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Crisis politics of dehumanisation during COVID-19: a framework for mapping the social processes through which dehumanisation undermines human dignity

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Crisis politics of dehumanisation during COVID-19: A framework for mapping the social processes through which dehumanisation undermines human dignity

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Abstract

The COVID-19 global pandemic is understood to be a multidimensional crisis, and yet undertheorised is how it reinforced the politics of dehumanisation. This article proposes an original framework that explains how dehumanisation undermines the human dignity of individuals with minoritised socio-economic identities during the COVID-19 pandemic. The framework identifies four interrelated mechanisms of crisis-driven dehumanisation: threat construction, expanded state coercion, reinforcement of hierarchies, and normalisation of deaths. The article argues that an understanding of these mechanisms is crucial for capturing the complexity of human rights deterioration during the COVID-19 pandemic. The article uses the plausibility probe method to demonstrate macro-processes of dehumanisation, with illustrative empirical examples from diverse societies during COVID-19. It proposes a framework for understanding these dehumanisation processes that can apply to other transnational crises.

Keywords

COVID-19, crisis, dehumanisation, human dignity, human rights, necropolitics, necrostratification, securitisation

Introduction

Since early 2020 until March 2023, the COVID-19 pandemic killed at least 6.9 million lives due to direct infections (World Health Organization (WHO), 2022). In addition, millions of people worldwide continue to suffer due to the loss of income resulting from various combinations of pandemic restrictions, which gravely undermined the operations of

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business, amid insufficient state support for vulnerable communities (Darvas, 2021; Goodale, 2020; Ndlovu-Gatsheni, 2020; Thomson and Ip, 2020). The COVID-19 global pandemic is a multidimensional crisis (Goodale, 2020; Greer et al., 2021; Han et al., 2021; Hirst and Rossdale, 2021). It is a crisis of global public health, as governments struggle to introduce various restrictions in social gatherings, in a bid to avoid the breakdown of public health systems, while trying to minimise the number of infections, hospitalisations, and deaths. It is also a crisis of democratisation (Lundgren et al., 2021; Moon et al., 2021; Pamuk, 2022). Illiberal and authoritarian leaders use the pandemic's existential threat to justify increased state violence against minoritised communities and all forms of political dissent. Moreover, the COVID-19 pandemic reinforced an epistemic crisis, whereby the proliferation of 'fake news' outlets has persistently delegitimised scientific expertise and evidence-based journalism (Fleming, 2020; Linden et al., 2020; Schuetz et al., 2021). During the pandemic's third year, the Russian war of aggression in Ukraine along with global economic crisis, food insecurity, widespread poverty, and inflation increased the sense of precarity among marginalised communities both in the global South and in the North (Liadze et al., 2022; Michta, 2022; Skiver, 2022).

Yet, even before the pandemic, several global systemic crises have emerged in the 21st century, in addition to the apocalyptic threat of climate change. Before the COVID-19 pandemic, there were two transnational crises that challenged the stability of the post-Cold War global system: the post-9/11 human rights crisis generated by the US-led global war on terror vis-à-vis global terrorism *and* the financial crisis in 2007/2008. It appears that both pre-COVID19 crises provided the broader structural conditions that amplified dehumanisation and human rights deterioration in the current pandemic era. The post-9/11 human rights crisis, which was facilitated by the terror attacks, and the consequent US-led 'global war on terror' later on evolved into various localised forms of 'war on terror', including the drug wars in Thailand and Colombia as well as Beijing's intensified repression of the Uyghur minorities and other places elsewhere (Diken and Laustsen, 2004; Leffler, 2005; Rasmussen, 2002; Regilme, 2018a, 2018b; Roberts, 2020). Consequently, many states intensified their surveillance systems, widespread extrajudicial killings, and the proliferation of abuses such as torture, enforced disappearances, and armed conflict in many places worldwide (Foot, 2005; Groot and Regilme, 2021; Regilme, 2018a, 2018b, 2020a). The 2007/2008 financial crisis, on the other hand, accelerated the shrinking of welfare systems, which, in turn, gravely affected the most marginalised populations. The detrimental effects of austerity politics are numerous, lethal, and enduring (Blyth, 2013; Cummins and Gómez-Ciriano, 2021; Regilme, 2019, 2023). In public health, a weak or absent welfare state facilitated increased mortality due to poverty without safety nets (Rajmil and de Sanmamed, 2019) and increasingly unmet medical needs in countries due to reduced state subsidies in public health (Legido-Quigley et al., 2016). Facilitating the shrinking of welfare states due to austerity politics and the expansion of states' coercive apparatuses, both of which gravely impacted already marginalised communities, the 'war on terror' and the 2007/2008 financial crises laid the foundations for intensified dehumanisation in the COVID-19 era.

Focusing on how the COVID19 pandemic intensifies dehumanisation, this article is guided by the following organisational logic. The next section presents the core question concerning the relationship between global crises and the persistent politics of dehumanisation. I discuss therein the theoretical literature on crises and the core arguments that illuminate the dehumanising processes of policy responses during the COVID-19 pandemic. Next, I systematically analyse how and under which conditions did the pandemic

systematically perpetuate dehumanising practices. In the context of a global crisis, four macro-social mechanisms generate dehumanising practices: (1) threat construction or *securitisation*, (2) intensification of state *coercion*, (3) death hierarchies or what I call as *necrostratification*, and (4) institutionalisation of *global necropolitical cultures*. The article concludes by reflecting on how the logics of crisis construction and dehumanisation represent core features of the global disorder and some possible pathways for radical transformation.

