




Biopower in the age of the pandemic: the politics of COVID-19 in Denmark

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ABSTRACT

The exceptional forms of state power mobilized under COVID-19 have attracted scholarly attraction and created important insights on the pandemic politics. However, it seems that the current understanding tends to regard the states' responses as a zero-sum game between two powers only, a game in which liberal rule in varying degrees is traded for raw sovereign power. Inspired by the notion of biopower, this article aims to provide a more nuanced account of the various powers invoked to handle the pandemic. Based on the case of Denmark, it is argued that three forms of power were mobilized: sovereignty, discipline and security mechanisms. Yet, indirect security mechanisms informed by epidemiological knowledge and modelling have played a far more comprehensive role than the two other power mechanisms. In a complex interaction with epidemiological expertise, liberal governmentalities limited the mobilization of sovereignty and discipline and, instead, tended to endorse indirect security mechanisms.

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Introduction

In most liberal democracies, the COVID-19 pandemic has brought about exceptional laws and government interventions entailing strict restrictions on individual rights, including public assembly, freedom of movement and the right to engage in commercial activity (Opilowska 2020). Obviously, the kinds of exceptional forms of state power mobilized under COVID-19 have already attracted scholarly attraction. For example, in an article in *The Guardian*, the renowned politics professor David Runciman declared that the pandemic had made clear that politics in liberal democracies is really a Hobbesian game whereby central governments exercise sovereign power over the life and deaths of citizens

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(Runciman 2020). Several other studies tend to agree that the political response to the pandemic has made state power more visible (Moisis 2020). A large survey study of 143 states' responses concluded that we see a 'pandemic backsliding', i.e. an erosion of liberal, democratic rights in favour of more or less unfettered central government power (Lewkowicz et al. 2021). Perhaps the most dramatic account is provided by political philosopher Giorgio Agamben who likens the dramatic lockdowns in Italy to the Nazi takeover in Germany (Agamben 2021). Agamben used the term biopower, used by French philosopher Michel Foucault to denote the state power exercised with a view to enhance and protect public health (Foucault 1978, 2007, p. 1).¹ The term has also been invoked in a well-balanced analysis of the political reactions to COVID-19 in Norway (Gjerde 2020). Here Gjerde concludes that liberal governmentalities were largely overruled by biopolitical concerns that significantly suppressed individual and market freedoms.

Notwithstanding their differences, these studies all point to a rather worrying trend where liberal freedoms are displaced by sovereign state power exercised in the name of protecting the public health. This shift in power towards sovereignty is seen in this paper as immanently worrying, though not necessarily bad. Sovereign power is worrying because it is a form of power that reduces if not eliminates freedom by prohibiting certain behaviours and commanding others, both under the threat of physical violence. It is not necessarily bad because this power may be used to collect taxes, imprison murderers etc. Thus, rather than outright condemn sovereign power, we need to examine the specific justifications, conditions and limitations under which it is exercised. There is little doubt that sovereign state power has been mobilized in exceptional degrees to counter the pandemic and that this mobilization of sovereign power is ground for concern. Yet, I also think the existing studies do not fully grasp the state responses to the threat to the lives of its population. It seems at least that the current understanding depicts the Covid-19 state responses as a zero-sum game between two powers only, a game in which liberal rule is in varying degrees traded for raw sovereign power. This understanding misses important regulatory powers and epidemiological expertise that serve to enable and justify crucial parts of state responses to COVID-19 in Europe and liberal democracies elsewhere. This article

¹The term biopolitics was not invented by Foucault. It was used both in Ancient Greece and by Swedish and German geopoliticians in the 1920s, though in very different ways and for very different purposes than Foucault (Esposito 2008, pp. 14–8).

assumes that Foucault's concept of biopower is relevant for understanding the political forces at play during the COVID-19 pandemic. However, the use of this concept entails that we look not only for sovereign power and liberal rationalities and technologies (Dean 2014) but also for disciplinary mechanisms and for epidemiologically informed security regulations. To illustrate how these mechanisms unfold, the current article takes its point of departure in the Danish case. Like other European countries, Denmark has seen extended and exceptional government powers, travel restrictions, repeated involuntary lockdowns and extensive testing (Nielsen and Lindvall 2021). It may rightly be objected that Denmark is not representative of other European countries. Clearly Denmark is unique in many points, though government interventions have been neither particularly lenient nor stringent, at least until early autumn 2021 (Our World in Data 2021b). In this background, the double research question is: *How have sovereignty, discipline and security regulations been mobilized in the Danish response to the COVID-19 pandemic? How have liberal governmentalities interacted with these three power mechanisms?* By answering this question, the article aspires to contribute to the Foucault-inspired literature on biopower and the understanding of how biopower is linked to sovereignty, liberalism and expertise (Rentea and Prozorov 2017).

