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**The ‘Great Equalizer’?
Autonomy, Vulnerability and
Solidarity in Uncertain Times***

I. INTRODUCTION

Soon after its reported appearance, Covid-19 spread rapidly around the world. The global crisis triggered by coronavirus has created a situation of profound uncertainty, which many say will persist for an indeterminate – and possibly extended – period of time. The uncertainty caused by the pandemic is at the same time medical, economic, ethical and political. Among other things, it has brought to light how vulnerable human beings still are in the face of highly infectious diseases, whose spread can only be slowed down by a concerted international effort, and which call for cooperation both at the individual, national and international level.

It is perhaps in virtue of the widespread uncertainty it has caused and the recognition of our human fragility that Covid-19 has been defined by some as the ‘Great Equalizer’. The virus is a potential threat to every human being and forces us to confront our shared vulnerability in times of crisis. But how equalizing has this crisis really been? What reflections can be drawn from the way Covid-19 has affected individual human beings and our societies?

In this paper, I will discuss some important ethical and political dimensions of vulnerability in conditions of uncertainty. I will start by defining vulnerability, arguing that it is both inherent to the human condition, or ontological,

* I am indebted to Hallvard Lillehammer, Rachele Bascara, Vincenzo Reale and an anonymous reviewer for their helpful comments, criticisms and suggestions on previous versions of this paper.

and relational – that is, situational or context-specific (Mackenzie *et al.* 2013). Indeed, on the one hand, vulnerability is the capacity to suffer harm, shared by all human beings; in other words, an ontological condition of our common humanity (Tronto 1993, 2010, 2015; MacIntyre 1999; Butler 2004, 2009; Cavarero 2007; Fineman 2008). On the other hand, vulnerability is relational in character: while everyone can be harmed, some individuals and groups are more susceptible to harm than others, in virtue of their relative powerlessness in defending their own interests (Goodin 1985). This understanding of vulnerability as a concept that is both ontological and relational is especially salient in times of crisis, such as the one brought about by Covid-19. In a pandemic, everyone is vulnerable, and is at the same time a potential source of other people's vulnerability. However, not everyone is equally vulnerable. The degree of one's vulnerability depends on one's situation, which is determined by one's social and economic circumstances, and the web of relationships one is part of.

After having defined vulnerability, I will then proceed to illustrate why it matters, especially in challenging times. More specifically, I will show how vulnerability in conditions of uncertainty can threaten individuals' sense of self, and thus their autonomy. As argued by Andrea Sangiovanni, to have a sense of self is to have a certain self-conception "of the values, commitments, concerns that are central to one's life, the relationships and roles that makes one the 'kind of person' one is" (2017, 79). This conception can be very minimal. It just requires that individuals feel that they have some control over the existence they lead. One's sense of self can be damaged or broken by internal and external events, such as illness or bereavement, and by the actions of others. In challenging times, such as during a global pandemic, the uncertainty experienced by individuals may be so profound as to constitute an attack on their very sense of self. Individuals may feel that they have no control over what is happening to them and fail to see their place in an unknown world.

Having a sense of self is not the same as being autonomous, but is a precondition for it. I will claim that autonomy is the capacity to be part author of one's life (Raz 1986) or, more modestly, the capacity to resist rule by others (Garnett 2013). Autonomy is usually taken to require the availability of an array of acceptable, meaningful options. In a global crisis, a significant number of such options are taken away. As a result, individual autonomy is diminished, and with it the well-being of individuals.

Autonomy, too, can be understood in relational terms. Feminist philosophers have argued that autonomy is constitutively relational: it is only

through our relationships with others that one can develop and exercise autonomy (Mackenzie, Stoljar 2000; Mackenzie *et al.* 2013). Relational accounts of autonomy are sensitive to the idea, mentioned above, that human beings share a certain vulnerability to others – and that some are in fact more vulnerable than others. Again, this means that one's degree of autonomy is dependent on one's social circumstances and the relationships one can have in such circumstances.

I will finally argue that recognising the ontological and relational aspects of vulnerability, its role in the formation of one's sense of self, and its relation with autonomy, can help us to better understand some of the harms inflicted by the pandemic, and how the uncertainty caused by it has affected different people in different ways.¹ Contrary to the belief that Covid-19 is a 'great equalizer', I maintain that the pandemic reflects existing vulnerabilities and, in many cases, exacerbates them. While there is reason to worry about the implications of the current crisis on individual liberties (Agamben 2020), the fact remains that not everyone's liberty has been – and is going to be – equally compromised in these challenging times. The pandemic has affected individuals' autonomy and well-being along pre-existing lines of vulnerability in terms of class, gender, ethnicity, age, occupation, access to healthcare services, and so on. While most of us are confronting uncertainty and have had to adapt their life plans to the current situation, not everyone has seen their sense of self attacked to the same degree, or lost control over the course of their own life in equally dramatic ways.