This article contributes to the human rights and multidisciplinary COVID-19 literature in several ways. First, I provide an innovative analytic framework that maps out the social mechanisms through which crisis-driven dehumanisation gravely undermines the dignity of individuals with minoritised identities. The framework demonstrates that crisis-driven dehumanisation is neither a monolithic nor a static process of undermining human dignity; rather, dehumanisation results from the dynamic macro-processes of threat construction, expanded state coercion, amplification of hierarchies, and normalisation of deaths. Second, this process-driven understanding of dehumanisation is extremely necessary considering that the COVID-19 pandemic remains undertheorised in the scholarly literature on human rights and International Relations despite the pandemic's transnational nature and its intense as well as lasting impacts on many minoritised communities in the global South and North alike. Understanding dehumanisation as a dynamic macro-social process is useful for capturing the complexity of human rights deterioration in a multidimensional crisis such as the COVID-19 global pandemic. Third, the article offers an exceptionally rigorous empirical analysis by building an original theoretical framework that considers the often neglected ideational, discursive, and practice-oriented aspects of dehumanisation. In the next section, using the plausibility probe method in social scientific research, I theorise the features of each of the four macro-processes of dehumanisation and illustrate each process using actual empirical examples across various societies amid the COVID-19 pandemic.

Problematizing COVID-19 and dehumanisation

The core question of this article examines how and under which conditions do global crises such as pandemics exacerbate the politics of dehumanisation and undermine the dignity of minoritised groups. I reflect on the undertheorised features of the COVID-19 pandemic as a *global crisis* that reinforced the politics of dehumanisation. My core argument states that the COVID-19 pandemic exacerbated the dehumanisation of individuals from marginalised socio-economic backgrounds.

Dehumanisation emerges from four mutually reinforcing macro-social mechanisms of repression that target minoritised groups: (1) the discursive construction of threat through *securitisation*, (2) expansion of state's coercive apparatuses (*coercion*), (3) proliferation of human rights abuses through the political logic of 'death hierarchy' or *necrostratification*, and (4) the entrenchment of a *necropolitical global culture*. In demonstrating these four mechanisms at work, I discuss the theoretical premises that underpin each of them while also providing some illustrative empirical examples from the most recent 21st-century global crisis: the COVID-19 pandemic.

I define a crisis as a transformative process that emerges from the collective act of constructing an event (or cluster of events) – bounded within a historical period and political geography – as demonstrative of a systemic problem and disruption from perceived normality. A crisis emerges from a discursive set of macro-social processes fuelled

by an influential coalition of actors and institutions that promote the following set of ideas (Regilme, 2021a, 2021b). First, a crisis¹ pertains to the emergence of a systemic, sudden, and disruptive problem that poses an existential or fundamental threat to a given socio-political order. This collective acknowledgement of systemic danger requires an attempt to map out its underpinning causes and consequences, thereby showing the *diagnostic* dimension of crisis-making. Second, a crisis constitutes the emergence of an opportunity structure to reform, if not radically transform or even maintain the institutionalised practices and justificatory order of the system that is perceived as under threat. In doing so, a crisis facilitates debates and contestations concerning pathways for a resolution, thereby demonstrating how a crisis constitutes a *prescriptive* function for human societies and its leadership.

The formation of a global crisis depends on two key considerations: political actors and the role of language (Hay, 1996; Koselleck, 2006). The first consideration pertains to the emergence of powerful coalitions of actors – political leaders, business elites, civil society groups, corporate actors, intergovernmental organisations – that promote the idea that certain unprecedented events reflect a systemic problem requiring a coordinated and urgent resolution. The second consideration refers to the role of language as an interpretative instrument for framing a set of noumenal events as symptomatic of a fundamental and existential threat to the ontological existence of a particular group of actors or institution. In doing so, powerful actor coalitions invoke linguistic instruments as well as material resources to amplify their call for a comprehensive resolution of the problem. The *coalition-building* efforts of powerful actors and the *strategic deployment of language* are necessary in the discursive formation of a crisis. For an event to be called as a crisis, state leaders demonstrate a firm and coordinated decision to intervene in order to rectify a perceived problem (Hay, 1996). As Koselleck (2006: 358) notes, a crisis refers to a ‘critical transition period after which – if not everything, then much – will be different’.

What is dehumanisation? Following Smith (2020: 19), I define dehumanisation as a worldview on intersubjective relations; specifically, it promotes the idea that another person (or a group of persons) is a ‘subhuman creature’ or a fundamentally inferior being. Dehumanisation constitutes the ideological and discursive processes of erroneously constituting some groups of human individuals as devoid of or inadequately possessing human dignity (Benhabib, 2011; Regilme, 2022). As such, dehumanisation often functions as the normative foundation for subsequent forms of abuses in the material world, ranging from targeted forms of harassment and torture, denial of social services and other livelihood opportunities, and so on. Dehumanisation implies the desire for domination and stratification, but dehumanisation is distinct from its actual consequences such as genocide and other forms of political violence. Dehumanisation facilitates deadly consequences to a person (or group of persons) deemed as subhuman by those in power. Notably, dehumanisation is an emerging analytic concept sometimes invoked in the COVID-19 literature (Adler et al., 2022; Markowitz et al., 2021; Sakki and Castrén, 2022; Zavattaro et al., 2021). As such, the analysis here is unique because I spell out the concrete mechanisms through which dehumanisation generates actual and material abuses in the context of a crisis. Besides, so much of the COVID-19 and human rights literature thus far has documented the abuses without developing a broader explanatory framework for explaining dehumanisation during crises (Chiozza and King, 2022; Clay et al., 2022; Greer et al., 2021; Lundgren et al., 2021; May and Daly, 2020; Wong and Wong, 2020). In redress of that neglect, I present an explanatory framework, as shown by Figure 1, which presents the four macro-social processes of dehumanisation amid a global crisis.

