institute each other. But as soon as they show their complicity … they illuminate each other … from the inside. (Agamben, 1999, as cited in Haque, pp. 49–50)

As Haque indicated, the isolation of long-term care homes facilitated the process of abandonment. What is apparent from the actions, transcripts, and public statements is that the Ford administration privileged compartmentalizing and ordering bodies over quick and preventive action. Whether intentional or not, confinement, framed as protection, became death management.

In the case of long-term care homes, confinement signalled a desire to keep the devastation away from the public's eyes. What was not seen did not cause outrage, particularly when the aggrieved were presumed to be near death. The vulnerable, rather than being at the centre of mitigation plans, were cordoned off and confined. For instance, Haque (2020) was told that her father's residence would not be transferring COVID-19 patients to the hospital. This was a trend throughout the sector. Early on, the Ministry of Health and the Ministry of Long-Term Care had freed up hospital beds by expediting the transfer of those patients who were waiting for long-term care beds. Dr. Nathan Stall commented on the harmful impact of this failure to transfer residents to hospitals, which "may have contributed to the large concentration of death we saw in the first wave" (as cited in Marrocco et. al., 2021, p. 136).

Biopower, as a power that aims to protect the race, is useful for thinking about the rationality that made the abandonment of long-term care homes possible. Foucault (2003) indicated that the privileging of "making live" produces distinctions among the populace. Within this formulation, racism is not limited to hatred of the "ethnic" other. The weak, the mad, and the criminal are all seen to pose a "biological threat" to the race and to the health of the nation (p. 257). In order to protect the race, the biopolitical regime creates breaks: it fragments the population into those who will be subject to technologies that "foster life" and those who may be "exposed to death" (p. 259). It is not necessary for residents of long-term care homes to be racialized as foreign in the same way as the migrant workers and other racialized groups. What is significant is that they are deemed so fragile as to be unworthy of protection. Frailty constitutes the break between the elderly and disabled residents of long-term care homes and the rest of the population. Mitchell and Snyder (2003) made the links between

ableism and racism. They showed that, throughout the 20th century, it was not only Nazi Germany that was promoting eugenics. The "Eugenic Atlantic [North America and Europe] … turned disabled persons into pariahs at the population level" (p. 104). Constituting the failure to embody the norm as a "menace" paved the way for interventions that ranged from segregation to sterilization to murder (p. 104).

Biopolitical states have an expansive capacity for fragmentation and expulsion. Foucault (2003) pointed to the Nazi state as exemplifying this dynamic. While this regime had specific targets (Jews, Roma, other ethnic and religious minorities, LGBTQ folks, and the disabled), the "murderous power and sovereign power [were] unleashed throughout the entire social body" and the "entire population was exposed to death" (p. 259). A denunciation from a neighbour could turn someone into an enemy of the state. Once the enemy becomes a threat to the race, they are no longer a political threat, but a biological one that must be exterminated. This logic is not unrelated to that of colonial violence: "racism first develops with colonization … with colonizing genocide," which appeals to evolutionary racism to justify killing (Foucault, 2003, p. 257). Regimes that tether the protection of life to a racial logic generate ongoing expulsions from the realm of the protected. Within a neo-liberal context, the biopolitical logic of race binds health and productivity. If the ideal individual is responsible for their own fate, then sickness and fragility not only signal idleness but also threaten the very premise of self-sufficiency. This rationality has ominous implications for the elderly, the sick, the disabled, and anyone not considered to be contributing to the "health of the social body as a whole" (Foucault, 1984, p. 277). The inability to self-regulate is a basis to "let die."

Conclusion

The COVID-19 pandemic has resulted in the preventable loss of life locally and globally. It has become evident that those regimes most attached to neo-liberal rule, including Ontario, Brazil, Chile, and the United States among others, can grow their capacity for large-scale abandonment. Within liberal democracies, this abandonment must be accompanied by technologies that calculate and manage death so as to maintain an aesthetic of order and caring. I have focused on two specific groups, migrant farm workers and residents of long-term care homes, whose egregious treatment points to how the biopolitical imperative of race underpins health during a global emergency. Here I have suggested a methodology that looks for the breaks that allow for casting out groups from the "domain of life" (Foucault, 2003, p. 254). Foucault (1984) observed that the analysis of economists and administrators in 18th century Europe had "as its practical objective at best to make poverty useful by fixing it to the apparatus of production, at worst to lighten as much as possible the burden it imposes on the rest of society" (p. 276). These words ring devastatingly true today. This examination of the regulation of migrant farm workers and long-term care residences during the pandemic shows that, for the Ford administration, the problem was how to compartmentalize the population in order to identify those who were so vulnerable or expendable as to be abandonable.

As I finish writing this article in May 2021, Ontario's third wave is still raging, but it may be taking a downturn. About half of the adult population has received their first dose of a vaccine, and there is talk of going "back to normal." "Normal," however, has always had an enormous capacity to discard life: Black lives, disabled lives, Indigenous lives, migrant lives, and the lives of all those considered fragile, troubled, and troublesome. I turned my attention to two populations whose worlds were severely contracted by both COVID-19 and carcerality.

What permitted the utter disregard for the lives of residents of long-term care homes, for migrant farm workers, and for so many others? Mbembe has noted that "not everybody is thought of as containing life" (UniversitaetzuKoeln, 2019, 25:29). The "discounted bodies" are those perceived as nearing death and who can be discarded with little fanfare. In fact, it is their location within "uninhabitable worlds" that renders them "bodies at limits of life" (UniversitaetzuKoeln, 2019, 25:33). Being captured within a death-world perpetuates their almost-dead status.

At some point, the pandemic will be over, but the uninhabitable worlds will persist if left unchallenged. One starting point is disrupting the rationality that perpetuates and normalizes abandonment.

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