I will conclude by considering what kind of response human vulnerability in times of crisis calls for. In particular, I will argue that a promising way to counteract uncertainty would be to adopt a solidaristic approach, based on an understanding of solidarity as a relational concept (Baylis *et al.* 2008). In other words, I will argue that it is through solidarity that individuals' vulnerabilities can be mitigated, and their autonomy promoted.

¹ It is worth remembering here that vulnerability is an integral part of self (as argued below), and can thus coexist with an awareness of one's autonomy, which the pandemic may put into question. I thank an anonymous reviewer for the suggestion. For more on this topic, see the essays collected in Straehle 2017.

2. THE 'GREAT EQUALIZER'

Covid-19 has been defined as a 'great equalizer' by government officials, mainstream media and even celebrities (Mein 2020). Intuitively, this may seem like a plausible definition. Coronavirus does not discriminate between individuals, but it subjects all human beings to the risk of infection, disease and death – regardless of one's wealth, social circumstances, or age. And yet, it is not difficult to see why the label is misleading. While everyone's health and well-being can be threatened by the virus, not everyone's health and well-being are equally threatened. The pandemic has affected different people differently, along dimensions such as age, gender, ethnicity, health status, political status (ranging from full citizen to asylum seeker and illegal immigrant), employment status, occupation, geography, and so on.

The global reach of the crisis and the persistent condition of uncertainty caused by the pandemic may have had some equalizing effects on humanity as a whole. It may even be argued that the common threat represented by the virus has the potential to unite people in the recognition of our shared fragility and precariousness. However, this should not bring us to underestimate the way the current crisis reflects existing inequalities between different sections of the population and is in many cases exacerbating them, with implications for the persistence of such inequalities in the long run.² For instance, individuals with underlying health conditions and older people are more exposed to the dangers associated with infection than the healthy and young. Care workers, healthcare workers and key workers in general are more at risk of contagion than those in other occupations. Moreover, in addition to the differential impact that coronavirus may have on individuals, there are other factors that contribute to significant inequalities between differently situated people in times of pandemic. Keyworkers, such as carers, nurses, cleaners, and those involved in food production and distribution – to name only a few examples – not only risk their health and possibly their lives in the current situation, but are in many cases members of minority groups or immigrants in low-paid jobs. The precarious condition they find themselves in is thus

² See Blundell *et al.* 2020 for a UK-centred discussion of the impact of Covid-19 on existing social and economic disparities. Some of the following examples are discussed in greater detail in their work, whose findings are relevant, and could be applied, to other western countries in similar conditions.

not only marked by uncertainty in relation to their physical health, but social and economic insecurity as well. Among those who have lost their jobs or are unable to find one in the middle of a global pandemic, young people and those with limited education and from a disadvantaged background are overrepresented. Thus, while they may not face disproportionate health risks in comparison to other members of society they are still negatively affected by the situation in a way that is bound to have effects on the already existing economic disparities between the younger and the older sections of the population, and between the privileged and educated and the less privileged and less educated. Another example concerns the condition of women: while there is evidence that women are in general less affected by the most severe manifestations and complications of Covid-19, many of them have had to take upon themselves the lion share of childcare and domestic work in the family, and face difficulties in reconciling their paid job (if they still have one) with the unpaid and often unrecognised labour they perform for the benefit of their children, partners and elderly relatives. And so on.

These examples prompt a reflection on the differential impact of the pandemic on differently situated people and the intersection between different kinds of vulnerability. In fact, understanding both the sense in which coronavirus might be seen as the great equalizer and the sense in which it is not requires an understanding of what it means to be vulnerable on the face of it, and what such vulnerability entails.

3. VULNERABILITY DEFINED

Vulnerability can be understood as the capacity to suffer harm shared by all human beings (Tronto 1993, 2010, 2015; MacIntyre 1999; Butler 2004, 2009; Cavarero 2007; Fineman 2008), that is, an “ontological condition of our humanity” (Mackenzie *et al.* 2013, 4).³ At the same time, vulnerability is relational in character: while everyone can be harmed, some individuals and groups are more susceptible to certain harms than others, in virtue of their relative powerlessness in defending their own interests (Goodin 1985). Thus,

³ For more in-depth analyses of the ontological dimension of vulnerability (including discussions of the ways in which the concept has been framed and developed by Butler and Cavarero) see Bernardini *et al.* 2018.

