

# Density and Danger

## Social distancing as racialised population management

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### Abstract

A ubiquitous facet of collective social life in the age of COVID-19, social distancing (that is, the set of practices that aims to reduce the number of people in public spaces and maximise the distance between them) works to suppress viral spread by de-densifying public spaces; it redistributes people who are vectors for the virus by pushing them into their own domestic spaces. While the scale of these manoeuvres is in some ways unprecedented, the toll that the virus and its primary means of mitigation—social distancing—extracts along racial lines is at once unequal and deeply familiar. In this Position Piece, I examine social distancing as de-densification within a larger history of family planning and racialised population management in the context of ongoing fieldwork on the material and affective implications of contraceptive use in the American Midwest. In probing the grammar of social distancing—its distinctions between ‘essential’ and ‘non-essential’ workers, services, and spaces and the ways in which such distinctions unequally distribute the labour of de-densification and its impacts on family planning—I elucidate how COVID-19 managements do not simply reveal existing racial disparities, but make them anew at a time when the fabrics of social reproduction are increasingly under strain. The dynamics of social distancing can thus be understood as continuous with ongoing attempts at racialised population management. Such an understanding opens a space for political action foreclosed by a narrow view of social distancing as crisis response.

### Keywords

Social distancing, family planning, COVID-19, reproductive justice, United States.

## Introduction

In mid-May 2020, an American public radio outlet posted a story on Facebook about the future of cities. The piece explored how life in urban centres has changed as ‘COVID-19 makes density a danger’ and what this might augur for the cities themselves in a post-pandemic future (National Public Radio 2020). The author referred specifically to the perils of population density; by virtue of their bringing lots of people into contact with one another, densely populated spaces are key facilitators of viral spread. Indeed, a central strategy of pandemic management, both currently and in pandemics past, has been to de-densify, if only temporarily, our social worlds, thereby strangling pathways of viral transmission. These practices of de-densification, presently glossed as ‘social distancing’, shuffle people out of proximity to one another and into domestic spaces (which may themselves be quite crowded). While the scale of these manoeuvres during COVID-19 has been in some ways unprecedented, the toll that the virus and its primary means of mitigation (social distancing) extracts along racial lines has proven to be at once unequal and deeply familiar.

In this Position Piece, I examine social distancing as de-densification within a larger history of family planning and racialised population management. I do so in the context of ongoing fieldwork on the material and affective implications of contraceptive use in the American Midwest. In probing the grammar of social distancing—its distinctions between ‘essential’ and ‘non-essential’ workers, services, and spaces, and how such distinctions unequally distribute both the labour of de-densification and its impacts on family planning—I elucidate how COVID-19 and its management do not simply reveal existing racial disparities, but rather make them anew in a moment when the fabrics of social reproduction are increasingly under strain. Situated at the nexus of medico-public health intervention and the social worlds that refuse or re-frame their beneficent intent, the dynamics of social distancing can thus be understood as continuous with ongoing American attempts at racialised population management, opening a space for political action foreclosed by a narrow view of social distancing as crisis response.

## Social distancing as de-densification

A set of practices that serves to maximise physical distances between people to reduce the transmission of the coronavirus that causes COVID-19, social distancing re-worked familiar patterns of public life in the USA overnight. Municipal ordinances have slashed the maximum occupancy limits of restaurants, shops, gyms, and stadia (or closed them completely); new social cues, like circles pasted on the floor, encourage people to stay 6 feet apart; many workplaces have been

abandoned, their former occupants now carving out space at home to work remotely; intermittent closures of day-care centres and schools have radically shifted how parents care for children. Such social distancing policies—themselves a mix of government directives, public health recommendations, and individual or corporate discretion—cohere around the pragmatics of managing bodies in space. In the case of the spread COVID-19, after all, population density is the enemy. Higher densities of people mean faster spread of the virus and, in turn, the overwhelming of hospitals and devastation of communities. The goal of social distancing, therefore, is to de-densify our public life.

The form of de-densification that social distancing enacts is a time-limited redistribution of bodies in space. It is an effort that relies on people's willingness and capacity to interrupt the daily rhythm of their lives to stay in their homes. Social distancing interventions, then, are practices of temporary population control. On its face, this kind of population control has been cast by public health experts and much of the liberal pundit class as urgent; appropriately responsive to the 'equal opportunity' viral enemy; and a public good that, while painful in the short run, is essential to the preservation of life.