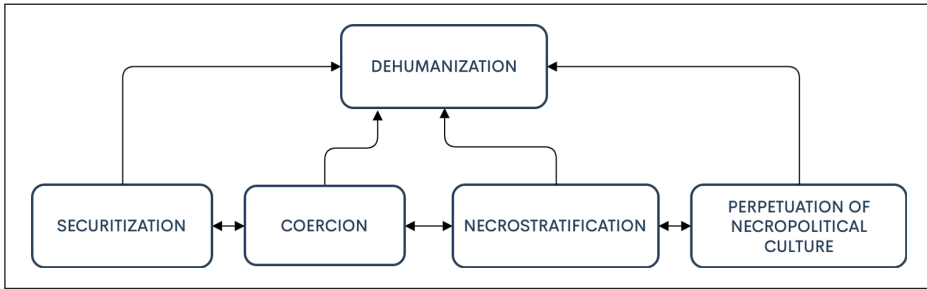


Figure 1. Framework on the macro-social processes of dehumanisation in a global crisis.

First, ideational by nature, *securitisation* pertains to the social construction of particular human persons as basic threats to the dominant group within a community (Brown, 2008; Buzan et al., 1998; Ilgit and Klotz, 2018; Masters and Regilme, 2020; Regilme, 2021a). During a global crisis, political leaders may reinforce existing hierarchies among supposedly distinctive social groups. In doing so, they differentiate those who are threatened from those who are deemed as threats. This differentiation exercise, however, does not always include a simplistic binary opposition between the threat and the ‘threatened’ group(s). Rather, each imagined political group may be pegged with a particular threat value depending on the whims and discretionary powers of the dominant groups that authoritatively define threat assessments. During a global crisis, threat assessments vary depending on the political territory and a specific phase within a crisis period. Hence, securitisation includes the reinforcement (at times, creation of new ones) of a social imaginary that constructs a person (or groups) as subhuman, which must be considered as a fundamental threat to the dominant group. Yet, threat construction does not simply persist because of the reinforced worldviews of the dominant and ‘threatened’ group; rather, the deep internalisation of these imagined stratifications also manifests through the thoughts and actions of some individuals from subaltern groups.

Second, material and practice-oriented by nature, the second process refers to the *expansion of states’ coercive apparatuses*, which are responsible for the systematic and deliberate harassment and killings of groups of persons deemed as fundamentally inferior to the dominant group. While coercive apparatuses usually pertain to police and military forces, organised or institutionalised coercion, in this context, also includes socio-economic and political institutions that may be structurally designed to deny welfare entitlements and socio-economic assistance to particular subaltern groups (Bowman, 2020; Fassin, 2019; Grasse et al., 2021; Pozo and del Beletsky, 2020). Thus, the coercion process constitutes the subjection of minoritised groups to organised repression resulting from the strategic deployment of resources and governance efforts exerted by global, transnational, and national institutions.

Third, not all minoritised groups are deemed the same by those in the dominant group (Barnett, 2020; Fassin, 2012; Masters and Regilme, 2020). In many contemporary political orders, stigmatised stratifications persist between minoritised groups. There is a wide variation and plurality in the minoritised groups’ lived experiences of human rights abuses as they occur within a geographic space and temporal moment. In a global crisis, one’s vulnerability to suffering and death is likely to be impacted by one’s perceived membership in a group pegged with a socially constructed (and in many ways institutionalised)

value. While Levy (2019: 7) uses the notion of ‘death hierarchy’ as an ‘ordered scale of value’ that ‘apply[ies] to the lives of their soldiers relative to the lives of civilians and enemy combatants’, I rather use the term *necrostratification*. The latter term pertains to the persistence of hierarchy and differentiation among apparently distinctive groups within a given political community. Necrostratification demonstrates how the biopolitical claims of those at the dominant class are prioritised, while coercion, repression, and harassment (and deprivation from any welfare assistance) increase as one traverses towards the bottom of the hierarchy.

The fourth process concerns the perpetuation of a *necropolitical culture*. I borrowed from Achille Mbembe’s (2003, 2019) perspectives on necropolitics, a concept which underscores the sovereign as having the power to identify who must live and who must die while coercively subjecting minoritised groups of human persons to premature death (Mbembe, 2003, 2019). Necrostratificatory imaginaries facilitate blatant, systemic, and deep entrenchment of a violent culture that normalises premature deaths of individuals from minoritised groups. A necropolitical culture includes widespread social acceptance of premature deaths and suffering of individuals from minoritised groups – an outcome emerging from the dominance of war values, militarism, unfettered wealth accumulation, and persistently naturalised socio-economic hierarchies through discourses, public policy, and individual behaviour. State and non-state institutions allocate differing values of existential risks among various groups within a political order. These institutions may include states, global governance entities, corporations, and other civic organisations that possess material resources and justificatory tools for deploying necropolitical instruments of violence upon minoritised groups. Using examples from the global South and North during the COVID-19 pandemic, I illustrate these mechanisms of dehumanisation in the next section. Meanwhile, the table below (Figure 2) schematises the ontological features as well as how dehumanisation emerged during the coronavirus pandemic.