The general argument proposed here is that at least three forms of power have been mobilized in the response to the pandemic. Sovereign power has played a crucial and, in several instances, a rather worrying role. Disciplinary power was also important, as expressed by isolation and quarantine requirements. Still, indirect security mechanisms informed by epidemiological knowledge and modelling have played a far more comprehensive role than the two other power mechanisms. Liberal governmentalities crucially limited the mobilization of sovereignty and discipline and, instead, tended to endorse indirect security mechanisms. The remainder of this article tries to substantiate this argument. After developing an analytical framework suited to grasp the kind of biopower that may be at stake in the political responses to the current pandemic, an account of how sovereign, disciplinary and security mechanisms of power unfolded in Denmark during the 2020–2021 period is provided. The article ends with a conclusion and discussion of the broader possible political implications of how the pandemic is currently being handled in Europe.

Analytical framework

Foucault introduced the concept *biopower* (and biopolitics) to denote state power over populations and individuals that hinges fundamentally on expert knowledge of the population's biological quality and longevity (Foucault 2007). Several scholars have subsequently used the concept to analyse politics of health (e.g. Petersen and Bunton 1997; Triantafillou and Vucina 2018).

In Foucault's (1978, pp. 133–159) understanding, biopower is defined as the state's ambition of protecting and promoting the health and vigour of its population. This ambition may be pursued by a mix of power mechanisms. Foucault pointed to three mechanisms that have been particularly important in the West during the last two centuries: sovereignty, discipline and security (Foucault 2007, pp. 4–6). Thus, unlike Agamben who equates biopower with sovereignty (Agamben 2005), the current analyses adopts a more Foucauldian inspired understanding, whereby biopower may be pursued by a mix of the three mentioned power mechanisms.

Historically, sovereignty has taken two general forms in the West. Firstly, sovereign power was the absolutist and monarchic form of power that works by decree, prohibiting certain actions and mandating others. In a sense, it is a binary power, saying no or you must. With the replacement of the absolute, monarchic rule by liberal democracy, sovereignty is rarely manifested as a power that suspends constitutional and parliamentary rules. Instead, the democratization of sovereignty has meant that the diffuse and often contradictory will of the people is expressed via representative mechanisms and inscribed in law (Dean 2001, p. 49; Singer and Weir 2006, p. 455). Yet, while sovereignty is now legalized by way of parliamentary procedures, it is still a binary power that works by prohibiting certain behaviours and mandating others. This article pays attention both to extra-constitutional and constitutional political interventions that – in the name of containing the COVID-19 pandemic – prohibit formerly legal activities.

The second set of power mechanisms, discipline, denote the schemes and interventions seeking to direct the minds and bodies of individuals with a view to enhancing their civility (the prison), their productivity (the factory), their martial efficacy (the military barrack), their socialization (the school), or their corporeal safety (isolated spaces) (Foucault 1977, 2007, pp. 44–45). Foucault pointed explicitly to quarantine as a disciplinary power mechanism seeking to control the behaviour of

individuals fully within a closed space. More generally, disciplinary power mechanisms work by breaking down individual actions and movements, it examines and classifies these actions and movements to optimize them according to wider performance objectives, such as productivity or safety, it promotes processes of individual training (dressage), and finally it distinguishes between those considered suitable or capable and those deemed unfit. The latter distinction is enabled by more or less fixed norms or standards (Foucault 2007, pp. 56–57). Thus, discipline is working by normation, i.e. by examining and training individuals to meet a particular norm, such as the wearing of masks, washing hands or keeping a physical distance.

The third set of power mechanisms are those falling under the heading of security. These mechanisms seek to regulate aggregate phenomena, notably the economy and the population. Since the eighteenth century, starting in Western Europe and North America, the economy and population are increasingly seen as natural phenomena, the optimum functioning of which requires limited and indirect forms of political intervention (Lemke 2011). In his lectures on biopower, Foucault noted how the eighteenth-century smallpox outbreak was handled very differently from previous epidemics. Whereas earlier epidemics resulted in the imposition of discipline (partitioning of towns, surveillance of physical movement and quarantine), the problem now was to assess the statistical effect on the population: ‘knowing how many people are infected with smallpox, at what age, with what effects, with what mortality rate, lesions or after-effects, the risks of inoculation’ (Foucault 2007, p. 10). The new security mechanisms focus on minimizing the risks arising from the circulation of the epidemic disease, rather than attempting to contain it (Villadsen 2021). By implication, security mechanisms are not so much trying to make individuals adhere to a fixed norm, but rather trying to ensure that the population, or the rate with which a virus is infecting it, is moving within a statically calculated range. Given the potentially vast implications of the use of epidemiological statistics and modelling for political decision-making, it is remarkable that very few have looked into this in the case of COVID-19 (Miller 2022).

Since its inception in the late eighteenth century, biopower has interacted with liberal governmentalities, i.e. the scholarly reflections on the problem of whether and how a state can possibly govern a society with a view to increase its wealth without debilitating its self-governing capacity (Foucault 2008, pp. 27–74). The liberal governmentalities

include the political economy reflections espoused by the French and Scottish moral philosophers during the late eighteenth and nineteenth century. Liberal governmentalities have often tempered the state-driven quest to improve public health and vigour by emphasizing individual rights to choose lifestyle, freedom of expression, assembly, property, business affairs and so forth (Rabinow and Rose 2003). Over the last few decades, liberal governmentalities have fundamentally informed, contemporary public health interventions (Larsen 2012; Lemke 2005). However, as COVID-19 is hardly everyday public health politics, it remains an open empirical question of how liberal governmentalities informed the exercise of sovereignty, discipline and security in the state's handling of the pandemic.