Even when uncertain about the economic and emotional sustainability of social distancing policies, such pundits do not generally undermine the central premise that such de-densification efforts are vital to controlling the virus. Yet critics have been quick to point out the virus is not, in fact, truly an 'equal' opportunist. People of colour are both many times more likely to get seriously ill or die from COVID-19 and less likely to be in a position to easily socially distance (Webb Hopper, Nápoles, and Pérez-Stable 2020). In Kansas City, where I live, as is generally the case in the United States, they are more likely to have seen their financial situation deteriorate; to lack access to quality, affordable healthcare; and to be in jobs that cannot be performed remotely. The Health Department in Kansas City, Missouri has been unusually candid in its assessment of the source of these disparities, writing on their COVID-19 dashboard, 'We created an environment in which Black/African American and immigrant workers of color could only access lower wage jobs that put them at higher risk of contracting COVID-19' (Kansas City, Missouri Health Department 2020).

There is no doubt that COVID-19 lands on terrain shaped by systemic racism and anti-blackness, where deep inequities pattern life experiences along racialised lines. But COVID-19 and the primary strategies we employ to mitigate it—social distancing—are themselves differentiating. Central to the architecture of social distancing is the distinction between 'essential' and 'non-essential' workers, services, and spaces. Many have pointed out the irony that often 'essential' workers—the grocery store clerks, meat-packing plant workers, agricultural

labourers, bus drivers, and so many more—are disproportionately racialised and economically marginalised people working low-wage jobs. And though their labour may be ‘essential’, the question of whether they themselves are is less clear; social distancing policy regimes have been woefully inadequate in terms of guaranteeing paid sick leave or ‘hazard pay’ or of ensuring working conditions that equip workers with appropriate protective equipment and keep them at safe distances from one another, even in the face of widespread outbreaks and COVID-19 deaths.<sup>1</sup> Density, in these contexts, is apparently not a danger worth addressing.

Black feminist scholars Hortense Spillers and Saidiya Hartman argue that one of the enduring legacies of the transatlantic slave trade, by virtue of its reduction of human life to commodity, is to make fungibility a key feature of blackness (Hartman 2007; Spillers 1987).<sup>2</sup> The central stratification that social distancing regimes make by differentiating between ‘essential’ and ‘nonessential’ workers materialises this fungibility; social distancing, at least as it has been operationalised in the US pandemic response, is only thinkable if some bodies are surplus.<sup>3</sup> Though de-densification is undoubtedly what slows viral spread, it cannot be uniformly enforced; many workers, from grocery store clerks and factory workers to the staff that make hospitals run, cannot do their jobs remotely and, without them, our social worlds cannot continue to function. Rather than a neutral, pragmatic act of public health policy operationalised in a deeply unequal social world, then, we can apprehend social distancing as the enactment of a racialised logic of de-densification that makes disparity anew.

## Family planning as de-densification

The histories, ideologies, and geographies of family planning, centred in the United States but each with global reach, offer an instructive entry point for contextualising the co-incidence of population density discourses and racialising logics that animate social distancing in the age of COVID-19. Ultimately, drawing this analogy opens a means of more fully understanding the implications of social distancing, especially in the context of reproductive health. A nuanced accounting of the

- 1 While some employers offered ‘hazard pay’ and personal protective equipment (PPE) to certain employees, labour advocates were quick to point out that these time-limited programmes did not adequately remunerate the risks workers faced and nor did they take the place of federal protection. In many cases, pledges to provide extra pay or PPE went unfulfilled (O’Donnell 2020; Liebenluft and Olinsky 2020; Smith 2020). Meatpacking plants have been singled out as a particularly dangerous locus for both the unchecked spread of COVID-19 and woefully insufficient supplies of worker protection among a disproportionately minoritised labour force (Taylor, Boulos, and Almond 2020).
- 2 These arguments are situated within the broader scholarly movement of Afro-pessimism, which identifies anti-blackness as the condition of modernity, tracing the co-constitution of extractive labour regimes and racialised notions of humanity. See also Sexton 2007; Wynter 2003; Thomas 2019.
- 3 Of course, it is possible to imagine a version of social distancing policy that is not predicated on such a notion of fungibility, but it would require at minimum a level of economic intervention and political will that has not materialised in the US. Additionally, the harsh distinctions I draw here between essential and non-essential workers are not totalising; not all essential workers are racialised minorities, and some do not experience economic precarity. Likewise, many non-essential workers have faced enormous hardship, economic or otherwise, over the course of the pandemic.