vulnerability is both inherent to the human condition (or ontological) and situational (or relational), or context-specific (Mackenzie *et al.* 2013, 7).⁴ For the present discussion, this notion of vulnerability applies to both those who can be potentially harmed and those who are actually harmed – by human and non-human agents. While a distinction can be made between dispositional (or potential) and occurrent (or actual) vulnerability (Mackenzie *et al.* 2013, 8), such a distinction does not play a decisive role in the account offered here.⁵

In the situation of uncertainty caused by a pandemic, individuals experience both ontological and situational or relational vulnerability. Everyone is ontologically vulnerable in the face of a serious and widespread threat to human health – that is, everyone is liable to suffering harms caused by the virus. At the same time, as argued above, individuals are situated differently within a society and are liable to suffering harms related to their specific conditions: in other words, individuals are relationally or situationally vulnerable not only to the virus, but to its social and economic consequences as well. Those who defend the notion that the virus is the great equalizer stop at the first dimension of vulnerability, that of ontological vulnerability, disregarding its situational or relational aspects. While it is important to recognise our shared human capacity to suffer harm, this shared vulnerability is not the whole story.

But why should vulnerability – and especially relational vulnerability – matter, in this context? I think it matters because vulnerability, particularly in uncertain and challenging times, can threaten individuals' sense of self, and thus their autonomy.

⁴ See also Mackenzie *et al.* 2012.

⁵ As Doris Schroeder and Eugenijus Gefenas have noted, vulnerability is a concept that faces the twofold challenge of being at the same time too vague and too widely applied to different categories of population for it to be useful, especially in bioethics (2009, 113). To remedy this, they argue for a more precise definition of vulnerability. "To be vulnerable", they claim, "means to face a significant probability of incurring an identifiable harm while substantially lacking ability and/or means to protect oneself" (Schroeder, Gefenas 2009, 117). In other words, they argue for a definition of vulnerability that only takes into account the situational or relational aspects of vulnerability, and only when they are due to an 'identifiable harm'. They might, however, agree with the inclusion of both occurrent and dispositional vulnerability, so long as the latter means that there is a 'significant probability' that the potential harms one could suffer will occur.

4. UNCERTAINTY, SENSE OF SELF AND AUTONOMY

To see how uncertainty, sense of self and autonomy are connected let me first clarify what the term 'sense of self' means. Andrea Sangiovanni has argued that to have a sense of self is to have a certain self-conception "of the values, commitments, concerns that are central to one's life, the relationships and roles that makes one the 'kind of person' one is" (2017, 79).⁶ This conception can be very minimal. It does not need to form a grand narrative of one's life and plans, or oblige one to reflect upon and embrace every single aspect of one's personality. It just requires that individuals feel that they can at least partly shape the course of their lives, and that they can maintain some sort of integrity in the existence they lead. Having a sense of self, in this view, amounts to having the capacity to self-interpret oneself and form a certain narrative (however local and episodic) of who one is: "[b]y acting, deciding, pursuing, we shape the kinds of people we are and can become, and by reflecting on who we are and can become, we give rise to our actions, decisions and pursuits" (Sangiovanni 2017, 79).⁷ Having a sense of self is not the same as being autonomous. As I will argue below, autonomy requires more than just the feeling that one is part author of one's life and maintaining integrity. An individual may have a sense of self and yet fail to be autonomous – for instance, because of a lack of acceptable alternatives. In other words, autonomy requires that both 'internal' and 'external' conditions be met.⁸ Thus, the conditions for autonomy are more demanding than the conditions for one's self-conception. Nonetheless, the formation and preservation of one's sense of self also requires that some conditions be in place. One's sense of self can be damaged or broken by internal and external events, such as illness or bereavement. In addition, one's sense of self can be obliterated by the actions of others. Individuals

⁶The importance of having a sense of self, that is, of being a certain kind of person and knowing what sort of person one is has been famously adduced by Robert Nozick as one of the reasons why we should refuse to plug into the 'experience machine' – that is, why we should prefer to have 'true' experiences, however unpleasant, over pleasurable but 'fake' ones. See Nozick 1974, esp. 43.

⁷ See also Velleman 2005 and Schechtman 2011.

⁸ I thank an anonymous referee for suggesting I should clarify the distinction between having a sense of self and being autonomous.

need certain conditions to be able to develop and maintain a sense of self – as such, they are also vulnerable to attacks against it. Everyone shares that vulnerability to a certain extent, but some are more vulnerable than others. When people's access to the necessary conditions to form and preserve a sense of self is diminished, their vulnerability increases.