The COVID-19 pandemic crisis

The coronavirus pandemic, which started in early 2020 in China, have affected at least 760 million infected people and killed 6.9 million people as of late March 2023 (WHO, 2023). The COVID-19 pandemic emerged as the global structural condition that paved the way for several multidimensional threats for humanity. State authorities have imposed varying forms of community lockdown and quarantine and cancelled the operations of educational institutions, restaurants, civic spaces, and other institutions, with the objective of decelerating the spread of the coronavirus. The virus itself does not discriminate any human being anywhere in the world, yet the long-standing asymmetries in resource endowments between communities vis-à-vis territorially differentiated governance strategies produce varying existential threats to people, depending on citizenship, race, gender, pre-existing disability, or perhaps mere happenstance. No doubt that the current pandemic is a global mega-crisis of several dimensions – ‘multifaceted, with ecological, existential, and epistemic dimensions’ (Ndlovu-Gatsheni, 2020: 368). It is a public health crisis that has pushed governance institutions and national governments to accelerate the development of vaccines while imposing various health protocols depending on the infection statistics for a particular area. While many countries in the Global North have at least 70% vaccination rate for their entire national populations as of late November 2022, Africa, the world’s poorest continent, only has 33% of its population at least partially vaccinated (Holder, 2022).

Analytic Framework: Global Dehumanization Processes During the COVID-19 Pandemic		
Ontological Features of the Crisis	<i>Historical Beginnings</i>	first identified in December 2019 in Wuhan, China. The World Health Organization declared the outbreak a Public Health Emergency of International Concern in January 2020 and a pandemic in March 2020.
	<i>Primary and Immediate Stakeholder States</i>	Initially China, and eventually all countries
	<i>Geographical Spaces</i>	Global/Transnational
	<i>Primary Targets of State-Societal Violence</i>	Minoritized Groups: Financially impoverished groups, women, POCs, PWDs, elderly people
	<i>Death statistics</i>	At least 6.87 million people died and 760 million cases of infections as a direct result of COVID-19 infection, as of March 21, 2023 (WHO 2023); 10,000 children a month die resulting from malnutrition (food insecurity triggered by COVID-19 restrictions) (France24); indeterminate global statistics on non-COVID deaths resulting from pandemic-driven changes and inequities in health care systems' capacities, pandemic restrictions, as well as political and economic impacts
Mechanisms of Dehumanization	<i>Construction of the threat (securitization)</i>	Trump's Vilification Asians and Chinese; War against Scientific Expertise; Dehumanization of Minoritized Groups - especially persons of color from low-income groups: Asians, especially Chinese, African-Americans, and others - depending on the location (e.g. opposition activists and Uyghurs in China)
	<i>Expansion of domestic and global coercive apparatuses (coercion)</i>	Increased domestic repression in countries by authoritarian governments; increasing insecurity and economic precarity in the Global North vis-à-vis increasing deployment of state coercion in public spaces amid insufficient welfare state provision
	<i>Proliferation of human rights abuses and 'death hierarchy' (necrostratification)</i>	widespread material deprivation amongst materially vulnerable individuals in the Global North and the Global South; global inequalities in access to vaccines and effective health care systems; increasing suffering due to loss of income/livelihood and mental health deterioration
	<i>Perpetuation of a global necropolitical culture</i>	Path-dependent effects of the pre-pandemic failures of the welfare state and absence of social welfare safety nets for minoritized groups; normalization of death of individuals from minoritized groups due to pandemic lockdowns and restrictions without adequate livelihood support; perpetuation of 'fake news' about public health and political issues that cause death and injuries

Figure 2. Mechanisms of dehumanisation and ontological features of the coronavirus pandemic. Reference for death statistics row: France24 (2020) and WHO (2022).

Many national healthcare systems are unable to provide adequate attention to all COVID-19 patients, not to mention all the non-coronavirus medical appointments that have to be cancelled or postponed indefinitely. The pandemic also constitutes a crisis of democratic governance in which many illiberal government leaders frame the crisis as a fitting excuse for the accumulation of emergency powers and increased state violence. The pandemic has facilitated a socio-economic crisis, as the 'COVID-19 crisis led to widespread instances of food insecurity, economic anxiety, and general disenfranchisement from alternative sources of income that, in turn, created further social upheaval' (Makombe, 2021: 1). While 'fake news' in social media outlets has proliferated even before the pandemic, the deadly consequences of acting upon false information especially pertaining to health constitute a crisis on its own terms (Linden et al., 2020; Pleyers, 2020). This epistemic crisis during a pandemic refers to the persistent delegitimation of scientific expertise and integrity of the medical profession as one of the key bases of evidence-based policymaking.