effects of family planning ideology sometimes gets buried under the triumphalist registers in which we often talk about the pill (so ubiquitous is the birth control pill that it can drop all its descriptors) and the forms of birth control that have followed since its debut in 1960. And while modern contraceptives have certainly earned their status as ‘one of the ten great public health achievements of the 20th century’, (on a par with vaccination and the recognition of the dangers of tobacco in the assessment of the Centers for Disease Control [CDC 1999]), the logics that motivate family planning programmes are just as rooted in eugenics, colonial constructions of racial hierarchy, paradigms of Western intervention, and Malthusian concerns about population control as they are in ideas of women’s empowerment and progressive visions of sexuality untethered from reproduction. Margaret Sanger, the mother of Planned Parenthood and American family planning, is well known to have relied on eugenic ideals (i.e., who is ‘fit’ to reproduce) in her advocacy for widespread access to legal contraception (Franks 2005). Lest we labour under the assumption that these tendencies have been banished in contemporary American family planning, nearly 150 women in California prisons were coercively sterilised between 2006 and 2010 (Johnson 2013); more broadly, even well-intentioned family planning programmes aimed at increasing access to long-acting reversible contraception (e.g., intrauterine devices, or IUDs) often end up functionally impinging on the reproductive autonomy of racialised women (Gomez, Fuentes, and Allina 2014).

Eugenic approaches to family planning mobilise racial hierarchies to advocate for population control, explicitly answering the question of who should (and who should not) reproduce. Within this schema, family planning becomes necessary because the ‘wrong’ kinds of people are reproducing too much. Perhaps equally important in global family planning thinking, however, is Malthusian population theory. Thomas Malthus, an 18th-century English cleric and academic, theorised that sustainable population is tied to economic production (especially agricultural production) and that population control is necessary to prevent descent into war and/or societal collapse. Since the advent of ‘modern’ birth control in the 1960s (starting with the pill and then expanding to include, among others, new IUDs, contraceptive shots, implants, patches, and rings), demographers and family planning experts have been alarmed by the possibility of Malthusian collapse in an allegedly ‘overpopulated’ world, and have argued for the potential of contraception to help mitigate such calamity. Articulated in partially overlapping idioms, the questions raised by Malthusian family planning experts and eugenicists are fundamentally not so different: who should not reproduce for the sake of the planet? Put differently, who bears the responsibility for de-densifying the globe?

Malthus and centuries of Malthusian thinkers, including contemporary actors like the Bill and Melinda Gates Foundation and Population Connection (formerly Zero

Population Growth), made and are making a fundamentally economic argument for population control and for its technological solution: family planning. Within this frame, as the Gates Foundation website makes explicit, access to family planning not only ‘increases educational and economic opportunities for women and leads to healthier families and communities’ but ‘is one of the most cost-effective investments a country can make in its future’ (Bill and Melinda Gates Foundation. n.d.). In some sense—theoretically if not materially—modern contraception represents a silver bullet technology that is supposed to help individuals (and thereby their societies) lift themselves out of poverty and achieve empowerment.<sup>4</sup> This breathless valorisation of contraception as a tool of empowerment obscures how such family planning interventions often perpetuate violence against racialised and marginalised women (Roberts 1997; Lopez 2008; Sasser 2018; Brunson 2020). No matter the framing, it is clear that family planning can be mobilised as a powerful technology of de-densification.

## **Social distancing as racialised population management**

The analogous logics of racialised de-densification that animate contemporary family planning campaigns and current pandemic social distancing efforts mutually inform the differential impacts that the COVID-19 pandemic and its mitigation have on reproductive health. When the pandemic arrived in Kansas City, where I’m conducting fieldwork exploring the affective and material consequences of family planning use, I started tracking how social distancing regimes were informing reproductive experiences both in my field site and across the broader US. In April 2020, as the COVID-19 pandemic was taking hold across the US, *The Kansas City Star* ran a syndicated op-ed entitled, ‘Abortion is not health care, and amid global coronavirus crisis, it’s not essential’ (Allen 2020). Drawing on new designations between ‘essential’ and ‘non-essential’ workers, services, and spaces that social distancing policies designed to mitigate the spread of the novel coronavirus, the author rehearses otherwise well-canvassed arguments about the moral status of abortion, that long-standing flashpoint in the so-called ‘Culture Wars’. The point was more than rhetorically clever; as social distancing policies were implemented across the US and as hospitals and clinics postponed routine care and elective procedures deemed ‘non-essential’, questions about the status of abortion—both

4 This framing of contraception was particularly evident in the comprehensive sex education curriculum I taught through Planned Parenthood before I started medical school. Implicit in this curriculum, and indeed much of the broader progressive public health messaging around contraception in the United States, is that such questions of potential and empowerment (which are nurtured by education or foreclosed by teen pregnancy) are profoundly gendered, aimed particularly at young women. This is not dissimilar from global family planning logics (see Adams and Pigg 2005; Murphy 2017).

