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RADIATED BODIES AND DISPOSABLE LIVES: BIOPOLITICS AND NECROPOLITICS IN SVETLANA ALEXIEVICH'S CHERNOBYL PRAYER

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ABSTRACT

This article reinterprets Svetlana Alexievich's Chernobyl Prayer: A Chronicle of the Future through the theoretical frameworks of biopolitics and necropolitics, shifting the analytical focus from predominant readings of individual trauma to the political management of life and death in the aftermath of nuclear catastrophe. Drawing on Michel Foucault's concept of biopower and Achille Mbembe's theory of necropolitics, it argues that the Chernobyl disaster reveals a system in which the state not only regulates biological life but actively produces conditions of exposure, abandonment, and slow death. Rather than approaching Acute Radiation Syndrome (ARS) solely as a medical condition, the article demonstrates that irradiated bodies function as instruments through which state power is exercised, distributed, and obscured. Through close analysis of testimonial narratives, firefighters, liquidators and civilians emerge as subjects whose lives are simultaneously preserved, sacrificed, and rendered politically invisible. Medical institutions, contaminated environments, and exclusion zones operate as sites where survival is managed while dignity is systematically eroded, reducing individuals to what Giorgio Agamben terms "bare life." At the same time, Alexievich's polyphonic testimonies resist this reduction by reclaiming voice, contesting official narratives, and re-inscribing suffering into historical memory. By foregrounding the intersection of power, technology and corporeality, this article positions Chernobyl Prayer as a critical counter-archive that exposes the political logic underlying technological disaster and reveals the enduring mechanisms through which modern states govern life, death, and survival.

Keywords: Radiation Exposure, Bare Life, State Power, Technological Disaster, Testimonial Narrative, Slow Violence, Institutional Control, Cultural Memory

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1 INTRODUCTION

Technological disasters are often understood through the lens of rupture, marking a sudden break in the continuity of human life. However, events such as the Chernobyl nuclear catastrophe demand a different analytical framework – one that does not merely interpret disaster as an accident, but as a site where power reorganizes life, exposure and death. Rather than being confined to the moment of explosion, the Chernobyl disaster reveals how modern states exercise control over biological existence, determining not only how populations live but also how they are exposed to risk, abandonment and prolonged suffering. In this sense, the disaster must be understood through Michel Foucault's (1978) concept of biopower, which delineates the ways in which modern political systems regulate life processes, health, and bodies at the level of populations.

The April 26, 1986, explosion at Reactor No. 4 of the Chernobyl Nuclear Power Plant was not only a catastrophic technological failure but also a profound political event that exposed the mechanisms of state control and their limits. The immediate response of the Soviet authorities – marked by delayed evacuation, suppression of information and inadequate protection for workers and civilians – illustrates how governance operates through selective management of risk. Rather than ensuring the safety of all, the state effectively stratified populations, exposing some bodies to lethal radiation while attempting to preserve the image of control and stability. This selective distribution of exposure reflects what Ulrich Beck (1992) identifies as the uneven and transgenerational nature of technological risk, where the consequences of disaster extend beyond spatial and temporal boundaries. Yet, beyond risk, Chernobyl reveals a more disturbing logic – not merely the mismanagement of life, but the active production of conditions under which certain lives become expendable.

Achille Mbembe's (2003) concept of necropolitics extends Foucault's framework by foregrounding the sovereign power to determine who is allowed to live and who must die. From this perspective, the Chernobyl disaster must be read as a necropolitical event in which the state not only failed to protect its citizens but also implicitly sanctioned their exposure to lethal conditions. Firefighters, plant workers and liquidators were deployed into highly radioactive zones with limited knowledge, and insufficient training and protection, thereby transforming their bodies into instruments of governance. Their labor, often framed through narratives of heroism, simultaneously functioned as a strategy of crisis management predicated on the sacrifice of particular populations (Brown, 2019, 97-102). Within this context, life itself becomes differentially managed, as some individuals are sustained through medical intervention while others are left to deteriorate over time. (Foucault, 1978; Mbembe, 2003).

Svetlana Alexievich's *Chernobyl Prayer: A Chronicle of the Future* (2016, first released in Russian in 1997) offers a critical archive through which these dynamics become legible. Structured as a polyphonic collection of testimonies, the text captures not only the physical consequences of radiation exposure but also the lived experience of being subjected to systems of control, silence and neglect. Rather than presenting disaster as a singular event, Alexievich's narratives reveal it as an ongoing condition in which bodies are continuously shaped by invisible forces and institutional decisions (Petryna, 2013). The testimonies foreground the ways in which individuals navigate a world where the boundaries between safety and danger, life and death, are no longer clearly defined.

Central to this process is the transformation of the human body under radiation exposure. Acute Radiation Syndrome (ARS), commonly understood as a clinical condition resulting from high doses of ionizing radiation (Waselenko et al., 2004), acquires a different significance within this framework. It emerges not simply as a biological reaction but a site where political power becomes inscribed onto the body (Foucault, 1978). The deterioration of bone marrow, the breakdown of skin, and the collapse of internal systems do not occur in isolation; they are embedded within a broader structure of governance that determines access to care, information and protection (Petryna, 2013, 4-5). Giorgio Agamben's (1998) notion of "bare life" is particularly useful here, as it describes a condition in which individuals are reduced to their biological existence, stripped of political and social recognition. The irradiated bodies in Alexievich's work exemplify this reduction, existing in a state where survival is maintained without dignity, agency, or meaningful inclusion within the political community.