How did the construction of threat emerge during the COVID-19 pandemic especially in many countries on the pathway to democratic regression? In many political orders, ruling elites have blamed already marginalised groups in a bid of the former to distance from any sense of policy accountability while also consolidating their political power. In

the United States, while denying the existential threats posed by the swift increase in infections, then US President Donald Trump on January until early March 2020 persistently promoted the use of the term ‘Chinese virus’ instead of ‘COVID-19’ or coronavirus. Trump, however, was unsuccessful; after all, COVID-19 is called as such and not the racist term that Trump and his allies elsewhere proposed. Defying the official guidelines from the WHO and the US Centres for Disease Control and Prevention to not use ethnicity or locations in naming the coronavirus, Trump insisted otherwise: ‘It’s not racist. . . it comes from China. . . I want to be accurate’ (Hswen et al., 2021). Trump’s preferred term was not an innocent decision; rather, it was Trump’s attempt to deploy language strategically to obtain a particular political outcome: consolidating his political authority by securitizing Asians (especially anyone and anything that could be related to China) as threats to global and American public interests. By placing the blame on China as the sole culprit behind the pandemic, Trump and his allies opened the floodgates for abuses and harassment against anyone with a deemed connection to China or Asia while also diverting the public’s attention from the long list of his administration’s policy failures. As the Pew Research Center concluded based on its large-scale survey conducted in June 2020, ‘about four-in-ten U.S. adults say it has become more common for people to express racist views toward Asians since the pandemic began’ (Ruiz et al., 2021: 1). While healthcare workers constitute one of the most vulnerable sectors in terms of the infection risk, not all groups within that profession face the same risk level. There is a sense of hierarchy of death, or necrostratification, that one can observe amid the coronavirus pandemic in the United States. This shows the levels of disposability attached to particular groups amid a public health crisis (Theidon, 2020). For example, the National Nurses United, the largest labour union of the nursing profession, reported that ‘nearly a third of the nurses who’ve died of coronavirus in the US are Filipino, even though Filipino nurses make up just 4% of the nursing population nationwide’ (National Nurses United, 2020; Shoichet, 2020).

During the pandemic, illiberal populist politics and the resurgence of crude nationalism have contributed to the intensification of racism (Elias et al., 2021: 784). Amid the enduring Western perception of Asians as an inferior race, ‘the COVID-19 pandemic has created an environment that is rife for . . . stigmatization and prejudice toward groups (particularly Asian)’ who were erroneously deemed as the perceived carriers of the virus (Roberto et al., 2020: 364). Various studies have shown that, after Trump’s high-profile pronouncements that China is the sole culprit, ‘racist acts and harassment against Asians had already surged and they continued to spike’ (Reny and Barreto, 2020; Viala-Gaudefroy and Lindaman, 2020). That unfortunate outcome is unfortunately unsurprising, considering that Trump’s own Department of Homeland Security, in a memo to all law enforcement agencies nationwide, cautioned ‘that violent extremists could seek to take advantage of the COVID-19 pandemic by carrying out attacks against the U.S.’ (Mallin and Margolin, 2020: 1).

Similarly, hate crimes became more widespread elsewhere. Trump’s remarks towards Asians reverberated across the world, including in the Netherlands, Germany, and elsewhere in Europe, whose many elected leaders remained initially silent despite the increasing violence; that silence, however, was only broken when social pressure for condemnation finally gained traction. Based on a large-scale study of 12 billion-word, web-based media database (30 million magazine and newspaper items from 20 countries), the evidence during the first year of the pandemic shows that the COVID-19 pandemic dramatically reinforced the pre-existing racist views about Asians, as illustrated by a 900% increase in the frequency of Twitter-based hate speech towards Asians

(Ng, 2021). In North America alone, during the first 6 months of the pandemic, ‘many Asian Americans have reported suffering racial slurs, wrongful workplace termination, being spat on, physical violence, extreme physical distancing, etc., as media and government officials increasingly stigmatize and blame Asians for the spread of Covid-19’ (Croucher et al., 2020: 1). Human Rights Watch (2020: 2) attributed these abuses to the widespread dehumanising discourses deployed by senior government leaders and other influential figures, who ‘have also latched onto the Covid-19 crisis to advance anti-immigrant, white supremacist, ultra-nationalist, anti-Semitic, and xenophobic conspiracy theories that demonize refugees, foreigners, prominent individuals, and political leaders’. Amid the many organised protests worldwide with the banner ‘Stop Asian Hate’ and ‘No to Racism’ (Arora and Kim, 2020; Han et al., 2022 Jang et al., 2022), the abuses also caught the attention of global governance institutions: for instance, United Nations Secretary-General Antonio Guterres expressed his deep concern for those being targeted by such violent attacks by emphasising that ‘thousands of incidents across the past year have perpetuated a centuries-long history of intolerance, stereotyping, scapegoating, exploitation and abuse’ (Haq, 2021: 2) Meanwhile, the European Union Agency for Fundamental Rights (FRA) acknowledged the rapid and widespread increase in physical and mental harassment of Asians in Europe during the first year of the pandemic. The FRA blamed far-right politicians and their supporters for galvanising Anti-Asian discourses and other forms of racism towards minorities (e.g. Roma, Jewish), as illustrated by the Hungarian Prime Minister Viktor Orban’s juxtaposition of the pandemic with ‘illegal migration’, while the Slovakia’s far-right People’s Party Our Slovakia leader Marian Kotleba horrendously claimed that ‘due to the open borders within the EU [. . .], there are many migrants wandering across Europe without any control. And those people brought the coronavirus to Europe’ (Stolton, 2020: 7).