in terms of its short-term availability and its social acceptability—had immediate material consequences for people seeking such care.<sup>5</sup>

Similar debates have unfurled around access to contraception, in which the constraints imposed by social distancing protocols have, for some, actually offered an urgent proof-point for the necessity of long-standing priorities of increasing access to family planning technologies (Friedrichs 2020). Social distancing protocols required new infrastructures of care to be developed virtually overnight. Transitions to tele-health offer expanded avenues for contraceptive counselling for those with insurance; for others, clinic closures and/or economic hardship pushed contraception out of reach. Amended guidelines for cancer screenings and routine gynaecological care, as well as revised guidance on how long hormonal IUDs remain effective, have stretched the temporalities of care. The logistics of other forms of medical management have also been transformed: in some places in the US, COVID-19 protocols limiting ‘non-essential’ operations have meant that miscarrying patients who would ordinarily have had a procedure called dilation and curettage (D&C) have been forced instead to rely on medications taken at home (Lampert 2020). These patients have had to negotiate cancelled surgeries and shifting guidelines, and have been denied the efficiency and finality that a D&C can afford those facing the end of an unviable pregnancy, all of which layer uncertainty, frustration, and trauma onto the management of an already fraught, if relatively common, reproductive experience. Together, these wide-ranging examples raise the question of whose reproductive labour (and whose reproductive restraint) is ‘essential’ in social distancing regimes.

If the infrastructures of reproductive health care have been re-made by social distancing policies, so too have many people’s reproductive desires. The economic uncertainty wrought by the pandemic, the pressure of providing childcare previously performed by a nanny or day-care professionals, and/or the general strain of social distancing led some of my interlocutors to put off having (another) baby. National data suggest these experiences are common: a third of women report wanting to delay getting pregnant or wanting fewer children because of the pandemic (Lindberg et al. 2020). Unfortunately but unsurprisingly, these findings were more pronounced among women of colour and low-income women, who were also more likely to report trouble accessing contraception because of the pandemic. Models of a COVID-19-related ‘baby bust’ project assert that between 300,000 and 500,000 fewer babies will be born in 2021 than would have been had it not been for the pandemic (Kearney and Levine 2020). If fertility actually falls in

5 Within the rubric of social distancing policies, a designation of ‘essential’ tends mostly to the question of temporal necessity rather than inherent value: public health experts suggesting salons, gyms, or museums are ‘non-essential’ businesses simply mean the services they provide are not necessary *right now*, not that such services are intrinsically unimportant or even morally suspect. When applied, however, to an issue that is morally and politically fraught, like abortion, the question seems more ontological than pragmatic.

the way that is expected, the consequence of temporary de-densification will be a longer-term reduction in population density: social distancing as racialised population management. We might, then, consider social distancing as a technology of stratified reproduction (Colen 1995).

Rather than seeing the ways in which social distancing impinges upon reproductive justice (Ross and Solinger 2017) as a set of unintended consequences of necessary policies to control the spread of COVID-19, I have argued that social distancing as de-densification is instead grounded in the same racialising logics that animate family planning interventions and condition the use of contraceptive technologies. Thus, while social distancing regimes might be beneficently intended and pragmatic instantiations of medico-scientific and public health expertise on disease transmission, I suggest that they appear to be functioning (especially in the absence of meaningful economic relief) as a tool of racialised population management. It is certainly true, at least in the short term, that, while social distancing regimes *have* differentially curtailed reproductive freedom, they have not substantively prevented the deaths of racialised and economically marginalised essential workers (see, for example, Henry-Nickie and Hudak 2020). In the longer term, the economic precarity and strain on fabrics of social reproduction engendered by anaemic social distancing policies stand poised to profoundly exacerbate a declining birth rate. While demographic data offer us real-time purchase on the racialised toll that de-densification *qua* pandemic response is taking, ethnography represents an opportunity to more deeply understand the affective and material impacts that social distancing is differentially wreaking which are themselves likely to far outlast the risk of COVID-19 infection. Ultimately, excavating the shared genealogy of family planning and social distancing opens a space for political action foreclosed by a narrow view of social distancing as *de novo* crisis response. Parsing the grammar and animating logics of these medico-public health interventions reveals the degree to which the outcomes we are seeing are overdetermined and thus unlikely to be altered by a sclerotic and reactionary response that seeks to improve access to care without altering or addressing the bedrock that structures such disparity in the first place. That is, understanding family planning and social distancing as continuous phenomena creates room to address the consequences of social distancing for reproductive justice and beyond via a transformative politics grounded in combatting anti-Blackness.

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