Being severely ill and having to fight for one's life and well-being can be experienced as a struggle to maintain one's sense of self intact as well as to secure one's physical survival. However, not only those who get sick may have their sense of self threatened. The uncertainty endured by individuals – the most vulnerable above all – in a public health crisis can be so profound as to constitute an attack to their sense of self. Individuals may feel that they have lost control over the course of their life and that they can no longer maintain their moral and psychological integrity. They could be at a loss as to what their place in an unknown world is supposed to be. Their relationships and roles in life may be subverted as well. In the previous section, I claimed that the account defended here includes both occurrent and dispositional vulnerability. However, most of the examples mentioned concerned occurrent vulnerability. Now we can see that uncertainty, too, constitutes a form of harm. This is again more serious for the most disadvantaged. Uncertainty as well as actual harm can threaten individuals' sense of self, and make them vulnerable.

Having a sense of self, as argued, is not the same as being autonomous, but appears to be a precondition for it. Autonomy can be defined as the capacity to be part author of one's life (Raz 1986) or, more modestly, the capacity to resist rule by others (Garnett 2013). This capacity, as argued above, is not simply a matter of 'feeling' that one has at least partial control over the course of one's life and forming a narrative of it, as it is the case for one's sense of self. In my view, a person is autonomous when a number of internal and external conditions are met. The first one is that the individual is endowed with some intellectual skills: the capacity for self-reflection (Christman 1991), or a minimal level of rationality (Raz 1986). The second condition for autonomy is that an individual is independent, or in the position to develop their preferences and desires free from manipulation and coercion. This makes the account of autonomy offered here a procedural or content-neutral account: what matters for autonomy is not the content of the desires one has or the choices one makes, but whether the process whereby one has acquired certain preferences was one in which their individual freedom and independence were safeguarded and promoted. The third condition for autonomy is that an individual is presented with meaningful or

acceptable alternatives to choose from (Raz 1986). The fourth condition is that an individual is willing to take self-responsibility for their choices and actions, and hold oneself answerable for them (Westlund 2009).

An essential aspect of autonomy – as understood here – is that it is dependent on context, significance of available options, and a disposition to hold oneself accountable for what one does. In other words, autonomy is constitutively relational. The requirement of independence signals the importance of living in an autonomy-promoting environment: one cannot be, or become, autonomous if one's social milieu stifles the possibility of autonomy, through the manipulation of one's preferences and desires, or by coercing one into making certain choices one would not otherwise regard as one's own. Answerability, too, depends on one's social environment. Someone is unlikely to be autonomous if they have never been encouraged to take responsibility for their actions, or if they have been taught that they are not the kind of person of whom self-responsibility is expected. The importance of one's environment for autonomy is even more evident if we consider another requirement, i.e. the availability of meaningful or acceptable options. Options are socially determined: their existence "consists in part in the existence of certain social conditions" (Raz 1986, 205). In times of pandemic, for instance, one's options are significantly reduced not only as a direct consequence of being exposed to infection, but also in relation to the norms, rules and provisions put in place by one's society and the kinds of relationships one is part of.

Proponents of relational accounts of autonomy claim that autonomy is a "socially constituted capacity, in the twin senses that its development and exercise requires extensive social scaffolding and support and that its development and exercise can be thwarted by exploitative or oppressive interpersonal relationships and by repressive or unjust social and political institutions" (Mackenzie *et al.* 2013, 17). Relational accounts of autonomy are sensitive to the idea, discussed earlier, that human beings share a certain vulnerability to others – and that some are in fact more vulnerable than others – at the same time that others enable to us to become and remain autonomous throughout our lives. The focus is on the ways in which individuals and institutions can either impinge upon one's capacity for independent actions and choices or make it a genuine possibility (or, at least sometimes, both). In the current situation, many options have been taken away from individuals, thus reducing the extent to which they have been able to be part authors of their lives. In addition, the pandemic has deeply affected human relationships, changing the way we see ourselves and

interact with others. In other words, individuals have experienced a loss of autonomy, a threat to their sense of self, and a persistent feeling of uncertainty – all of this because we are fundamentally relational beings, whose identity and welfare depend on the relationships we are part of.

Because we are socially situated creatures, our relationships with others and the environment in which we live at least partly determine the degree of autonomy we can enjoy, the level of integrity our sense of self can maintain, and the extent to which we are vulnerable in the face of attacks to our well-being, including those caused by uncertainty in difficult times. The long-term effects of Covid-19 cannot be fully understood or counteracted without taking into consideration its social and relational ramifications. An effective solution to the current crisis can only be found by adopting a relational approach to public health.