The coronavirus pandemic has motivated many national governments to adopt a crisis-driven policy approach, which tends to be coercive, militaristic, and authoritarian, particularly in ways that prioritise the regime consolidation efforts of the chief government executive (and their allies) rather than the long-term public interest in public health and welfare needs of financially impoverished individuals (Drinóczi and Bień-Kacała, 2020; Nilsen, 2021; Petrov, 2020). Unfortunately, this global health crisis ‘has nevertheless sparked authoritarian political behavior worldwide, not merely in regimes already considered to be disciplinarian or tyrannical but also in well-established liberal democracies with robust constitutional protections of fundamental rights’ (Thomson and Ip, 2020: 4). Abuses emerged from unjustified and disproportionate measures on personal movements and travels, intensified surveillance mechanisms that undermine privacy, deterioration in healthcare and medical ethics, as well as the widespread suspension of many democratic accountability measures (Thomson and Ip, 2020). In China, where the COVID19 was first detected, the Chinese Communist Party expanded the scope of domestic state repression in the attempt to undermine political dissidents and minoritised groups, including a zero-COVID policy that forcibly detained hundreds of millions of its residents in their homes without adequate livelihood support and for extremely long periods of time (Human Rights Watch, 2021). Formalising the draconian ‘National Security Law’ passed on 30 June 2020, Beijing’s strategy included the swift and brutal state repression of large-scale protests in Hong Kong (Choi and Wai, 2022). Similarly, Beijing ramped up the arbitrary detention and slavery of Turkic Muslims in Xinjing region and unilaterally forced education authorities in Inner Mongolia to replace Mongolian with Mandarin (Gan, 2020; Pollard, 2022). In Hungary, Prime Minister Viktor Orban quickly weaponised the crisis to bolster his authoritarian agenda by taking ‘near-dictatorial powers

through a law enacted at the end of March 2020 . . . [that] allowed him to rule by decree – bypassing parliament’ (von Bredow, 2020: 2).

Elsewhere in the global South, including Mexico, Indonesia, and Nigeria, informal workers such as street vendors suffered from abusive state agents during long lockdowns amid the inadequate financial support from the government (Delgado-Enciso et al., 2020; Ezeibe et al., 2022; Handoyo et al., 2022; Nwatu et al., 2021). In the Philippines, then President Rodrigo Duterte accelerated his authoritarian and militaristic agenda, in a bid to stay in power amid the widespread public criticisms of the state’s inability and disinterest in providing the necessary welfare services for poor communities (Regilme, 2021a). Since the early phase of the pandemic, Duterte commanded military and police agencies to violently repress any form of protest and social mobilisation that criticises his administration’s incompetent handling of the pandemic. Supported by Congress-approved emergency powers and 2 billion USD worth of funds intended to fight the pandemic, the Duterte regime appointed three ex-generals to lead the anti-pandemic national task force, thereby illustrating that the key objective is to maintain his regime’s political survival rather than upholding public health interests. That militarisation strategy led to warrantless arrests of poor people suspected of violating curfews or those who are peacefully expressing political opposition against the government, while millions of working-class Filipinos face the existential threat of death due to hunger. Referring to the global situation of hunger, the United Nations’ World Food Programme forecasted that ‘135 million people had been facing acute food shortages, but now with the pandemic, 130 million more could go hungry in 2020’, and hence, ‘an estimated 265 million people could be pushed to the brink of starvation by year’s end’ (Dahir, 2020: 8). In the case of South America, there has been a substantial increase in the scope of unnecessary military involvement in a public health crisis, such as the COVID-19 pandemic. Brazil remains the top country in the aforementioned region for militarising the pandemic, as ‘military officers were appointed to about twenty positions in the Ministry of Health, and an Army General was nominated to be the interim Minister of Health in mid-May [2020]’ (Passos and Acácio, 2021: 267). The appointment of military officers in highly influential crisis response committees within the government constitutes a pattern across the region. For example, a high-ranking navy officer was assigned as the head of Bolivia’s lead pandemic agency (Comité de Operaciones de Emergencia Nacional), while Peru was divided into several provincial commands in terms of crisis management, with all of those commands headed by high-ranking military officers. The Chilean government, meanwhile, created 16 emergency regions that were all headed by high-ranking military officers (Passos and Acácio, 2021). This militarisation strategy has emerged after many years of neoliberal defunding of social services and health care systems, thereby showing how Global South states are likely to face crises of multiple fronts as facilitated by the lack of systemic and long-term preparedness for a pandemic (De la Cruz Bekema, 2021; Jones and Hameiri, 2021; Zhou, 2021).

