

CARING LIKE A STATE: POLITICIZING LOVE, TOUCH, AND PRECARIOUS
LIVES IN THE TIME OF COVID-19

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Caring like a State: Politicizing Love, Touch, and Precarious Lives in the Time of COVID-19

_Abstract

This essay builds on the extraordinary circumstances brought about by the COVID-19 pandemic to tease out some of the ways in which love has been played out politically in relation to migration. In Canada, as elsewhere in the world, the pandemic suddenly rendered visible the oft-invisible care work traditionally performed by women, and now increasingly so by women of color and asylum seekers. Building on queer theorist Sara Ahmed's understanding of immigration policies as a form of 'conditional love,' I investigate various processes of (de)politicization that occurred when love and care became politically mobilized in response to the health crisis. I use the 'love-body-care' constellation as working points to tease out some disciplining and transformative possibilities brought about by love. After discussing Lauren Berlant's and bell hooks' reflections on love, I then examine how the pandemic unexpectedly made visible, and sometimes challenged, the politics of touch, love, and care between state-sanctioned hierarchized bodies. While so doing, I notably unpack the 'guardian angel' metaphor that was mobilized to speak of those doing care work, and especially those working as continuing care assistants for the elderly — overwhelmingly asylum seekers and women of color in Quebec. Running through the discussion lie lingering existential, political questions: who cares (in both the practical and emotional understandings of the term), and how do we care about each other — with what political consequences?

Introduction¹

The year 2020 will be remembered as the year of the coronavirus 2019 (COVID-19). The pandemic spread around the globe, and as of February 5, 2021,² 111,419,939 persons had been infected, with an additional 2,470,772 lives taken to an early grave — sadly, this tragic record will only increase in the upcoming months. As the death toll steadily rose throughout the year, several voices were heard, crying for the need for more compassion, more love, more kindness in the face of the emotional and physical challenges we faced: uncertainties about the virus and its future vaccines, lockdown and states of emergency decreed, and job security suddenly jeopardized, all with devastating consequences for the general population. Angela Merkel, Jacinda Ardern, Erna Solberg, Mette Frederiksen: women's leadership suddenly became essentialized positively by the caring, compassionate leadership they offered. By contrast, Donald J. Trump was routinely criticized for his lack of compassion and empathy regarding the pandemic, reflected in the American death toll, which quickly escalated, and by February 5, 2021, had surpassed 495,275 deaths — and counting.³

The spreading of the COVID-19 pandemic stood at the perfect juncture for renewed calls for solidarity, love, and kindness that could challenge the nationalistic political impulses imposed on us. Love started to permeate political discourse, declined in various shades of grey: compassion, benevolence, kindness.

I initially experienced this political turn away from economics or national self-interest as our default go-to rationalizations of policies as refreshing. I will not lie: when first approached to write this essay, my initial impulse was to write about how, in times of COVID-19, love was more politically important than ever, how physical distancing, not social distancing, needed to be emphasized, and how community-building practices emerged in creative, original ways. Leaving notes to neighbors and strangers, inquiring about food needs or emotional well-being to ensure no one was left behind, improvising neighborhood food banks to help those who suddenly lost their jobs, opening hotels to those sleeping in the streets, distributing masks to street drug-users, bringing foods to exhausted and overworked healthcare workers: these are all examples of community-building actions motivated by love and care that occurred during the pandemic, and instilled some hope and magic in an otherwise bleak foreseeable future of being alone together.

But as the writing process unfolded, I found myself constantly moving away from this. The precarity of my own feelings entered my train of thought. I found myself caught between the insistence that love mattered more than ever and that we needed stories of hope and community in a time where touch itself has become over-politicized and securitized to heightened levels, and my internal, visceral screams of rage at the political, hypocritical discursive deployments of love that took the form of pleas and requests targeted at specific people, especially care workers, immigrants and asylum seekers. As my writing about love kept coming from a place of anger and urgency, my attempts to return to the productive, positive dimensions of love brought about by the pandemic felt more and more like a self-imposed, disciplining form of cruel optimism, to use Lauren Berlant's words,⁴ that had become an obstacle to the real flourishing of my thoughts. What I *really* wanted to talk about was how the political mobilization of love I witnessed in the public sphere did not have the positive political potential that one could imagine emerging from such a movement. My anger stemmed from the state's deployment of love and care as political discourses.