The analytical framework here regards biopower as all the political interventions and regulations (power mechanisms) seeking to govern citizen conduct with a view to protect public health. Under this broad heading, the paper looks for three distinct power mechanisms. Under sovereign power, I examine the enhanced legal powers to central government to adopt coercive measures and illegal government actions involving the use of coercion. Under discipline, I account for the power mechanisms of mask-wearing requirements, restrictions on assembly, and self-isolation and quarantine. Under security mechanisms, I study school and workplace closures, travel restrictions, and testing. Vaccination programmes, which would also come under security mechanisms, have been excluded from the analysis as they have been completely voluntary in Denmark, with systematic information campaigns serving as the strongest power mechanism. Moreover, I examine how liberal concerns over potentially excessive state interventions were articulated in the justification and critique of the three power mechanisms. It is important that the analytical division of the COVID-19 regulations into the three types of power mechanisms do not blind us to their overlapping and interdependencies. The use of quarantine, for instance, a paradigmatic disciplinary mechanism, has been underpinned by epidemiologically informed decision-making models that belongs to the security mechanisms. It is also crucial to stress that epidemiological knowledge is not some monolithic body determining distinct political actions (Walby 2020). As will be clear from the Danish case that there was an ongoing dispute both between epidemiologists on how best to understand the Corona virus and its development, and between politicians and public health authorities on what kind of political actions that should be inferred from the (shifting) epidemiological insights and models. It should be

stressed that the paper does not aim to provide a full account of the many forms of knowledge employed in the struggle over how to respond to the pandemic but focuses on the ones that turned out to be the most influential for the political responses taken, namely epidemiology and immunology. Still, there is no doubt that other forms of knowledge played an important role, not least in the contestation of testing and vaccination. For instance, an interview study with 119 persons in areas with relatively low levels of vaccination showed a strong diversity in arguments against vaccination, including a generalized scepticism against public authorities interfering in peoples' lives and others ascribing to so-called 'conspiracy theories' (Epinion 2021). With regard to the resistances, the paper points to some of the most important ones, but again focuses on the political rationalities and interventions that came out victorious.

The article undertakes an in-depth, single-case study of the political underpinnings and implications of how Denmark has handled the pandemic. Denmark is a long-standing liberal democracy, an EU member state, has a large public welfare sector, displays high levels of trust in government, and have no constitutional emergency powers. These are traits common to the Nordic states, except Finland whose constitution does hold the potential of emergency powers. Yet, even if minority governments are also a well-known feature of the other Nordic countries, Denmark is rather extreme on this point and was ruled by a minority government throughout the pandemic. This obviously limits the potentials for generalizing the insights of this study. Data collection covers the period January 2020, when the COVID-19 pandemic first emerged, to September 2021. The article examines government policy documents and laws pertaining to the handling of COVID-19, government press statements, reports from public health experts and articles in leading national newspapers that quote parliamentarians and public health experts.

Sovereign power – legalized and unconstitutional

After spikes in the incidence of COVID-19 in China and northern Italy in January and February 2020, the first Danish citizen tested positive for COVID-19 on 27 February 2020. The virus would spread rapidly in the weeks to follow. On this background, a series of political interventions was launched in Denmark from March onwards (Table 1). This section focuses on the employment of sovereign power mechanisms, namely the expansion of legalized coercive means and the use of extrajudicial

Table 1. Timeline of Covid-19 responses by the Danish government 2020–2021.**March 2020: Lockdown**

- **Closure of Danish borders** for anyone without a legitimate purpose and introduction of quarantine recommendations (Statsministeriet 2020).
- **Closure of all schools, childcare institutions, high schools and post-secondary institutions.** All public sector employees not conducting critical functions sent home.
- **Enhanced legal powers** for the handling of epidemic diseases to give the government and public authorities (e.g. the police) increased powers to close institutions and businesses, disallow assembling of more than 10 people (Sundheds- og Ældreministeriet 2020b), and force individuals who are suspected of possible COVID-19 infection to be tested and isolated
- **Voluntary disciplinary measures:** masks, hygiene, social distancing and self-isolation

April–June 2020: Opening up

- **Testing** of citizens showing symptoms of Covid-19
- **Reopening** of institutions: public sector workplaces, schools (April); outdoor sports and other organized activities; restaurants, cafés, libraries and schools, museums, theatres and movie theatres (May).
- Assembling again: Up to 50 people (June) and 100 persons (July) (Sundheds- og Ældreministeriet 2020c, 2020a).
- June: the general border closure is dropped in favour of a **new epidemiological regulatory travel model** allowing travel to EU countries and the US on the condition that the incidence rate is under 20 per 100,000 inhabitants in the destination country

Autumn 2020: Lockdown again

- August: **Mandatory to wear masks** in public transportation
- The State Serum Institute launches an **online dashboard with up-to-date epidemiological statistics** on incident, mortality, hospitalization and vaccination rates and national and local levels.
- Massive **scaling up of test capacity.** Mandatory testing to enter indoor spaces.
- **Government bill providing very far-reaching powers to the Minister of Health.** The law is rejected by parliament.
- **Stricter limits on assembling:** September: 50 persons. December: 10. January (2021): only 5 persons (Sundheds- og Ældreministeriet 2020d, 2020b).
- November: **Illegal government order to cull all mink**