The global North also demonstrated many instances of systemic disregard for the welfare of its minoritised groups. In the Netherlands, the neoliberal government of Prime Minister Mark Rutte has failed at so many fronts:

his government. . .struggled in strengthening the country’s intensive care capacities, initially dismissed the importance of mass COVID-19 testing, ignored the increasingly racist violent attacks against citizens and residents of Asian background, and failed to commit publicly to increased long-term investment in social services and health care. (Regilme, 2020: 9)

In the United States, amid the surging infections during the initial months of the pandemic, the Trump administration tried its best to undermine the human rights claims of the most vulnerable communities (Leadership Conference on Civil and Human Rights, 2021; Regilme, 2019). In April 2020, Trump pushed for an executive order mandating the temporary ban on the approvals of green card applications, particularly for those people seeking permanent residency, consequently denying legal resident status for thousands of financially poor and socially marginalised individuals, whose improved life prospects substantially depend on successfully obtaining those green cards (Shear et al., 2021). In a further blow on the rights of refugees and migrants, the White House on 19 May 2020 issued an indeterminate extension of its initial policy that empowers federal authorities to deport immediately any refugee at the border to their home countries (Rose and Falk, 2020). Trump's Department of Education released a directive that mandates school districts to share their federal subsidies originally allocated for low-income students with very affluent private schools (Stratford, 2020). The unfortunate effect of this policy was to deprive children from financially poor families (often with an African American background) their right to high-quality and accessible education (Stratford, 2020). Disregarding the importance of an accessible healthcare system, the Trump administration on 25 June 2020 pleaded in its brief with the US Supreme Court that the Obama-era Affordable Care Act must be invalidated – a truly inhuman policy decision that could have dramatically increased the suffering of the most vulnerable and financially impoverished communities that are most likely to be at risk amid the pandemic (Stolberg, 2020). Bolstering discriminatory policies, the Trump administration on 22 September 2020 issued an executive order that barred all federal agencies (as well as contractors and affiliates) from participating in any form of anti-discrimination diversity and inclusion programmes (Trump, 2020). The US government was unhinged in demonstrating its necropolitical motivations, which disposed individuals with marginalised identities to the abyss of death, as demonstrated by Trump's unprecedented series of federal executions. Since 1927, there have been 50 cases of federal executions, and 13 of those were implemented during the last year of the Trump administration (Federal Bureau of Prisons, 2021).

Necrostratification emerges from the unfettered capitalist accumulation and hierarchical organisation of constructed socio-economic identities that have concrete existential consequences (gendered, racialised, (dis)abilities). Inequities and racist practices in global public health became even more visible during the pandemic. During the first few months of the pandemic, there have been growing public calls for the experimental COVID vaccines to be first tested with Black and African individuals – a historically grounded practice informed by colonial ideologies (Gonçalves, 2021). Dr Ayoade Alakija, the chair of the African Union's Vaccine Delivery Alliance, characterised vaccine hoarding and experimentation of global South populations, especially Africans, as 'about greed and it's about power and it's about a system that is deep-rooted in generations and millennia of racist attitudes – and sometimes a subconscious bias – that has now become the norm' (CBC News, 2022). Within global North societies, such as in the United Kingdom and the United States, Black and ethnic minority groups (BAME) and women with marginalised identities experience higher mortality and infection rates compared to non-BAME individuals, particularly rich White people (Obinna, 2021; Shoichet, 2020; Silverio et al., 2022). Amid the COVID-19 pandemic and the global unemployment of an all-time high of 205 million people in 2022, the number of the world's superrich in 2021 surged to 2755 billionaires – a remarkable increase from 2153 in 2019 (Dolan et al., 2021;

International Labour Organization, 2021). The combined wealth of those billionaires is estimated at 13.1 trillion USD, which is a dramatic increase of nearly 38% from the previous year, or 'only' at 8 trillion USD in 2020 (Dolan et al., 2021; Oxfam, 2020). As wealth is increasingly becoming concentrated in the Global North, the large majority of the population in the Global South remain precariously underemployed and perform unpaid work (Piketty, 2022; Regilme, 2019). While the superrich continue to increase their wealth amid the once-in-a-century global pandemic (United Nations, 2020a, 2020b), they continue to enjoy the lowest percentage of taxation in decades, including the corporations that they own. In the Global North, the average personal high-income tax rate dramatically decreased from 62% in 1970 to 38% in 2013 (Elliott, 2019), amid the deterioration of the welfare state model that seeks to protect the most marginalised populations (Beck and Gwilym, 2022; Razin and Sadka, 2005).

The stratified differentiation among various constructed groups of humanity is demonstrated also by the inequities in vaccination. At the international level, global North states hoarded millions of vaccine doses, with an amount that far exceeds what their respective populations need in the next few years, while the large majority of countries in Africa had yet to vaccinate at least 70% of their populations as of November 2022 (Holder, 2022; Murewanhema et al., 2022; Soulé, 2022). Whereas the WHO-led COVAX programme aimed to provide millions of vaccine donations from rich countries to the global South, this supposed act of kindness is misleading at best. Profiting from colonial and currently existing neocolonial rules of global economic governance, pharmaceutical companies and the global North's state leaders vehemently refused growing global pressures to waive the patents for the vaccines, even if a free licensing set-up is most likely to end the global pandemic much sooner than later (Bozorgmehr et al., 2021). This opposition to patent waiver demonstrates the quintessential logic that underpins the pandemic politics of dehumanisation: the marriage of the state and corporate interests for power consolidation of the transnational ruling class.