5. A SOLIDARISTIC APPROACH

Relational accounts of public health ethics aim at promoting the public interest and the common good, based on the relational aspects of personhood, autonomy, and social justice (Baylis *et al.* 2008). Discussing pandemic plans in the wake of the 2003 SARS epidemic, Baylis *et al.* have argued that “[th]e nature and scope of public health require an approach to ethics that is itself ‘public’ rather than individualistic, i.e., one that understands the social nature of public health work” (2008, 200). Such an approach “must do more than simply identify the tensions between individual benefit and community benefit, individual freedom and public safety, resource allocation to known affected individuals and to the community as a whole” (Baylis *et al.* 2008, 200). In other words, an ethical approach to public health “must make clear the complex ways in which individuals are inseparable from communities and build on the fact that the interests of both are interrelated” (Baylis *et al.* 2008, 200).

Instead of focusing on the values and priorities of individuals, relational approaches move beyond the traditional liberal concern for individual freedom from interference, dignity and privacy – regarded as too narrow to provide the kind of justification for the changes that public health aims to bring about (Jennings 2007) – to encompass the social and political context that determines the health conditions of communities and populations (Rogers 2006). In other words, relational approaches conceive of public health ethics

as something that involves individuals in the context they live in and their relationships with others, arguing for the need to build trust and solidarity between them (Kotalik 2005), and between individuals and public officials (Bellagio Group 2007). Thus public health, understood in relational terms, refers “to what society does collectively to assure the conditions for people to be healthy” (Baylis *et al.* 2008, 199).

A relational understanding of public health calls for what Baylis *et al.* call ‘relational solidarity’. In their view, solidarity should not be grounded in self-interest and self-preservation, but motivated by a concern for others and for communal well-being. Relational solidarity is based on the recognition of our shared vulnerability and common interest in survival, safety and security. It is also sensitive to the idea, explored above, that we are not all equally vulnerable, and can be the source of other people’s vulnerability. Relational solidarity requires that we accept responsibility for ourselves and our actions, are willing “to be held accountable for others (especially the weakest and most disadvantaged in society)” and are aware of our mutual vulnerability and interdependence (Baylis *et al.* 2008, 205).

Defenders of relational solidarity argue that the term has more than rhetorical value. Indeed, different concepts of solidarity have been put forward in the literature that are not built on the relational aspects of vulnerability and personhood (Dean 1995; Bayertz 1999; Wildt 1999; Houtepen, ter Muelen 2000; Hoedemaekers *et al.* 2007; Kolers 2016; Banting, Kymlicka 2017). Advocates of relational solidarity assume a position that is different from both those who understand solidarity as stemming from mere self-interest and those who see it in terms of a commitment to a pre-existing common identity: relational solidarity “values interconnections without being steeped in assumptions about commonality or collective identity. What matters is a shared interest in survival, safety and security” (Baylis *et al.* 2008, 205).

Arguably, adopting a solidaristic approach to public health (where solidarity is understood in relational terms and is sensitive to the differences in individuals’ vulnerabilities) can be most effective in tackling the challenges brought about by pandemics. It seems evident that treating individual patients is not enough. Stopping the spread of coronavirus and developing the tools to eradicate it will require a concerted effort at the local, national and international level. As argued by Baylis *et al.*, relational solidarity calls for the recognition of our own responsibility, as well as the responsibility of governments and states, in responding to public health challenges and protecting the most vulnerable.

Thus, it may be argued, solidarity requires that we do not simply act in our immediate self-interest: our actions should be aimed at preserving the interests of others, as well as our own. This should not be particularly demanding as we all share a common interest in survival, safety and security. While people may find it difficult to care about others whom they do not know or live far away from them, a powerful motivating force for keeping our actions in check is that, at the very least, we can be moved by the thought that what we do is for the benefit of the people we do care about: our family, our friends, our neighbours. Seen under this light, accepting to make some sacrifices for the common good can be seen as an act of solidarity (Magnani 2020), stemming from the recognition that we are all vulnerable, and that some are more vulnerable than others.

While it may be true that, at the very least, individuals could be moved to support solidaristic measures by a concern for their loved ones, it may prove more difficult to persuade them to act in solidarity with people they do not have any close relationship with: fellow citizens, strangers and others whom they do not personally know or are in contact with. In other words, it may be argued that while a concern for one's friends and family can be a powerful motivating force it is insufficient, on its own, to sustain solidarity as a general principle of action.⁹ This brings us to an important aspect of the solidaristic approach defended here: while solidarity requires the willingness of individuals to do their part, other political actors are needed to sustain and support solidarity in society. In other words, solidarity has multiple sources, including the individuals forming a political community, political agents such as organized social movements and political parties, and public institutions and policies (Banting, Kymlicka 2017). Solidarity, understood as a set of "attitudes of mutual acceptance, cooperation and mutual support in time of need", as Keith Banting and Will Kymlicka have argued, "does not emerge spontaneously or naturally from economic and social processes but is inherently built or eroded through political action" (2017, 3). Self-interest alone – including one's interest for the well-being and survival of one's loved ones – cannot on its own sustain solidarity at the societal level unless it is also supported by the concerted action of relevant political actors.