Spring 2021: Opening up again

- January: **Establishment of the expert reference group** advising the government
- February: **New epidemic law** enabling parliament to classify a disease as being ‘societally critical’. Forced quarantine or isolation is possible but contestable either in court or administratively (Sundhedsministeriet 2021e).
- March: **Launch of online Covid 19 pass.** Crucial to ensuing openings
- **Reallowing assembling:** March: the limit for outdoor sports extended from 5 to 25 persons and the limits on public gatherings of all kinds is extended from 5 to 10 persons (Regeringen, 2021a). May: 25 persons allowed to assemble indoors and 75 persons outdoors (Regeringen, 2021b). June: lifting of the limit on outdoor assembly, and the limit on indoor assembly is expanded to 250 persons. No limits from July.
- **Reopening of institutions:** March: Outdoor culture and sports reopened for people with a negative COVID-19 test. Schools partially reopened and the maximum number of customers allowed in large retail stores was increased (DR Nyheder, 2021b). April: most educational institutions reopened. All liberal trades, malls, museums, libraries and cafes and restaurants with outdoor serving reopened (DR Nyheder, 2021a). May: indoor serving allowed in restaurants and bars, and indoor sports and fitness clubs reopened for those with a negative test or a valid corona passport (Sundhedsstyrelsen 2021b).
- June: The requirement to wear **mask in indoor public spaces is dropped**

Autumn 2021: Entering a new normal?

- **Testing requirement is dropped**, but voluntary testing is continued and so is the dashboard-based epidemiological monitoring of the pandemic
 - The **online Covid 19 pass is dropped**, but easy to re-establish
 - The epidemic regulatory models for restricting international travel are retained
 - The epidemic regulatory model for closing domestic institutions and business is suspended, but easy to re-establish
-

force. Before accounting for these, it should be stressed that the Danish constitution does not provide any legal basis for declaring a state of emergency that may suspend the usual parliamentary process. Therefore, any attempt at handling wars, pandemics or other highly unusual situations requiring new legal powers must take place through conventional legislative channels.

Extended legalized sovereign power

One of the first moves to curb the pandemic was to expand the legal powers of the central government. In March 2020, the parliament amended the existing law for the handling of epidemic diseases to give the government and public authorities (e.g. the police) increased powers to force individuals who are suspected of possible COVID-19 infection to be tested and isolated, and to enable the Minister of Health to prohibit public gatherings of more than two persons (*Lov om ændring af lov om foranstaltninger mod smitsomme og andre overførbare sygdomme og forskellige andre love 2020*). Soon after the criminal law was changed so as to increase sentencing for actions abusing economic funds allocated to alleviate the pandemic and for actions related to COVID-19 (*Justitsministeriet 2020*). This amended law was used to impose a double-length sentence to the organizer of an illegal demonstration against the government's COVID-19 restrictions. However, the sentence was revoked by a higher level court who decided on a normal sentence (*Advokatsamfundet 2021*). It should be noted that the extended scope for the use of sovereign power was above all a political demand from the prime minister's office. In contrast, the medical experts from the Danish Health Authority and Statens Serum Institute – both under the Ministry of Health – were initially reluctant to recommend travel bans and other strict domestic regulations. Only after strong pressure from the Prime Minister's department did they abandon their faith in a flock immunity strategy similar to the Swedish one.

During 2020, the Social Democratic government decided to try to further augment its legal powers to intervene in society and the everyday lives of people living in Denmark. The government drafted a new law on the handling of epidemic diseases, which was circulated for hearing among civil society actors and parliament (Sundheds- og Ældreministeriet 2020d). The bill issued in October 2020 provided far-reaching powers to the Minister of Health, including the right to classify a disease as a ‘societally critical disease’ (*samfundskritisk sygdom*), which was vaguely defined as a ‘dangerous disease the spread of which results or risks resulting in serious disturbances of important societal functions’ (Sundheds- og Ældreministeriet 2020d, §2, section 4 – own translation). Should the Minister decide to classify a disease as such, it would allow the authorities to isolate entire groups of citizens on the mere suspicion that they were infected (Sundheds- og Ældreministeriet 2020d, §10), impose mandatory testing and vaccination (§8 and §14), prohibit public gatherings (§18) and the closure of retail shops (§19). All these measures could be enforced by the police; i.e., under threat of physical coercion (§15). Yet, the bill was met with strong criticism from a wide range of influential civil society actors, including the Danish Bar and Law Society (Sundheds- og Ældreministeriet 2020e). More importantly, the bill had to be dropped as not a single political party (apart from the Social Democrats themselves) in parliament was willing to support it. Instead, in December 2020, a strongly modified legal proposal was endorsed by almost all of the MPs (Sundheds- og Ældreministeriet 2020f). According to the new law, it is up to parliament – not the government – to classify a disease as being critical, a classification that automatically expires after maximum of six months, forced vaccination is not possible, and any form of forced quarantine or isolation is contestable either in court or administratively (Sundhedsministeriet 2021e).