Throughout the pandemic, the state has been mobilized as the central organizer, coordinator and distributor of care. This comes as no surprise for those of us who live in welfare-state systems, where healthcare has the ambition of being universal in its reach and coverage. But two elements caught my attention. First, as the first wave of the pandemic unfolded in spring 2020, it became clear that the state's centrality in the definition of care and the identification of who and what we should care about became more entrenched than ever, and uncomfortably obvious — if only in the debates and protocols about *who* should get access to care and ventilators should there be a shortage of beds and equipment in hospitals. Second, in doing so, it also crystallized new categories of individuals in relation to care: those in need of assistance (children and the elderly) and those whose assistance is needed ('guardian angels'). Yet, for all of their differences, a characteristic common to all of these groups is that they are metaphorically (elders, children) or legally (asylum seeker, detainees) 'incomplete' citizens. Finally, the pandemic has required a massive increase in the provision of care that can only be administered by a private individual — not the public individual in the guise of an abstract health system, but the physical work of the care worker, physician or hospital nurse. As such, more than ever, the pandemic has blurred the public/private divide along which the state operates,⁵ revealing the schemes and violence involved to be able to "care like a state."⁶

When asked why love ought to be seen as "politically interesting," Lauren Berlant answers by stating that its relevance lies in "the conditions of the possibility of an orientation toward being in relation, which could be lived in lots of ways."⁷ This definition beckons an attention to relationality *and* uncertainty; it goes without saying that invoking love does not necessarily results in it being a good thing, even if it opens up such possibilities. The pandemic unexpectedly made visible and sometimes challenged the dominant politics of touch, love, and care between hierarchized bodies. As such, turning my critical eye now toward the kind of relationalities and their orientations invoked in discourses of love mobilized by state officials during COVID-19 makes more sense to me now than offering cruel optimism.

This essay can thus be read as an unraveling of struggling thoughts as I grapple with the intermeshing and often incoherent significance of touch, bodies, and care in connection to love. The play in English on the word 'care', which can mean to attend to someone's physical and emotions needs or to have empathy with, concern with, should

not be lost on us. Why do some political deployments of love leave out bodies in some situations and not others? What does it do? Why does emotional care sometimes matter, when speaking of love, and sometimes not? What do such absences or presences say about the power dimensions that permeate relationalities created through discourse of love? I started thinking about children, about the elderly, about care workers, about asylum seekers, about detainees... Inevitably, my thoughts and questions are bound to the peculiarities of my own personal and geographical situatedness. Still, the universal nature of the pandemic precludes any real possibility of an outside-looking-in perspective on the world or ourselves. My hope is that the examples I draw from resonate with wider questions about the political potential of love and its unfolding.

Love as a Mode of Bodily Relationality

The common and prevalent Western understandings of love⁸ reduce love to a passive state, to an emotion over which you have no control: you love someone or you don't, you fall in love — you have no control over this. 'It' just happens. But bell hooks and Lauren Berlant's insights challenge this idea. Though coming from different theoretical backgrounds, both authors insist that love is a mode of relationality that produces something in the world and in those involved in the relation. This leads me to understand and formulate love as a technology. It is a skill, insists bell hooks, not a mere feeling. And skills require practice, education, it is informed by reason, not antithetical to it.

"Love," insists Berlant, "is one of the few places where people actually admit they want to become different. And so it's like change without trauma, but it's not change without instability. It's change without guarantees, without knowing what the other side of it is, because it's entering into relationality."⁹ From this standpoint, we can see love as a transformative political goal in itself. However, such relationality is not imagined with an abstract Self and Other. It mobilizes and entangles bodies, hearts, and minds: it is experienced; it needs to be phenomenologically accounted for.

Admittedly, this understanding of love as an active process might make some skeptical, especially given the prevalent idea of love as a transcendental emotion that is external to us and over which we have no power permeates popular culture. Yet, in specific relationships, the active, relational work of the love-body-care nexus is easily conceded and makes sense to us.

Since becoming a mother, for instance, I have always been struck by the fact that prenatal classes and literature insist so much on skin-to-skin contact between parent and child right after birth to reassure the newborn child, but also to actively and purposefully seek to develop a loving relationship. Such advice, in one sense, is meant to be liberating: it confirms that there is no such thing as innate, maternal love, and that loving your baby is something that is built, over time, through touch, through care. Feeding, bathing, caressing, kissing, holding a child, are all physical tasks that become imbued with emotional investment that establishes a loving bond over time. Caring, here, conjures both work and emotional attachment. And as the parent-child example illustrates, there's an assumption of transformation coming with it. Touch through care work enables the transformation and makes love emerge out of strangers, making caring, in the emotional sense, possible.