Furthermore, the spaces in which survivors are treated, including hospitals, isolation wards and contaminated zones, function as extensions of biopolitical and necropolitical control. Medical interventions, while ostensibly aimed at preserving life, often operate within conditions that isolate, discipline, and contain bodies deemed dangerous or contaminated. Patients suffering from ARS are frequently confined within sealed environments, separated from their families and communities, reinforcing their status as both biological subjects and

social outcasts (Alexievich, 2016). These spaces blur the distinction between care and control, revealing how institutions designed to heal can simultaneously participate in the management of death.

This article argues that the Chernobyl disaster must be recognized as a biopolitical and necropolitical formation in which the Soviet state simultaneously regulated life and orchestrated conditions of death, transforming exposed populations into disposable bodies governed through secrecy, medical control and selective abandonment. By examining how radiation-exposed bodies are managed, isolated, and rendered expendable, the study shifts the focus from predominantly trauma-centered readings of disaster narratives toward an analysis of the structures of power that produce and sustain such suffering. At the same time, Alexievich's testimonies resist the erasure imposed by official narratives, transforming individual voices into a counter-archive that challenges the state's monopoly over truth and memory. In doing so, the text not only documents the aftermath of Chernobyl but also interrogates the broader relationship between power, technology and human life in the modern world.

2 MANAGING LIFE: BIOPOLITICS OF EXPOSURE AND SURVIVAL

The immediate response to the Chernobyl disaster reveals how the governance of life operates not through universal protection but through selective management of exposure, information and survival. Within a biopolitical framework, the state does not simply preserve life but organizes it by determining which populations are shielded, which are monitored, and which are rendered vulnerable. Within this framework, the management of exposure, information, and survival reveals how life is differentially organized rather than universally protected (Foucault, 1978). In the case of Chernobyl, this governance manifests through strategies that simultaneously sustain the appearance of control while redistributing danger across different segments of society.

One of the most significant mechanisms through which this governance is enacted is the regulation of information. In the immediate aftermath of the explosion, the delayed evacuation of Pripyat and the suppression of accurate data regarding radiation levels demonstrate how knowledge itself operates as a technology of governance. Populations were not simply exposed to radiation but were also deprived of the means to understand the nature and extent of that exposure. Survivors repeatedly emphasize this condition of uncertainty, recalling that "nobody understood what had happened…," (Alexievich, 2016, p. 185) and that "not everything can be put into words" (p. 281). This absence of knowledge is not merely incidental but constitutive of biopolitical control, as it limits the capacity of individuals to make informed decisions about their own safety. By managing what could be known and when it could be known, the state effectively governed the conditions under which people lived, moved, and remained exposed.

This selective distribution of knowledge is closely tied to the management of space and movement. Evacuation was not immediate or universal but delayed and uneven, allowing certain populations to remain within contaminated environments for extended periods. The decision of when and whom to evacuate reflects a broader logic in which exposure is regulated rather than eliminated (Brown, 2019; Petryna, 2013). Entire communities continued their daily activities under conditions of invisible danger, demonstrating how biopolitical governance operates through the normalization of risk. The environment itself becomes a controlled space in which life persists despite contamination, reinforcing the illusion of stability while underlying conditions deteriorate.

At the same time, biopolitical control extends into the differential allocation of medical attention and care. Access to treatment, diagnosis, and protective measures was not evenly distributed but structured by proximity to the disaster, institutional priorities and the availability of resources. While some individuals were rapidly transferred to specialized medical facilities, others remained without adequate care or recognition of their condition. This uneven distribution reveals how the state manages survival not as an absolute objective but as a variable outcome shaped by political and institutional considerations (Fassin, 2009; Petryna, 2013). Life is preserved selectively, with certain bodies receiving intensive intervention while others remain peripheral to systems of care.

The testimonies collected in *Chernobyl Prayer* also reveal how this management of life produces enduring conditions of uncertainty and anxiety. Survivors describe persistent fears regarding their health, their future, and the long term consequences of exposure. The inability to determine whether one has been affected by radiation transforms survival into a condition marked by anticipation and dread. Individuals monitor their bodies for signs of illness, interpreting ordinary symptoms as potential indicators of catastrophic disease. This heightened awareness reflects a form of internalized biopolitical

surveillance, where the subject becomes both the object and agent of surveillance, continuously assessing their own biological state in the absence of clear medical certainty (Foucault, 1977; Rose, 2007).

Moreover, the regulation of life is inseparable from the preservation of political authority. The minimization of risk, the control of public narratives, and the management of information all serve to maintain the image of stability and competence. By controlling how the disaster is represented and understood, the state not only governs bodies but also shapes perception, ensuring that the scale of the crisis does not fully disrupt existing structures of power (Beck, 1992; Brown, 2019). In this sense, biopolitics operates not only at the level of biological life but also at the level of discourse and perception, where the meaning of exposure and survival is carefully mediated.