Illegal eradication of all mink

Yet before this liberal taming of biopower, the Social Democratic government managed to extrajudicially order the closure of all mink farms in Denmark.² Already in June 2020, scientists suspected a zoonotic development, as both the mink and people working these farms were infected with the Corona virus. Over the next couple of months, the virus

²Prior to the pandemic, Denmark was the largest producer of mink fur in the world, with annual exports of around €500 million. In total, 2.5 million Danish mink were culled on 800 farms.

spread from one farm to another, infecting people and animals alike (Vikkelsø 2020). In the autumn, the Danish Veterinary and Food Authority reacted by ordering the infected animals to be exterminated and the relevant farmers ordered into isolation. So far so good. But the virus in some of the mink was found to have mutated by mid-October, and a leading researcher from Statens Serum Institut, Anders Fomsgaard, warned not only about incidents where mutated viruses were transmitted from mink to people but also that the mutated virus may be immune to the existing vaccines (Prakash 2020). SSI Executive Vice President Kåre Mølbak went even further: At a press meeting with the Prime Minister (PM) on 4 November, he said: ‘The worst case scenario is that we get a pandemic starting all over in Denmark’ (Government press meeting 2020). At the same meeting, the PM explained, in turn, that all Danish mink had to be exterminated because the rapid viral mutations in the animal could create immunity to the existing vaccines.

There was no agreement between biomedical researchers on the exact danger to humans incurred by the spread of virus among mink, nor was there any agreement on the best political action to take. On the one hand, several biomedical experts both in Denmark and abroad found the decision to eradicate all mink unwarranted (Andersen 2020; Bruun 2020). On the other hand, a Danish professor of microbiology supported the decision, claiming that ‘Denmark could become the new Wuhan’ if the mink were not exterminated (Overgaard and Bruun 2020). In the ensuing weeks, however, as the mink were exterminated with the assistance of both the police and the emergency forces under the Ministry of Defence, the decision proved to lack legal basis. Most of the opposition parties were furious, resulting in the resignation of the Minister for Food, Agriculture and Fisheries and the instigation of an ongoing official investigation into the decision-making process (Nielsen 2020). Interestingly, the otherwise highly outspoken and influential agriculture interest organization, Danish Agriculture & Food Council, was surprisingly meek in its protests over the government decision to effectively close the mink industry. Rather than outright disputing the decision, it emphasized the need for extensive economic compensation to the mink industry (Landbrug og Fødevarer 2020).

In order to protect public health, then, the government was granted exceptional and far-reaching powers to intervene in the everyday lives of people living in Denmark. Still, the government’s attempt to a mass further sovereign power was tempered by a parliament concerned with liberal notions of individual rights, the limitation of state power and

the insistence on a clear legal basis for such powers. Moreover, the unconstitutional eradication of the mink industry entailed that the minister of Food and Agriculture had to resign and that the prime minister's actions are currently scrutinized by a parliamentary commission.

Disciplinary power

In its attempt to control the spread of the Corona virus, the government launched a set of measures that intended to directly control individual behaviour and movement. The controls were informed by very specific norms, such as mask wearing, keeping a one-meter distance from other individuals and avoid gatherings, i.e. paradigmatic disciplinary mechanisms. Most of these measures were mandatory, namely wearing masks, restrictions on gathering and quarantine, though monitoring and enforcement was relatively lax. Self-isolation was voluntary but came with very strong incentives.

Mask wearing and restrictions on gathering

Like in most other European countries, mask wearing has been part and parcel of the COVID-19 regulations in Denmark. In August 2020, it became mandatory to wear masks in public transportation (Sundhedsstyrelsen 2020b). In October, the mandate was expanded to include most indoor public spaces. The enforcement of the mask wearing requirement was relatively lax, though some fines were issued to individuals violating the rule. After a reduction in disease incidents, the mandate was lifted in June 2021, except for public transportation where it was dropped in September (Sundhedsstyrelsen 2021b).

From early in the pandemic, restrictions on assembly in both public and private spaces have been a key instrument in limiting the spread of the COVID-19 virus. Fines for violating the regulations have been issued in several instances. It should be stressed that public demonstrations seeking to propagate a political position or public opinion have consistently been exempted from the regulations. This exemption is likely a major reason for the rather modest criticism of the otherwise strict regulations. The severity of the restrictions on assembly have oscillated in close tandem with the shifting calculations and projections of the COVID-19 incidence and mortality rates. Following substantial drops in the infection rate over spring, the limit was gradually increased to 100 persons (Sundheds- og Ældreministeriet 2020c, 2020a). When the

infection rate again started trending upwards after the summer, the government decided yet again to limit the number of people allowed to assemble. With the prospect of the infection rate again falling in early spring 2021, the government and its left-wing parliamentary support parties decide on a gradual easing of the restrictions on gatherings.