I believe that we need to be more curious about the fact that when it comes to love, we do not deploy or even see the love-body-care nexus equally for all relationships. It is really striking that such dynamics of love, touch, and care, which have almost become commonsensical when it comes to small children, suddenly disappear as we grow up. Teenagers and adults seem to evolve apart from this entanglement of active bodily touch, love, and care, and their transformative potential, which seems self-evident with babies, toddlers or even dogs.¹⁰ Love ceases to be active, it becomes a transcendental force that happens to us — or not. In fact, kindness (let alone love) between parents and children remains the only relationships where it is “expected, sanctioned, and indeed obligatory [...] Kindness — that is, the ability to bear the vulnerability of others, and therefore of oneself — has become a sign of weakness.”¹¹

This gap in love in adulthood in our culture is puzzling. While I cannot fully grasp yet why it exists as such, one piece of the puzzle might lie in the fact that our passive understanding of love beyond childhood suits us well. It suits us well in accounting for our modes of relationality as adults, especially those involving the bodies that in Western societies we take great pains to distance ourselves from, such as those of the elderly or detainees. “Love,” bell hooks insists, quoting M. Scott Peck, “is an act of will — namely both an intention and an action. Will also implies choice. We do not have to love. We choose to love.”¹² For hooks, we need to think of love as an action, rather than a feeling. Doing so assumes accountability and responsibility, in opposition to the commonly held belief that we have no control over our feelings. We need to think of

actions as shaping feelings, not as feeling leading to action.¹³ Not seeing love as an active process throughout adulthood might perhaps be a way to avoid accountability for the relations we make and the communities with which we want to be in or out of touch.

Expectations of Passion and Devotion: Teachers and Early Childhood Educators

Throughout the coronavirus-induced confinement that began in March 2020, children, the elderly, and detainees were on my mind for various reasons—and on the politicians’ minds as well. While my thoughts about them sprung from diverse and unrelated sources, the ways in which I repeatedly thought about them kept bringing me back to the relationalities between bodies that were brought about by discourses of love, and the strange ways that ‘caring’ came into play.

In Quebec, the first known case of COVID-19 dates to February 27, 2020, “when a Montreal-area woman returned to the province from Iran with symptoms.”¹⁴ From there, things quickly unraveled. Shutdown began on March 13, 2020; schools and daycares closed; and on March 22, only grocery stores and pharmacies remained open. In the Montreal area, children only went back to school in early September, and daycare services for children under five progressively reopened, starting in May, with the last children returning in early July.¹⁵ For several parents, myself included, this meant more than 15 weeks of caring for children full time while working — and trying to make sense of it all.

On my Facebook feed, one male colleague in the United States bitterly remarked, after several weeks of lockdown, that the pandemic might turn us into social reproduction specialists. Indeed, for several men, the shock of housework and caring for children full-time, and not being able to go out and about, came as a great shock. Despite years and years of feminist cries about how caring for children was hard work, the sudden lived experienced of that came as a shock for many men. For women, as Birgid Schulte aptly pointed out,¹⁶ the demands and expectations of care have for a long time stripped us of this fantasy of working, undisturbed and unencumbered, for several hours. This situation only worsened in lockdown:¹⁷ a study conducted in England found out that working mothers at home were on average only “able to do one hour of uninterrupted paid work for every three hours done by men.”¹⁸

Thanks to a subsidized daycare service offered since 1997, the province of Quebec has one of the highest employment rates in the world for women: with someone else to care for their children, women are able to join the workforce. This highlights the irony of the welfare state: getting the care and protection that citizens need also entails that welfarism and ‘carism’ become the enablers of neoliberalism.¹⁹ So, when the COVID-19 crisis hit, and all schools and daycares shut down for weeks that turned into months, women were hit hard, and in many ways. The invisibility of care work, the assumptions that women would do it anyway, all came to light when cries started to abound: what are we going to do about the children? Parents suddenly ‘trapped’ with their children 24/7 longed for the return of schools and daycare, if only because their own jobs did not provide them the flexibility to account for their care at home. Many parents suddenly realized the real work of caring for their children at home, educating them, reassuring them, entertaining them.

Some had to care for their children while working at home full time. Several others, by contrast, had to leave home to work because they were in the care service needed to sustain the healthcare system. This left them in a lose-lose situation: who would take care of the children if social contacts were not allowed, if no relatives could come to help? Were they putting children at risk by placing them in emergency daycare services, that were quickly set up especially for them, to ensure that they continued to work? Or would they potentially risk someone’s health by asking them to babysit?

The name ‘essential services’ suddenly became very clear in its meaning. Going back to the classic understanding of sovereignty introduced by controversial theorist Carl Schmitt, if the Sovereign is he who usually decides on the exception, in the present case, it is the Sovereign who decides what counts as an essential service — and in both cases, delineating zones of protections and sacrifice. Many would have wanted to stay at home to avoid contracting or spreading the virus, but they could not. Women make up the majority of service workers; they often hold part-time jobs that are poorly paid, such as cleaners or cashiers, and during the pandemic, these jobs had to be done to ensure the security of the broader community. Just as cleaners and cashiers, nurses, educators and teachers were given instructions to make things work. The pandemic and its resulting lockdown revealed that while care work was badly paid and acknowledged, it was still essential. The social contract about who must usually care for whom in our society suddenly became visible for all to see or experience.