The view that solidarity involves the interplay of different political actors (including individuals as members of society) has at least two implications.

⁹ I am grateful to an anonymous referee for raising this important objection.

First, because a solidaristic approach to public health requires that we take responsibility for what we do, it may also encourage us to be more vigilant of what elected officials and governments do. We can accept limitations on our freedom, but there must be good reasons for them. We can accept that some people may be prevented from going to work, but there must be adequate provisions to compensate for that. We can make some sacrifices, but only if they are necessary and effective, and only if others are also making them instead of free riding on our sense of civic duty and good will. Second, society's authorities and public institutions must be reliable and able to build a relationship of trust with the individuals they are meant to represent. Solidarity is a collective effort: it only works if a sufficient number of people do their part, and if governments and other public institutions are held accountable for the measures they implement – which need to be procedurally fair, transparent, effective, contestable, and proportionate to their intended aim.¹⁰

I have argued above that measures aimed at containing the spread of the virus may limit individual autonomy. Such measures range from full lockdowns to social distancing, mask wearing, reduced opening hours for bars and restaurants, contact tracing, and travel restrictions – just to name a few. Many options are taken away from us in these circumstances, thus limiting our scope for choice and action. Now we can see, however, that adopting a solidaristic approach may be a way to take back a degree of control over what happens to us. Accepting some limits to the options open to us may be a way to protect the meaningful relationships that make us the persons we are, thus protecting our autonomy in turn. Recognising our own vulnerability and that of others may make us less isolated and stronger in dealing with uncertainty, thus safeguarding our sense of self and well-being, and those of others.

6. TWO OBJECTIONS, AND POSSIBLE RESPONSES

Two objections could be raised against the solidaristic approach to public health defended here. Let us consider them in turn. First, it may be argued that this approach is too optimistic about individuals' willingness to comply with restrictive norms for the sake of protecting others. Human beings are

¹⁰ For more on this, see Emanuela Ceva's work on procedural interactive justice (2016) and the wrongness of political corruption as lack of accountability (2018).

naturally (that is, evolutionarily) limited in their capacity to care for others: their concern extends only to their own interests and those of the people in their immediate vicinity – their family and friends (Persson, Savulescu 2012). Human beings are also biased towards caring more for the near than the distant future, which further limits their motivation for acting in a cooperative way (Persson, Savulescu 2012). True enough, human beings are also capable of an inclusivist morality, especially when their material conditions allow for it (Powell, Buchanan 2016). However, this is clearly not possible in times of crisis such as during a global pandemic: an inclusivist morality is a “luxury good”, which remains confined to “well-resourced populations with robust healthcare infrastructures, markets, rule of law, reduced rates of criminality, high rates of education and literacy, and so forth” (Powell, Buchanan 2016, 247). With healthcare infrastructures under significant pressures, and in the midst of a global economic crisis, it is difficult to envisage how individuals may be expected to embrace solidarity instead of devoting their energies to safeguarding their own interests and those of their loved ones.

A possible response to this worry is that solidarity can operate at the local or community level to start with, as long as individuals recognise that their well-being and autonomy are dependent on their relationships with others and the environment surrounding them. Someone might still reply, however, that local or parochial solidarity cannot be the answer to the global crisis human beings currently face. If solidarity is to be effective, it needs to extend well beyond one’s circle of friends and family. After all, coronavirus is a “cosmopolitan virus” (Koopmans 2020; Cicchelli, Mesure forthcoming), which calls for a cosmopolitan or transnational response. The risk is that a strategy of limited solidarity could mean closed borders, and a surge in xenophobia, nationalism and populism. In other words, the risk is that we will choose isolation in the face of uncertainty instead of engaging in a concerted effort to minimize it.

These are important worries which should not be easily discounted. It should be noted, however, that the solidaristic approach defended here is not incompatible with international and even global solidarity. Indeed, such solidarity may be necessary in the case of pandemics, as argued before. While it is easier for individuals to see how they are interrelated to those near them, our globalized world is such that our relationships with others extend way beyond our communities to include not only our co-nationals but even people who live in faraway places. After all, the virus itself travelled from city to city, from airport to airport, from country to country, carried by individuals who

moved around for business and leisure. It may be said that its target is the global community: hence we need global solidarity to fight against it.