In brief, the disciplinary mechanisms of mandatory mask wearing and restrictions on assembly were not to entirely prohibit movement of citizens but reducing these movements in ways and to a level where the spread of disease incidents, mortality rates and hospitalization rates stayed within acceptable levels. These levels were strongly informed by epidemiological surveying and modelling projections. The epidemiological modelling became particularly important with establishment of the reference group of academic experts, who provided both epidemiological and macro-economic modelling and prognoses (Løntoft 2021). Moreover, in line with the constitutional right of assembly, public demonstrations seeking to propagate a political or other public opinion were exempted from the regulations.

Self-isolation and quarantine

Self-isolation of individuals showing COVID-19 symptoms virus played an important role for the gradual reopening of institutions in spring 2020. The isolation interventions have consistently been based on recommendations, with no supervision or enforcement. Initially, the Health Authority and Patient Safety Authority adopted a so-called mitigation strategy (Styrelsen for Patientsikkerhed 2020) entailing self-isolation in order to slow the spread of virus and thereby ensure adequate hospital treatment capacity. By June 2020, persons either diagnosed with COVID-19 or displaying symptoms without necessarily being diagnosed were recommended to isolate (either in their own home or in lodging provided by the municipality) until either 48 h after being symptom-free or, if they tested positive but had no symptoms, until 7 days after the test. This recommendation still prevails (Sundhedsstyrelsen 2020a). While it does not come with any legal sanctions and lacks strict monitoring, both public and private workplaces are adamant that their employees respect this recommendation.

Quarantine measures were introduced from early spring 2020 in tandem with international travel restrictions, which are accounted for below. On 3 March 2020, the Danish Health Authority recommended that all Danish citizens returning from high-risk areas abroad, including

Wuhan province and northern Italy, isolate in their own homes for two weeks. In June, the general border closure was replaced by a new model allowing travel to all EU countries and the US on the condition that the incidence rate is under 20 per 100,000 inhabitants in the destination country (Udenrigsministeriet 2020c). A country with an incidence rate of 30 or more per 100,000 inhabitants was classified as a quarantine country. Quarantine country residents were not allowed to enter Denmark without a legitimate purpose, such as transporting commodities or other commercial purposes. The latter group of persons were recommended to quarantine for two weeks. In January 2021, a new regulation was adopted requiring that any person arriving in Denmark from abroad must be able to produce a negative COVID-19 test and that they quarantine either for 10 days or for four days upon a negative PCR test (Sundhedsministeriet 2021a). This regulation was renewed several times during spring 2021. The most recent regulation basically repeats the 10-day quarantine demand, although those who are fully vaccinated are exempted in all cases unless arriving from ‘red’ countries (Sundhedsministeriet 2021b).

In sum, even if monitoring and enforcement have been lax, self-isolation and quarantine requirements have been an important part of the attempt to regulate the spread of virus from other countries to the Danish population. We also saw that while quarantine worked as a disciplinary instrument to contain individual physical movement, the exact quarantine requirements were rapidly inscribed within the epidemiologically informed regulatory model.

Epidemiological security regulations

This section accounts for security mechanisms that aimed to reduce rather than eradicate the spread and deaths caused by the Corona virus, namely travel restrictions, closure of schools and workplaces, and testing requirements. These regulations were strongly informed by epidemiological data and models at both the EU level and the national level.

Travel restrictions

Analytically speaking, travel restrictions could be regarded as a disciplinary instrument that contains individual movement. Moreover, it initially also worked by way of sovereign power mechanisms. Thus, in 13 March 2020, the government announced the closure of Danish borders for

anyone without a legitimate purpose (Statsministeriet 2020). However, the travel ban was lifted in mid-June. From then on, all travel regulations would be voluntary. This shift to a voluntary approach was predicated on the emergence of a semi-automated epidemiologically informed regulations.

In mid-May 2020, the European Commission issued a communication strongly encouraging all EU member states to re-open their borders in accordance with falling incident rates (European Commission 2020). It explicitly recommended that national border regulations be informed by the epidemiological studies of the incidence rates issued by the ECDC. This call seems to inform the Danish strategy. Firstly, following a substantial drop in incident rates in most European countries, the Ministry of Foreign Affairs changed its guidelines on 15 June, allowing people living in Denmark to travel to Norway, Iceland and Germany, and allowing tourists from these three countries to come to Denmark (Udenrigsministeriet 2020b). From mid-2020, the travel guidelines came to be based on weekly updated epidemiological surveys conducted by the ECDC. In accordance with this epidemiologically based regulatory model, the Ministry of Foreign Affairs recommended in the autumn that Danish citizens not undertake any ‘unnecessary’ travel abroad ‘because of the incidence figures’, which increased substantially throughout Europe and North America (Udenrigsministeriet 2020a). This recommendation was further strengthened on 7 January 2021, when people were requested, albeit not disallowed, to avoid all foreign travel.

In brief, the restrictions on international travel were key for dealing with COVID-19. Here, there are clear signs of the exercise of sovereignty in the form of the three-month travel ban in spring 2020. However, the transport of commodities to, from and through Denmark has been unrestricted throughout the entire period. Moreover, apart from the three-month stint of prohibition, international travelling was regulated, rather than prohibited, to make the disease stay within a certain scope of acceptable risk.