But this did not translate in a new appreciation for care workers. Rather, it revealed the extent of our expectation of true love and care from all social reproduction workers. Women (as they are mostly women) working in schools and nurseries were suddenly in the news: how dare they not call children every day to inquire about them? How dare they close their childcare services, when so many needed to get back to work?

I found striking to hear, in the news, praise of teachers who went above and beyond what was expected of them with displays of emotional care (calling, getting creative to reach out to students, making substitution for end-of-year graduations), and the open dismay that so many did not do it. These women, it was said, did not display enough emotional attachment. Did they not know how difficult lockdown was for the children? Were these teachers not passionate about their work? Did they not really care, emotionally? “Think of the children,” society said — children used as props, rather than agents, to justify any policy that suits ‘our’ needs. Teachers who were not creative enough in trying to entertain children, to salvage graduation, or to take regular updates from students were blamed by parents for not caring enough.

Who are we to make requests of passion and vocation, as an unattainable form of godly call that transcends bodywork, on those performing care work for our children? How could it be that having our own children full time led so many of us realize how much work it was, leaving us longing for nurseries, daycares, and schools, while at the same time blaming the women who perform care work on a daily basis for not being able to do so in a global pandemic context? They did not really care, the public cried, not factoring in that, in most cases, they simply *could* not, as like us, they also had to care for children at home or ill parents while also working.

Such outcries raised the haunting specter of fake love. We demand unconditional love of social work. We want workers to care emotionally because they care physically. Literature on care work and sex work rightfully highlights how the two get linked, and expected, to the point of needing to fake it — fake love, fake pleasure. We want *them* to make *us* forget it is actual work, to erase fears of complicity. Only on the other end of the relationship do we wish to keep the distinction between emotional care and physical care work distinct, so that we are able to fire a nanny at will, to justify our actions towards a sex work client, etc. Doing so makes us feel good about our current power arrangements at home, at schools, at work, and allows us to not examine who performs care work and at what cost. The disconnect between physical and emotional care on the

workers part, though, is seen as suspicious. More than wanting nurses and teachers to say they are passionate about their work, we *need* them to say so: passion transcends power relations, it makes things bearable. It excuses poor working conditions and social inequalities, such that we may comfort ourselves by thinking that despite harsh conditions, these workers would perform their tasks anyway.

Caring for ‘Our’ Elders: Love as Benevolent Disempowerment

The interconnectedness of love, care, and bodies came to an uncomfortable light when it became clear that COVID-19 affected the elderly first and foremost. In the height of the first wave of the pandemic in April 2020, it was announced that of “those who have died of the pandemic in the province [of Quebec], 90 per cent are 70 and over, with an added 8.4 per cent in the 60 to 69 age bracket.”²⁰ Even more, “70 per cent of the dead lived in CHSLDs²¹ or long-term care residences (51 per cent), or other seniors’ residences (19.3 per cent).”²² Such numbers stagger the imagination. They led to various public debates and outcries, but one that struck was the Prime Minister’s insistence on speaking about ‘our elders’ in his daily televised briefs.

The possessive ‘our’ was meant to impart a sense of belonging and community, a sense of duty, love, and care that the pandemic called for. However, ‘our elders’ also signaled a use of the possessive: they belong to us. It became deployed in ways similar we speak of ‘our children’: it signals not the possessive of community, but the possessive of hierarchies of power, stripping elders of their agency the same way the agency of children is usually ignored. It signals a security regime with a gendered logic of the masculine role of protection that “puts those protected, paradigmatically women and children, in a subordinate position of dependence and obedience. To the extent that citizens of a democratic state allow their leaders to adopt a stance of protectors toward them, these citizens come to occupy a subordinate status like that of women in the patriarchal household.”

“Protecting our seniors must become everyone’s priority,” the Prime Minister declared in April 2020. Hence, measures that allowed for a progressive end to the lockdown began to take form, except for the elderly, who were strongly encouraged to stay home. In the height of the lockdown in April, some cashiers at grocery stores or liquor stores

refused to serve elderly clients, claiming that they should respect public safety recommendation and stay home. Some private care homes hired security guards to control the entries and exits of their building to ensure that no residents could leave.

Love is political, but not necessarily in the sense of empowerment; relationalities do not always entail equality. They denote a connection, but say nothing about the power dynamics that animate them. Discursively, the subordinate status of the elderly showed in the way the government spoke of death tolls or of the success of its policies, going as far as claiming on June 24 that “We were defeated in the long-care homes [...] but we must not forget that for the rest of society, the Québécois won.” As if elders under ‘our care’ formed a distinct segment of society that can be included or discarded, depending on our political strategy.