While not being incompatible with more far-reaching forms of solidarity, however, the approach defended here follows Banting and Kymlicka (2017) in focusing on a bounded form of solidarity which takes the nation-state as its reference unit. As Banting and Kymlicka note, not only do existing welfare states already rely on national (or bounded) solidarity, but there is no reason to think that extending this solidarity to encompass humanitarian duties towards 'outsiders' would level up the treatment of 'outsiders' instead of levelling down the treatment of 'insiders' (2017, 6). They also argue that "once bounded solidarity is in place, it may serve as a source for more global solidarity" and that "a commitment to global justice often grows out of national solidarities, rather than the suppressing of national solidarities" (Banting, Kymlicka 2017, 6, n. 9).¹¹

A second objection to the solidaristic approach defended here may come from those who recognise the importance of acting for the sake of others, but believe that it is precisely for this reason that we should resist the measures imposed on us to contain the spread of the virus. A critical voice against the restrictions imposed by the Italian government in the wake of the Covid-19 crisis, Giorgio Agamben has argued that the pandemic is just an "invention", seized by governments as an opportunity to tighten their coercive control over citizens, thus creating the conditions for a "state of exception" that could persist indefinitely (2020a). This state of exception entails not only severe restrictions on individual freedoms, such as freedom of movement and association (a fundamental prerequisite for political freedom, in Agamben's view), but also a degeneration of the relationships between individuals, who are now fearful of any contact with their neighbours. In fact, the degeneration of human relationships – a direct consequence of the limitations on individual freedom imposed by the state – is even more problematic than the restrictions on freedom themselves. Because of the fears instilled by government agencies and the imposition of social distancing measures, individuals have begun to see others only as potential *untori*, that is, as 'anointers' or 'plague-spreaders',

¹¹ For a discussion of cosmopolitan concerns as arising from national solidarity see also Kymlicka and Walker 2012. For objections to the view that national solidarity is possible, necessary or even desirable see Levy 2017.

hence a threat to other people (2020b). Consequently, face-to-face contacts are replaced by virtual ones, which do not allow for the same expressions of emotions and affection, stifling political discussion and activity. Individuals no longer believe in anything apart from “bare life”, and are ready to sacrifice everything – their freedoms and relationships – for the sake of survival (2020c). They become a passive and rarefied mass, ready to subject itself to the tyrannical power of a Leviathan.

As I have argued elsewhere (Magnani 2020), it is not clear which concept of freedom Agamben is making use of when he laments the loss of freedom experienced by those affected by measures aimed at containing the spread of coronavirus – including social distancing rules and more or less extensive lockdowns. This may appear as an issue of mere terminology, but it has important implications for the strength of Agamben’s claims, and for the ones made in this paper. When we say that public health measures imposed by governments in response to the Covid-19 crisis limit individual freedom, we may have in mind freedom from external interference (what in the literature is called ‘negative freedom’):¹² we can no longer move around and act as we please without risking being stopped and fined. Alternatively, what we may have in mind is not freedom from interference as such, but freedom from arbitrary interference, or domination (what in the literature is referred to as ‘republican freedom’):¹³ the new rules imposed on us arbitrarily interfere with us because we have no say in the government’s decisions on the matter. Finally, we may understand freedom as self-mastery, or the freedom to be the persons we want to be (what in the literature is referred to as ‘positive freedom’):¹⁴ lockdowns, social distancing and other measures take away from us the kind of control we can exercise on our lives, both at the individual and the collective level.

It may perhaps help to frame Agamben’s concerns about freedom as concerns about autonomy. As argued above, public health and safety measures, imposed by the state, can limit considerably the number and the kind of options that are available to us. Because having an array of different meaningful options is necessary to be autonomous, the fact that many of those options may now

¹² See Berlin 1958.

¹³ See Pettit 1997.

¹⁴ See Berlin 1958.

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be unavailable means that individuals' autonomy is also diminished. Because of state-imposed lockdowns, many have lost their jobs, or cannot return to work for an indefinite period of time – in other words, they find themselves in a situation of extreme uncertainty and vulnerability. Their sense of self – that is, their notions of the kind of persons they are and of the place they occupy in the world – may also be under threat. Many have lost friends and family members, or have been battling with the disease themselves. They, too, can be at loss and feel that their sense of self and autonomy are diminished when their own lives and relationships with others are under attack.

All of this contributes to a loss of autonomy, and thus of our personal and political freedom (however one wants to define it). While options are taken away from us, governments use the pandemic as an opportunity to tighten their control over individuals. Such control is both psychological, in that it is aimed at instilling fear and distrust, and physical, in that it prevents people from exercising their freedom of movement and association. In this situation, solidarity is impossible: individuals become selfish and isolated. According to Agamben, protecting our freedom, our autonomy, our relationships (and especially our political relationships) requires standing up against state-imposed regulations and taking back control over our own lives.