Hence, there are four distinctive processes of dehumanisation that contributed to the systematic deterioration of human rights amid the coronavirus pandemic. Through securitisation, the ruling class and its allies deployed dehumanising discourses against minoritised groups in order to divert attention away from their own policy failures, as demonstrated by Trump's vilification of Chinese people to Duterte's persistent insults against poor people. Rather than strengthening state's social welfare and healthcare systems, crisis-policy approaches amid the pandemic have expanded instead the state's coercive apparatuses. This emphasis on state coercion manifested in many states' violent crackdown of protests launched by progressive social movements (e.g. China under Xi Jinping and the United States under Trump), the Duterte administration's overwhelming diversion of financial resources to the military and police amid the failing public healthcare system, Viktor Orban's unjustified expansion of coercive powers, and the emerging militarisation of pandemic responses in South America. The process of necrostratification, however, ensures that not everyone faces the same risks amid the coronavirus pandemic. Governments in the global South are unable to secure adequate numbers of effective vaccines for their most vulnerable populations, while some rich countries including the United States hold one of the largest global reserves of highly effective COVID-19 vaccines. Consequently, extremely affluent individuals in the global South were able to shield themselves from some of the deadly policies of their governments; for instance, 'many people of means from Latin America are traveling thousands of miles to get the COVID-19 vaccine in the United States because supplies are limited in their own countries' (Rodriguez and Chacon, 2021). Yet,

individuals from marginalised socio-economic backgrounds are more likely to die and suffer more from the pandemic than rich individuals, whose wealth constitutes an effective safety net from a deteriorating global economy.

In the age of neoliberal globalisation, states have increasingly detached itself from its responsibility of providing social welfare and other public services for its most vulnerable members – ranging from accessible and effective health care to high-quality basic education to all its citizens. Driven by the intensified normalisation of deaths from minoritised groups, shrinking welfare states, and the power consolidation of obscenely wealthy individuals during the preceding two crises of the 21st century, the COVID-19 pandemic reinforced the omnipresent suffering and premature deaths of individuals from marginalised communities, amid state and elite discourses that characterise victims and survivors as collateral damage at best, and more often than not, as disposable subhuman objects. The suffering and death sometimes reflect the silent but full acceptance of those in the ruling class that some humans deserve less than what is actually due to them. While the number of the world's billionaires has notably increased amid the pandemic, at least 25,000 people die every year due to hunger – perhaps remarkably more due to widespread unemployment and income loss in the informal sector amid the pandemic (Amadasun, 2021; Holmes, 2009). This situation reflects the further entrenchment of a necropolitical culture, which normalises premature death and unnecessary suffering as the likely prospect for dehumanised individuals.

Conclusion

The preceding sections offer an exploratory but theoretically guided analysis of how the COVID19 pandemic emerged from the intensified politics of dehumanisation of individuals from marginalised socio-economic backgrounds. I demonstrate how four distinctive but dynamically interrelated mechanisms of crisis-driven dehumanisation undermine the human dignity of individuals from marginalised groups. Using plausibility probe method, I assessed the explanatory power of my framework of crisis-driven dehumanisation to understand the underlying structural conditions, causes, and human rights outcomes of COVID-19 pandemic as a multidimensional crisis. As Dan Drezner (1999) notes, plausibility probe is similar to testing the temperature of water by dipping the first toe in. In the same way, I encourage further research on how my framework could be applied in similar transnational crises of dehumanisation over varying temporal periods and geographical contexts, including testing my theoretical perspective in a particular local crisis of dehumanisation amid the COVID-19 pandemic or other similar crises.

Every political territory has its own socially constructed marginalised groups, which include individuals with dehumanised socio-economic identities and lethal material living conditions. A crisis could function as the legitimating condition upon which dehumanisation processes intensify in many places worldwide. Many political leaders instrumentalised the pandemic to accumulate emergency powers in a bid to repress peaceful political dissent that persistently resists anti-poor pandemic policies and a dying social welfare agenda. While the most affluent individuals continue to accumulate obscene amounts of wealth, the large majority of the world's population, particularly from subaltern groups, face the daily prospect of death and suffering.

What can we learn from this crisis from the perspective of human rights? A crisis is an opportune moment to decide on two fundamentally distinctive choices: entrenching the status quo *or* organising for a revolution in the name of emancipatory politics. In

contemporary scholarship in the social sciences, we have to bring back the normative question of global material justice vis-à-vis political equality among all social identities. While presenting a comprehensive path for the future is not the core analytic objective here, I emphasise that an emancipatory future could start if we persistently promote the ideas of universal human dignity and global material justice: the former pertains to the logic of identity recognition, while the latter pertains to the logic of distributive politics (Fraser, 1995). Dignity, in this case, pertains to the recognition that everyone is of equal political value to any other human being in the world full of perceived differences and stratification (Regilme, 2022). It is through the sincere acknowledgement of everyone's humanity that we can commit to the just treatment of all humans regardless of their perceived social identities. After all, our commonality constitutes the universality of human dignity, while our perceived differences makes us unique individuals; both premises are mutually reinforcing, and they underpin the sanctity of all human lives that need to be protected from all forms of dehumanisation. Yet, the mere invocation of one's dignified humanity does not suffice; rather, extreme material inequality within and between nations should be treated as a quintessential problem of world politics and therefore requires rectification. Both dignity and material justice are two mutually constitutive sides of the same coin of emancipatory politics: privileging one over the other undermines any attempt in moving forward to a just and sustainable future for humanity. For those looking to the future, progress begins by framing the crisis in emancipatory terms rather than co-optation with those in the ruling class.

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Note

1. Crisis here is reminiscent of Gill's (2012: 27) argument that a global crisis is based on two origins, namely its medical and eschatological dimensions. In medical discourse, a crisis is conceived as the transformative phase during an illness, after which the sufferer is doomed to either death or recovery. In the eschatological sense, a crisis evokes a sense of victory over the seemingly insurmountable challenges from the past.

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