Discursive manifestations of love and care for ‘our’ elders in the time of COVID-19 take on another dimension if we look at their material manifestations. We pretend that we love our elderly like we do our children, we mobilize their need for protection or help, but the crumbling states of our public schools and state-subsidized long-term care residences beg otherwise and tell a different story. Quebec has, for the past decade, been characterized by a high placement rate of the elderly in private homes. State-subsidized long-term care homes are restricted for those who require intensive care and help: patients stay in these homes and die there in an average of 3 years. Austerity measures imposed over the years have made the subsidized homes uncomfortable places not only to enter, but even to talk about. With no opportunities for distraction, poor quality food, and a high turnaround of nurses and orderlies, residents lack sustained emotional connections, and they are prescribed antidepressants at a shocking rate. In 2016, 60% of patients in state-subsidized long-term care homes relied on these medications.²³

Caring for ‘Our’ Elders: The Demands of Unconditional Love

The situation in residential and long-term care homes was already dreadful before the pandemic. With COVID-19, it became so dire that the federal government had to deploy the military armed forces (!) in nursing homes to help curb the dramatic infection rates and death tolls that kept on rising. The intervention, labeled ‘Operation Laser,’ mobilized 1050 military personnel²⁴ in long-term care homes from April 20 to June 26,

2020, at a cost of CAN\$53 million.²⁵ They performed several tasks, from helping, feeding, and bathing residents to aiding with logistical issues. Quebec's Prime Minister pleaded to make the army stay until September 15, but on June 26, the Red Cross took over. Shockingly, Quebec made international news when the army's final report on the situation documented cases of malnourished and neglected residents, rotten food, and insect infestations.²⁶

Stop and think about it. Sending the army, the armed military forces, into long-term care homes because no one else was there to provide the aid that was needed. The uncomfortable truth in this is that we, as a society, do not want to do such care work for the elderly. It is challenging, physically and emotionally. Despite claims that we love our elders, we certainly do not, in fact, want to touch them. Instead, it is those with precarious status who do the actual caring for the elders. Migrant women and asylum seekers have increasingly been recruited to perform the necessary work for 'our elders.' Indeed, in 2016, more than 35% of nurse aide, orderly, and patient service associate occupations in Canada were immigrants (as opposed to 22% in 1996), and 86% of them were women.²⁷ By contrast, immigrants in all other fields of work comprise less than 25% of active workers.²⁸ The situation is more striking if we focus on metropolitan areas: migrants then represent 78.7% of these workers in the Toronto area, 72.7% in the Vancouver area, and 47.8% in the Montreal area.²⁹ The situation has been exacerbated since 2017, as "58,625 people have made the trip through unofficial crossings and once in the country, asked for refugee status [...] As they've awaited decisions on their claims — a process that can take years — many sought jobs that would be deemed essential as the pandemic's first wave swept through Canada."³⁰ And, as it has become clear how integral to our healthcare care system these immigrants now are, public sentiment started shifting in the summer of 2020.

Beyond Earthly Considerations: Care Workers as 'Guardian Angels'

The cohort of asylum seekers and immigrants working in the healthcare system as the pandemic raged on became labeled "our guardian angels."³¹ The conditional love that Sarah Ahmed talked about when she said that countries accept immigrants and love them to the extent that they "look like us" certainly applies here. Explains Ahmed: "To love the other requires that the nation is already secured as an object of love, a security

that demands that incoming others meet ‘our’ conditions. [...] When such conditions have been met they will ‘receive the welcome they deserve.’”³²

Angels, to use a common definition, are “spiritual beings superior to humans in power and intelligence.”³³ The irony cannot be lost here: as we discursively dematerialize the care workers’ very working bodies, we erase their situation of vulnerability, creating an impression of power — power over us, in fact. In imagining these workers as angels, we believe that not only should they protect us, but that this protection must come from a place of love. And they are performing such work because, actually, no one inside already part of the polity wants to care *that much*, wants to love children and the elderly *that much*. Being able to do so is out-of-this-world, apparently — it requires aliens, metaphorically and literally. Loving those who require the most love and care among us: this is nothing less than the demand placed on them.

We demand protection by the people we otherwise refuse to protect. Marginalized because of their socio-economic statuses, their skin colors, their genders, or their lack of documents, we nonetheless require more from these incredibly vulnerable people than simply embracing ‘our values’ and ‘our culture.’ We want them to care for, and love, what we cannot get ourselves to love or care about inside our own societies: ‘our elders’. In an odd discursive twist, those occupying the most precarious position of all before the crisis — marginalized women of color and asylum seekers — came to be referred to as ‘our guardian angels’ in public discourses and policies.