Closure of schools and workplaces

The closure of educational institutions and workplaces constitutes one of the most far-reaching measures adopted to curb the spread of the COVID-19 virus in Denmark. On 11 March 2020, all childcare institutions, schools, high schools and post-secondary institutions were

closed, and the government sent home all public sector employees not conducting critical functions. Given that the public sector employs around half the Danish workforce, this closure dramatically reduced domestic travel and personal contacts. A further step was taken the following week when the government closed all shopping malls, restaurants, bars and hairdressers (Sundheds- og Ældreministeriet 2020b). The logic was obviously to close the private workplaces deemed most likely to convey the spread of virus. Supermarkets and other shops selling ‘necessities’ remained open, as did most of the private sector, e.g. manufacturing, construction and transport.

Following a substantial reduction in COVID-19 incidents, hairdressers, driving schools, research laboratories and certain other private businesses were allowed to reopen in April 2020. In the following weeks, several activities reopened. After a summer with low infection levels, numbers again started rising in August 2020. Unsurprisingly, new restrictions for bars and restaurants were therefore imposed in September. Following yet another spike in new COVID-19 infections and hospital admissions in late autumn, all malls, schools, childcare institutions and most retail businesses were closed on 25 December 2020.

Then, in early March 2021, the government and its left-wing support parties agreed on a plan to gradually reopen most institutions and sectors (Sundhedsministeriet 2021c), including the reopening of most shops (although not malls). By May this process of reopening was completed, the main difference to pre-COVID-19 situation being that access to indoor serving in restaurants and bars, and indoor sports and fitness clubs required a negative test or a valid corona passport. This reopening in spring 2021 was predicated on a new automatized model for temporarily closing schools, childcare institutions and various cultural institutions in individual parishes based on weekly epidemiological data (Sundhedsministeriet 2021f). According to this model, a municipality was forced to close the said institutions in a parish if the COVID-19 infection rate exceeded 400 per 100,000 inhabitants, the absolute number exceeded 20, and the positive testing rate exceeded 2 per cent. From April until August, this model was used in several instances to close parishes temporarily throughout the country. The automatized closure model was abandoned as of 1 September, although the monitoring of incidents continued (Sundhedsministeriet 2021d).

Subjection to testing

The Danish health authorities initially did not emphasize the testing capacity build-up, despite the WHO's insistence in spring 2020 that testing is a precondition for any attempt to control the spread of the Corona virus. After some arm wrestling with the Social Democratic government, however, the Health Authority was persuaded in late March to adopt an ambitious test strategy (Sundhedsministeriet 2020). The Health Authority recognized not only the severity of the COVID-19 pandemic, but also saw testing as key to monitor and, ultimately, regulate the spread of the disease in the Danish populace. Accordingly, the following month, the Danish Health Authority expanded its scope for testing to include everyone in Denmark deemed to be at health risk or to have been in contact with persons who have been diagnosed with COVID-19 (Sundhedsstyrelsen 2021a). Following a slow start due to a lack of testing kits, test levels per capita grew to among the world's highest by autumn 2020 (Our World in Data 2021a). The high level of testing has to do with several reasons. Firstly, it was for several months necessary to access public transportation and many workplaces. Secondly, unlike many other European countries, testing was free of charge. Finally, like the high level of vaccination, it may be explained by the high level of popular trust in the recommendations by the Danish health authorities (Lindholt et al. 2021). However, Denmark also experienced resistances, both at the micro-level and macro-level. Multiple fines were issued by the police to people who apparently deliberately chose not to wear face masks in public transportation or other places where mandatory. At the macro-level, the most important resistance is probably the Men In Black movement, which was formed in the fall 2020, and has actively used the social media to criticize the expertise and the political decisions around testing and vaccination (<https://www.facebook.com/MenInBlackDK/>). Moreover, they launched a spectacular demonstration in Copenhagen in January 2021, where a doll image of the prime minister was incinerated. This led to a criminal conviction of the leader of the demonstration who was sentenced two-year imprisonment. This harsh verdict sparked further protests and a few months later, the verdict was revoked to two months (Ritzau 2021). The Men In Black movement is still active but has now branched into more general civil rights issues (Terp 2021).

Initially, testing worked mainly as a disciplinary mechanism. Thus, individual citizens were strongly incentivized to adhere to the fixed

norm of being tested regularly, regardless of whether they showed symptoms of COVID-19 or not. During autumn 2020 and spring 2021, most workplaces and other indoor activities were covered by a testing mandate. After pressure from the employers' association, parliament agreed in November on a temporary law allowing employers to require their employees to take a COVID-19 test (Ministry of Employment 2020). The law expired in July 2021 and is not likely to be renewed. With this, the disciplinary dimension of testing seemed to become less important.

Over time, testing increasingly worked as a security mechanism. Most importantly, the Agency for Digitization launched an online corona passport in early March 2021 (Digitaliseringsstyrelsen 2021). Until September 2021, it was used to grant personal access to public institutions and cultural activities. A green corona passport required either a negative COVID-19 test (maximum 72 h old), previously having been infected by COVID-19 or full vaccination. So, instead of incentivizing individuals to be regularly tested, the corona passport provided citizens with a structured range of choices. With ever more persons being vaccinated, the corona passport allowed people to re-engage in almost all their former activities without having to be tested every third day. The corona passport enjoyed widespread political support in parliament as it allowed workplaces and leisure activities to reopen. Finally, in spring 2021, when widespread vaccination programmes were initiated and the hospital admissions of corona patients dwindled rapidly, the parliamentary opposition insisted that the testing requirements be dropped as soon as possible. This pressure meant that testing requirements were dropped altogether by September 2021.

