

Peru: the open wound of necropolitics in Ayacucho

Biopower, forced sterilization, and inequality in a context of violence

Abstract

This article analyzes the implementation of necropolitics and biopolitics in Ayacucho, Peru, and how these have been used to reproduce inequalities and suffering through state violence. Through a case study on forced sterilizations in the 1990s, it explores how the control of life and death became a tool to subjugate vulnerable populations, primarily indigenous and rural women. It also highlights how the COVID-19 pandemic exacerbated existing inequalities, revealing the structural fragility and neglect in which a large part of the population lives.

Keywords: necropolitics, forced sterilizations, indigenous women, covid-19 pandemic, marginalization, gender and ethnicity, colonialism.

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Introduction

Necropolitics and biopolitics intersect in a lethal manner, creating systemic violence that disproportionately affects the most marginalized segments of society. In these contexts, the power to control life and death becomes a tool for oppression. This paper explores how these concepts manifest in Peru, particularly in Ayacucho, where they are embedded in a long history of structural violence and colonialism that has systematically marginalized and dehumanized impoverished populations.¹

Forced sterilization in Ayacucho is a prime example of necropolitics, with the state exerting control over who lives, dies, and reproduces.² This practice, exacerbated by the inequitable impact of the COVID-19 pandemic, has deepened existing inequalities and left the most vulnerable groups abandoned and unprotected.

The paper highlights the intersecting vulnerabilities of poverty, gender, and ethnicity within these communities. Additionally, it examines how public policies and legal frameworks, often framed as protective measures, can actually legitimize violent and oppressive practices. In conclusion, the study demonstrates how necropolitics and biopolitics are interconnected, perpetuating social inequalities, suffering, and death within a context of systemic violence and state neglect.³

Historical and social context

The forced sterilizations carried out in Peru, ostensibly as a family planning initiative, masked a deeply entrenched racial and class bias. This policy disproportionately targeted poor, indigenous, and rural women, particularly in impoverished regions such as Ayacucho, where years of armed conflict had normalized state violence. Testimonies reveal that many women were coerced into these procedures through deception, being promised food and other assistance that was never provided. Instead, they were subjected to forced sterilization under inhumane conditions and without their informed consent, a blatant violation of their human rights.⁴

Necropolitics in action: According to Mbembe,⁵ necropolitics refers to the power to dictate who lives and who dies. In Ayacucho,

forced sterilizations served as a tool of population control, restricting reproductive rights for certain groups deemed “undesirable” by the state. Far from safeguarding health and life, these violent acts reveal a profound contempt for the women involved, who were treated as mere “objects” to be manipulated in order to advance a policy that linked poverty reduction with the symbolic eradication of marginalized populations.

The impact of coercion and deception: These procedures were characterized by coercive and deceptive tactics, often involving the forcible transportation of women in trucks. The absence of informed consent was a pervasive feature of these practices, revealing the dehumanizing nature of this policy. As noted by Amnesty International, “Indigenous women were not regarded as citizens with rights, but as a population burden” to be managed by the state. These practices exemplify the intersection of necropolitics and structural racism, which together have been used to exert violence and control over marginalized populations, thereby perpetuating high levels of social exclusion and systematic dehumanization that persist to the present day.⁶

Biopolitics and body control

Foucault conceptualized biopolitics as the regulation of populations through the control of bodies. In the Peruvian context, however, these biopolitical measures were transformed into practices that violated the fundamental human rights of indigenous and peasant women in Ayacucho. Many women endured inhumane and coerced medical procedures, resulting in lasting physical injuries and profound psychological suffering.⁷

The case of Vane, a woman from Quinoa, Ayacucho, is emblematic of the systemic failures that characterized these forced sterilizations. After a negligently performed sterilization procedure, Vane suffered a horrific abdominal wound that left her intestines exposed. For over four years, she endured the agony of manually holding her intestines in place while walking, as the institution responsible for the procedure offered no support or care. The absence of adequate medical treatment and the subsequent financial burden placed on Vane’s family underscore the broader issue of state neglect and the impunity with which these human rights abuses were carried out.⁸

This case serves as a stark illustration of the structural violence and systematic neglect experienced by these women, who were abandoned by the state and forced to navigate the consequences of their injuries alone. The complete failure of the responsible institutions to provide adequate care and support perpetuated the physical and psychological damage inflicted upon these women, condemning them to years of suffering and entrenching them further into cycles of poverty and marginalization.

Consequences of state violence

Forced sterilization has had far-reaching consequences for affected communities and families. The stigmatization and social exclusion experienced by these women, who were often rejected by their husbands and communities, exemplify the symbolic violence inherent in these practices. Additionally, the medical negligence and lack of follow-up care highlight the systemic failures that have contributed to the ongoing suffering of these women, revealing a state that has failed to protect its most vulnerable citizens.⁹⁻¹²

Impact of COVID-19 on structural inequalities

The COVID-19 pandemic served as a stark reminder of the deep-rooted structural inequalities in Ayacucho, exposing the chronic underinvestment in healthcare infrastructure and the state's neglect of rural populations. This health crisis further exacerbated pre-existing disparities and underscored the critical importance of equitable and rights-based healthcare, a need that has been persistently unmet.¹²⁻¹⁹

The population is confronted with a severely compromised healthcare system, characterized by a scarcity of medical professionals and limited access to affordable medications. Despite medical prescriptions, many, particularly those from marginalized communities, are unable to acquire necessary medications due to financial constraints.²⁰⁻²⁵ Consequently, they turn to traditional medicine, perpetuating ancestral healing practices that, while effective, are often marginalized and denied legitimacy by the state's control over the healthcare system. During the pandemic, when urban centers were under lockdown and rural communities were isolated, these populations demonstrated their resilience by utilizing medicinal plants to address the health crisis.^{26,27}

The crisis has provided evidence of the resilience of these communities in the face of multiple forms of oppression.^{28,29} They have demonstrated their capacity to withstand not only the immediate threat of the pandemic but also the long-term consequences of political violence and coercive population control policies, such as forced sterilizations. This resilience is particularly noteworthy given the context of state abandonment and imposed adversities.³⁰

Conclusion

The implementation of necropolitical and biopolitical strategies in Ayacucho, as evidenced by the practice of forced sterilizations, highlights the state's capacity to exercise oppressive control over the lives and deaths of its citizens. These policies have reinforced social divisions and perpetuated the suffering of marginalized communities. Furthermore, by restricting access to traditional medicine and other forms of community-based healthcare, the state has undermined the autonomy of these communities.

The case of Vane and other women from Ayacucho serves as a stark reminder of the enduring legacy of these policies. Addressing this historical injustice requires a commitment to justice, dignity, and respect for human rights. Building an inclusive and equitable

healthcare system that values community autonomy is essential to preventing future human rights abuses and fostering a more just and equitable society.

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Conflicts of interest

The author declares that there is no conflicts of interest.

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