It is only when we remove the relation of love implied in the ‘guardian angels’ narrative that the bodies of care workers can appear and be politicized. In Quebec, asylum seekers do not have access to subsidized daycares for their children or to Quebec Medicare cards, and they are not covered by the provincial workplace health and safety board.³⁴ Calling them guardian angels not only puts ‘them’ above ‘us’ symbolically, but also politically: not being ‘one of us,’ they remain excluded from the polity, the nation. Being guardian angels, they *ought to* watch over us: it is their mission, their reason for being. Still, their bodies are made exceptional, and they only exist in relation to us, as our imperative for love extends to self-sacrifice. The irony was not lost on Ze Benedicte Carole, an asylum seeker from Cameroon working in a long-term care home, when she objected that “[w]hen we die at the front lines, we’re called guardian angels. But when we need to be treated on equal footing, we’re not guardian angels. We’re nobody, we’re invisible.”³⁵

Unconditional Love: Being Uniquely Canadian

The metaphor of the ‘guardian angel’ crystallizes the dichotomy between love and money interests that permeates the Western understandings of love — let alone heavenly love — and introduces love in political discourses in a disembodied and dematerialized way: love cannot and should not be corrupted by basic, material considerations. Care workers as guardian angels — performing services out of devotion, not out of self-interest — become used as the benchmark for deservingness.

As the government tried to find replacements for the military personal deployed in long-term care homes for the foreseeable future, it proposed a fast-track training program in June to train new orderlies who could be put to work immediately. The program aimed to train around new 10,000 orderlies in two months to work in the province’s long-term care institutions by September, with a guaranteed position. For this program, students would be paid CAN\$21 per hour while enrolled in the course, and they could expect to earn CAN\$26 per hour upon completing it, for an annual income of CAN\$49,000.³⁶ However, to receive their paid income as students, candidates must commit themselves to working for at least one year in a subsidized long-term care home, and must be willing to work night and weekend shifts.³⁷ Asylum seekers were barred from entering the new program, as were undocumented migrants — even those who already worked in the healthcare system. True devotion is what is expected for them, but for ‘us,’ it appeared clearly that new economic incentives were needed to make us care.

It thus comes as no surprise that one issue that quickly rose in the summer of 2020, as the crisis waned during warmer months, was whether we could show gratitude to ‘our guardian angels’ by granting refugee status, or at least by securing legal stay for all those who worked in our healthcare system, especially those serving in long-term care homes. Those who pushed for regulation of their status in recognition of such work were met with resistance, with critics underscoring that they were just doing their jobs (aka ‘just being professional’), and emphasizing that there was no reason that they should come before those doing other kind work.

This debate again hinted at the specter of fake love: what if future asylum seekers tried to become orderlies, or nurses, but their doing so was motivated by pure self-interest, rather than by honest, true love for the patients under their care? Testimonies such as that of Pierre Kiosa Nakatala, 45, who brought his family to Canada last year through

the unofficial border crossing at Roxham Road, on the Canada-U.S. border, were what the government wanted to hear. “We didn’t do this to have documents,” he said: “We did it to help.”³⁸ As if securing one’s status, one’s family, was antithetical by definition with a desire to help others. Caring for the elderly is one of the few jobs we want asylum seekers and first-generation immigrants to do, and when they do it, we want them to *love* it for its own sake: they should not only care physically for us because they have to, they must do so emotionally as well.

The Quebec government negotiated specific requirements for asylum seekers to be eligible for the “guardian angels residency pathway,” as it came to be called. These workers must “have applied for asylum before March 13 and have a work permit, have worked in patient care at a health-care institution for at least 120 hours between March 13 and August 14; have six months of experience in patient care at a health-care institution by August 31, 2020; and meet other criteria related to permanent residency, notably health and safety requirements.”³⁹

This guardian angel residency pathway reintroduces the questionable notion of the deserving versus underserving refugee: those who have *proven* themselves worthy of ‘our’ love by caring selflessly for our abject bodies. The demands of conditional love, which seeks to secure our ideal of the nation and our own love for it, as Sara Ahmed explained, could not have been stated more crudely by the Canadian Immigration minister Marco Mendicino. Lauding the launch of the new program, he defended the program in Montreal on August 14, 2020, claiming that asylum seekers eligible for the program “demonstrated a uniquely Canadian quality, which is that they were prepared to give back.”⁴⁰

The Quebec government rejected propositions that all asylum seekers working in hospitals, but not with patient care (such as maintenance staff and security guards) be included, along with propositions that suggested considering all those whose work fell under the ‘emergency services’ identified by the government during the lockdown.⁴¹ “Why (not) us? We who gave our hearts and our love... Why are we abandoned?” asked Nguessan Bi, an asylum seeker who worked as a security guard in hospitals and long-term care homes. What, indeed, about undocumented migrants working in long-term care homes? In an unexpected change of heart, Quebec’s Prime Minister announced in November that his party was ‘considering’ expanding the program, though in December 2020 it has yet to accept its first applicant.