In brief, at the face of it the travel restrictions, closure of schools and workplaces and the testing apparatus may be seen as the elevation of sovereign power. However, sovereignty played a rather limited and temporary role. Instead, epidemiological knowledge and modelling played a for more important and enduring role in informing these interventions. Biomedical and epidemiological experts and their models in no way agreed on specific political actions. Yet, this expertise opened a space for modulating political interventions in ways that enabled a delicate and contested balancing of biopolitical concerns over public health with liberal concerns over individual rights and freedom of movement and conducting business.

Conclusion

This article started out by noting that current understandings of the political responses to the COVID-19 pandemic tends to see these as a zero-sum game between two powers only, a game in which liberal rule in varying degrees is traded for raw sovereign power. This article has tried to nuance this understanding by pointing to three distinct mechanisms of biopower at stake in Denmark's handling of the Covid-19 from 2020 to fall 2021: sovereignty, discipline and security.

Sovereign power manifested itself both through the extension of legal powers, which enabled the closures of schools and public workplaces and the prohibition of international travel in spring 2020, and through the extrajudicial culling of mink. Disciplinary power was expressed through mask wearing, self-isolation and quarantine measures. However, the unusual sovereign and disciplinary power mechanisms employed to check the pandemic were subject to intense parliamentary scrutiny and debate. Moreover, they were temporary; by September 2021 these mechanisms had all been abandoned – at least for the moment. Informed by liberal governmentalities, the parliamentary influence importantly limited the government's ambition to obtain a monopoly on granting pandemics the status of a 'societally critical disease'. Liberal concerns over the illegal use of state power also informed the parliamentary decision to launch an independent inquiry into the extrajudicial decision to cull all Danish mink and to force the Minister of Agriculture to resign.

It seems that the third strand of biopower mechanisms, security, played a far more comprehensive role in the exercise of biopower in handling the pandemic than both sovereign and disciplinary mechanisms. Security mechanisms became increasingly important over time as the public health authorities with the assistance of epidemiologists and biomedical experts, developed testing capacity, comprehensive epidemiological monitoring, and developed regulatory models that were used as automated decision-making tools for closing and re-opening international travel and domestic institutions and businesses. Interestingly, the epidemiological surveys and models had a somewhat contradictory relation to liberal governmentalities. On the one hand, the surveys informed regulatory security mechanisms that mainly worked indirectly, i.e. they did not use coercion to instil a particular behaviour but rather recommendations and institutional closures to keep the spread of virus in the population at an acceptable level. On the other hand, the

epidemiological survey data and models effectively challenged and limited liberal objections to closures and other restrictions.

The COVID-19 pandemic, then, has indeed invoked some rather worrying attempts to justify the more permanent use of sovereign and disciplinary powers. This is even more worrying considering that Denmark is a long-standing liberal democracy, with a highly organized civil society, and a tradition of coalition and minority governments where parliament and the opposition parties play an important role in decision-making. Yet, it seems inadequate to regard the government responses to the Covid-19 pandemic as a trade-off between liberal rule and sovereign state power. Security mechanisms enabled by epidemiological knowledge and modelling made up a core element of the mode of biopower exercised in Denmark by informing the political debates and decisions taken, something also observed in Britain (Miller 2022). If this is correct, then our political worries should target not only the play between liberalism and sovereignty, though this is clearly important, but also the specific political role played by epidemiological and biomedical expertise in the handling of pandemics. This expertise was important both to justify the exercise of biopower in general, but also to criticize sovereign and disciplinary measures that were deemed unwarranted. Normatively speaking, then, the study suggests that if a society wants to reduce, though hardly avoid, the use of sovereign power and discipline, and instead opt for the more indirect security mechanisms in pandemic situations, there is a need for an open and nuanced debate about how epidemiological knowledge and models are used to justify the choice of power mechanisms in pursuing the delicate balance between public health, economic life and individual freedoms. This debate, and not the automatic eschewal of state power, may provide a sustainable way of defending liberal and social democracy in Europe.

Finally, the article contributes with analytical generalization rather than empirical ditto. As stated above, the Danish political and social welfare system display traits shared with most other Nordic countries. Yet, even compared to the Nordics, Denmark differs by being ruled by a minority government throughout the pandemic, a situation that may have been conducive to parliamentary influence on government decisions and limit state power. Outside the Nordics, we should find even greater disparity. In France, for instance, one party has dominated the parliament, and Italy has actively used its constitutional emergency powers. Thus, the contribution of this article lies less with its scope for empirical generalization and more with engaging an analytical

framework that allows us to analyze the pandemic responses not as a simple dichotomy between sovereign power and liberalism, but as a play between three forms of power, the articulation and interactions of which are underpinned by liberal concerns and epidemiological expertise.

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