Agamben's view has some merits. It is a reminder that allowing governments to make use of exceptional means of power is risky: an authoritarian drift is always possible, and difficult to counteract. It also brings our attention to the issue of control and surveillance, and to the limits these impose on people's opportunities to meet and do politics together. However, Agamben's view presents some important limits. The most significant is the lack of attention given to the relational aspects of public health measures, and to the fact that autonomy is itself a relational concept. Agamben worries about the freedom of individuals, but thinks of them as separate and separable entities; what he proposes is an individualistic rather than solidaristic approach to the crisis. Take for instance his account of the 'plague-spreader' (*untore*). Agamben argues that individuals now see others only as potential *untori* who can infect them at the slightest contact. However, if it is true that others can infect me, it must also be true that I could infect others. In other people's eyes, I am the *untore*: our vulnerability is reciprocal. Staying away from them and complying with restrictions can thus be a way to protect others as well as myself. Agamben seems to miss this point: that it is not just in my self-interest to isolate, wear a mask, get tested if I show symptoms, and so on. I am

doing it for others: for my elderly relatives, my neighbours who work at the hospital, or my immunocompromised friends. Seen under this light, accepting a limitation on my options is an act of solidarity, rather than a symptom of weakness or fear. Doing so may allow others to survive and thrive, and protect my relationships with them, which are also necessary for my autonomy and well-being.

As mentioned earlier, critics of restrictive measures to contain the spread of the virus may not be against solidarity as a principle of action. On the contrary, they may be moved by a concern for preserving the political and social conditions for solidarity, as Agamben does. One problem is that a concern for solidarity, when not backed up by an understanding of vulnerability, sense of self and autonomy in relational terms may end up undermining those very conditions that make solidarity possible. A further problem arises when individuals do not trust public institutions and elected officials to implement effective measures for the benefit of society as a whole. As argued in the previous section, solidarity is a collective effort: it only works if a sufficient number of people do their part, and if a relation of trust exists between them and other political actors such as governments and elected officials. This is why it is essential that public institutions act fairly and transparently. Lack of trust in them may be caused by past instances of corruption and lack of accountability, which undermine their integrity and reliability as sources of solidarity. In addition, public institutions and elected authorities may be unsuccessful in communicating clearly with members of the public, partly because of a failure on their part and partly because of a resistance from the public itself to believe what they are told by public officials and scientific experts – a phenomenon which is linked to the issue of distrust towards public institutions and the spread of fake news on and off the internet. When the conditions for solidarity are not met, it is easier for individuals to see solidarity measures as impinging upon individuals' freedom, and governments and public institutions as powerful oppressors engaging in a well-organized conspiracy to reduce individuals' rights.

It should now be apparent that the solidaristic approach defended here may encounter some difficulties. On the one hand, there might be people who are unwilling to comply. These individuals may fail to acknowledge our interconnectedness and interdependence, and argue that we should not be expected to care for others when our own interests are under threat. On the other hand, there might be those who do not believe that the virus consti-

tutes a serious threat such that governments are justified in imposing restrictions on our freedom in the name of an 'invention' (as Agamben calls it). In their view, state-imposed measures are suspicious and may never be justified or proportional to the threat, which is negligible.

Implementing a public health system based on relational solidarity can take time, and does require individuals to be motivated by a concern for the most vulnerable. Hence it may be argued that it is an unfeasible project. I do not think it is: the fact that something is difficult to achieve does not mean that it is impossible to achieve, or that we should stop striving for it. Besides, the alternatives do not seem promising. Individual and institutional political actors need to realize that we are all vulnerable, and that the only way to make us less vulnerable is cooperation, trust and solidarity. Doing so would enhance individuals' autonomy, well-being, and help them maintain a healthy sense of self. At the same time, societies need to recognize that not everyone is vulnerable to the same degree. Covid-19 is not the great equalizer: if we want to defeat it, we need to be sensitive to the ways in which the most vulnerable are the most badly affected by it.

7. CONCLUSION

In this paper, I have argued against the view that Covid-19 is the 'great equalizer'. I have done so by defending a solidaristic approach to public health based on relational concepts such as vulnerability, sense of self, autonomy and solidarity. Contrary to the claim that Covid-19 is the great equalizer, I maintain that it is in fact contributing to the deepening of existing inequalities and vulnerabilities. While relational solidarity in public health may be difficult to implement, it is the best resource we have in these times of uncertainty. To be successful in its pursuit, solidarity needs to be a collective effort, involving different political actors such as individuals and public institutions, engaging with each other on the basis of a relationship of trust. While a commitment to solidarity can be easily undermined by (more or less justified) scepticism towards political and other authorities, and by the failures of those authorities themselves, it is paramount that societies strive for it as the best means to preserve individuals' health and well-being.

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