Not Worthy of Love: Detainees as Abject Subjects

In the early days of the pandemic, I was obsessed by this thought: what would the post-COVID-19 world look like? In the name of safety and security, we cut short many possibilities for love and community-building. We know that policing touch, preventing some bodies from contacting others, has always been a political concern. But when physically touching your children, your parents, your friends, becomes securitized — when touching itself is securitized, independent of who's on the receiving end — what kinds of relationships are we creating now? My worrying about it now might be new, but it made me realize that such a reality already characterized migrant detention centers and carceral spaces.

“We’re trying to document detention practices in times of COVID,” my undergraduate student told me — via her computer screen to my own — on a bright July day, after I asked her to detail the goals of her internship at the Global Detention Project. “This is really troubling and eye-opening,” she said. “Did you know that detention centers operated by the GEO Group, which runs detention centers and correctional facilities in the US, Canada, Australia, the UK, and South Africa simply spray chemical sanitizer on inmates in common areas, as much as 50 times a day?”⁴² No. I did not. Agents spreading it do wear protective gear, thus ensuring that no contact at all can occur — and potentially harm them. But the no-contact policies in migrant detention center already aimed at ensuring this. In those spaces, touch only comes as power over someone else, because should touch occur, *something* could happen. It could be more violence. It could be a community. No wonder detention centers are built away from the public eye, no wonder these bodies are kept hidden from sight, kept away from willing touch too. Detailed guidelines regulate the ways that guards and detainees should walk in relation to one another; a harsh guideline asking guards to specifically never hold or touch a detainee — even a child — is there for the ‘security’ of the system: there is fear that identification, emotion, even some form of love might arise. We are afraid of touch, of the direct stare, of the kind of spark, the kinds of emotions, and even the kind of love that might arise from it. Because if you touch or hold, *something could happen*. What that something is, we don’t know exactly, we can only imagine; suddenly, possibilities arise. Suddenly ‘the migrant,’ the other, becomes *someone*, becomes a subject. He or she becomes tied to you by love, if only through self-identification, and by extension, self-love.

My student continued: “Did you know that the Trump administration issued a public health emergency order⁴³ to expel unaccompanied children before they could file an asylum claim?”⁴⁴ No. I did not. Between April and June, “Customs and Border Protection officials encountered 3,379 unaccompanied minors at or between ports of entry. Of those, just 162 were sent to federal shelters for immigrant children run by the Office of Refugee Resettlement, the Health and Human Services agency tasked with their care.”⁴⁵ The government lost track of all others. They were not deported — they were expelled, with no opportunity for hearings or assertions of asylum claims. A federal judge halted these expulsions on November 22, 2020, but the situation was not limited to minors. Indeed, the order “suddenly authorized the summary expulsion of noncitizens arriving at the border without valid documents.”⁴⁶ Not merely a bureaucratic procedure, the order deployed “a medical quarantine authorization to override the protections of the immigration and refugee laws through the use of an unreviewable Border Patrol health ‘expulsion’ mechanism unrelated to any finding of disease or contagion.”⁴⁷ We cannot unknow the loss of these lives. All this information, my picturing of it, still haunts me. They should haunt us. They speak volume about the relationalities we do not open ourselves to in the name of (national) self-love.

Whereas touch avoidance and physical distance have been overpoliticized in public discourses, correctional and detention centers remain spaces where relationalities are not questioned, are not mentioned. In Canada as elsewhere, the overcrowding of jails and prisons, poor hygiene conditions, and neglect have been raised as serious issues that need to be tackled, as infection rates from COVID-19 have continued to rise. But these bodies in those spaces can and *do* touch each other. The paradox of it all cannot go unnoticed: as pleas for physical distancing and mask-wearing continue to be emphasized every day on the news and in political speeches, we are denying it to those asking for it in our detention centers. Physical distancing here means strict isolation, with no or extremely limited contacts with the outside world allowed,⁴⁸ and the relationality of love is being denied through proximity and promiscuity. We force on them unwanted touch through physical and sexual abuse, while also creating conditions where we can remove ourselves from touching them, even in times of a health crisis. We need not care, emotionally and physically, for them. The abjection of these locked-up subjects makes them not worthy of our love, anyway.

Revelation: The State Does Not Love You, It Knows Not How to Care

Sending the army, the armed military forces, into long-term care homes. Forcing already-exhausted nurses to work overtime because hospitals are in a permanent state of being short-staffed. Announcing, before the second wave hit, that even if there is a second wave, daycares will remain open, at any cost. Relegating asylum seekers and migrants to do the hardest care work of all at the bedsides of ‘our’ elderly. For me, the COVID-19 crisis has shown plainly that the embedded affect at the core of this understanding of the state can only sit uneasily with discourses of love and care. In her classic volume, *States of Injury*,⁴⁹ Wendy Brown has famously discussed the ambivalence behind turning to the state to seek retribution from past harm, healing, help, or justice. In political science, the traditional definition of the state remains that of Max Weber, who defines the state as “a human community that (successfully) claims the monopoly of the legitimate use of physical force within a given territory.”⁵⁰ This definition seemed trivial enough to the comfortable majority of citizens here in Canada. But for First Nations peoples, for those with undocumented or precarious status, for women, and for the poor, this is a lived, embodied fact, one that in some cases is experienced every day. Viruses, however, do not discriminate between artificial national communities, so the pandemic suddenly affected, disrupted, and made difficult the lives of those usually unaffected by the Canadian state. It made visible the affective components that such a definition of the state entails, and how utterly inadequately matters of love and care resonate with it.

At its best, the state can be a reassuring protection racket.⁵¹ As this expression suggests, and to be clear, it means that the state does indeed offer some benefits, otherwise it could not cloak itself as being a protector. And, of course, states can access or provide access to useful things, such as national healthcare services, or antidiscrimination laws. I am not denying these benefits, nor that citizenship is indeed something we cannot afford *not* to want.⁵² But these are always precarious; they result from battles fought by people on the ground. This protection is also offered in exchange of some violence being done — if not to you, to some others. Discourses of love coming from the state obfuscate the embodiment and materiality of care; they depoliticize the caring costs of the protection we seek from the state.

Communities, people, take care of one another. Marginalized communities have long known this; one of the most famous histories of care, for example, took place in

queer and trans communities in relation to the HIV/AIDS crisis of the 1980s and 1990s in the United States. To these people who already know the precarity resulting from the state's protection racket, what I say is nothing new, it is nothing to fret about. My hope is that this COVID-19 crisis makes the others — those who have long benefitted from the state's protection racket — recognize it for what it is. Stop fetishizing the state as benevolent caregiver to its population. Stop turning to it as the start and end, as the only solution to all the woes brought about or simply made visible by the virus. States can do so much because of what they are. States can do useful things to some, but states know not how to care, states do not *love you*, states are always ready to sacrifice you, when push comes to shove. States need women to work as care nurses so that infrastructures do not collapse; they need the elderly in long-term care home because they want able-bodied individuals to go in the workforce and not be paid to stay at home to care for them.

Conclusion

Children, the elderly, detainees: they spark a critical questioning of love as it is deployed politically; they underscore the need to question love as a form of relationality that is technological, and is transformative of all involved, rather than a transcendental, mystical force that we either experience or fail to know. Such modes of relationality are technological in the sense that they produce things; they create and delineate communities; they establish hierarchies between people; they render visible and invisible.

What the pandemic revealed is that opportunities to alter the pre-COVID paradigms are real. Choices are real. Suddenly, stimulus bills and steady monetary allocations to allow people to stay at home became possible in Canada and elsewhere across the globe (though, as the US shows, not everywhere). Dollar amounts so huge and extraordinary were released — in a matter of weeks, it became possible. Shutting down international flights — from an unfathomable fantasy, in only a few days, it became possible. As such, if one is to look for a silver lining in this global tragedy, it is that the pandemic exposed our need to enter and occupy the space opened up by this politics of possibilities. It made plain that what is always presented as impossible, fiscally or politically, is in fact a matter of choice. What would happen if...? I say we open that breach. Let's not long to go 'back to normal.' There's no going back to normal anyway; what was

before the pandemic was not ‘normal.’ It was, and always has been, a temporary, abnormal political arrangement that suited very few of us. A politics of love cannot come from the state. It must come from people, from us. But it must be incarnated: in body, in spirit, in care. Caring and touching both have bodily and spiritual dimensions; doing one without the other makes little sense of love, if not of life altogether.

If anything, I would like to see this reflection as an urge to avoid the trap of opposing ‘love’ as a political discourse to ‘self-interest.’ I would like to see a more serious consideration of love as political, as an active force that allows or denies relations, as something we can become better at. This requires practice and education, it demands a politics of vulnerability⁵³ for many of us in power, one we often wrongly see as running against our own interests. We need to reconsider our technological uses of love, and the transformations and relations that they enable. We need to seriously reconsider the kinds of relationalities we deploy and become entangled and complicit with. We need to reconsider the communities we sustain or prevent from becoming when we invoke the need for love in our (political) lives.

Endnotes

- ¹ I would like to thank my dear friends and colleagues Olivier Barsalou and Victor-Alexandre Reyes-Bruneau for their careful reading of this essay and for their insightful suggestions to help improve it.
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- ⁶ The idea of “caring like a state” borrows from James C. Scott’s classic book *Seeing like a State*, in which the author identifies and describes schemes which states impose upon populaces to make them legible for the state’s intents and purposes, but that are not necessarily in the people’s best interest. See James C. Scott, *Seeing Like a State: How Certain schemes to Improve the Human Condition Have Failed* (New Haven: Yale University Press, 1998).
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