This framework of managed life establishes the conditions under which exposure becomes normalized and certain populations become increasingly vulnerable. The regulation of information, the control of movement, and the uneven distribution of care do not eliminate risk but reorganize it, creating a system in which danger is absorbed differentially across the population (Beck, 1992). Within this system, the preservation of life at the collective level is achieved through the calculated exposure of particular individuals. The logic of biopolitical governance, thus, contains within it the conditions for its own transformation into necropolitical practice, where the management of life gives way to the production of expendable bodies.

The transition from managed survival to expendability becomes most visible in the deployment of firefighters and liquidators, whose bodies are positioned at the threshold between protection and exposure. Their mobilization reveals how the regulation of life at the population level is sustained through the targeted exposure of specific individuals, marking the point at which biopolitical governance gives way to necropolitical power. The following section examines this shift in detail, demonstrating how the governance of life is inseparable from the production of disposable bodies in the management of technological catastrophe.

3 DISPOSABLE BODIES: LIQUIDATORS AND FIREFIGHTERS

In the immediate aftermath of the Chernobyl catastrophe, the figure of the liquidator and firefighter reveals how the state actively produces expendable bodies in order to manage catastrophe. While biopolitics operates through the preservation and regulation of populations (Rabinow & Rose, 2006), it simultaneously depends upon the differentiation of lives that can be protected from those that can be exposed. Mbembe's (2003) necropolitics reveals a shift from the regulation of life to the calculated production of expendable bodies, as power operates through the differential distribution of exposure and death across populations. Within this framework, the deployment of liquidators and firefighters must be understood as a structured distribution of risk rather than a neutral emergency response but as a calculated distribution of risk in which particular individuals are positioned as buffers against the spread of disaster.

This distribution is marked by a profound asymmetry of knowledge and consent. Many of those sent to the reactor site were not fully informed about the extent of radiation exposure or its long-term consequences (Alexievich, 2016). The urgency of containment, combined with the authority of the state, framed their participation as duty, thereby obscuring the absence of meaningful choice (Fassin, 2009). A soldier assigned to clear radioactive debris from the reactor roof recalls the immediate bodily effects of this exposure, including bleeding, sensory irritation, and loss of appetite (Alexievich, 2016, p. 77).

This testimony reveals how the body registers the violence of exposure even when its causes remain only partially understood. The onset of symptoms occurs in real time, yet the worker continues to perform assigned tasks, indicating a condition in which bodily harm is subordinated to operational necessity. The individual is not withdrawn from danger but required to function within it, transforming endurance into a resource that can be mobilized. In this sense, the body becomes both the site of damage and the instrument through which damage is managed.

The labor performed by liquidators and firefighters further reinforces this transformation of the human body into a functional tool. Tasks such as removing radioactive debris, extinguishing fires, and constructing containment structures relied upon direct human exposure, often in the absence of adequate technological alternatives (Alexievich, 2016). The body, thus, operates as a substitute for technological limitation, absorbing radiation in place of machinery. Within this logic, the value of the individual lies not in survival but in utility (Mbembe, 2003). The worker's biological capacity to endure exposure becomes the very mechanism through which the disaster is contained, revealing a form of governance in which life is instrumentalized rather than protected (Mbembe, 2003; Petryna, 2004).

The narrative of heroism plays a central role in legitimizing this system of exposure. Firefighters and liquidators are frequently represented as national heroes, their actions framed as acts of courage and sacrifice. While such recognition acknowledges their role, it simultaneously obscures the structural conditions under which they were deployed (Fassin, 2009). Heroism functions here as a discursive strategy that reframes coerced exposure as voluntary sacrifice, masking the absence of adequate protection and informed consent. By celebrating bravery, the state redirects attention away from systemic failure and toward individual virtue, preserving its moral authority while individuals bear the consequences of exposure (Fassin, 2009; Foucault, 1980).

This tension between recognition and abandonment becomes increasingly visible in the aftermath of exposure, when the long term effects of radiation begin to manifest. A testimony from Sergey Sobolev's monologue, in which a woman recalls with anguish the devastating deterioration of her husband, Colonel Yaroshuk, a chemical dosimetry specialist, illustrates this shift:

"Now he lies paralysed. His wife has to turn him like a pillow, she feeds him with a spoon. He has kidney stones that need to be broken up, but we don't have the money to pay for the operation… We're beggars, existing on whatever people donate. The state, meanwhile, behaves like a conman. It has abandoned these people" (Alexievich, 2016, p. 172).

Here, the figure of the heroic worker gives way to that of the abandoned subject, whose body, once mobilized for national necessity, is now left to endure the consequences of exposure without adequate support. The contrast between initial recognition and subsequent neglect exposes the conditional nature of the state's investment in these lives. Once their labor is exhausted, their value diminishes, revealing a shift from active utilization to passive abandonment. In necropolitical terms, the body is first rendered useful through exposure and later rendered disposable through neglect.

The experience of liquidators and firefighters, thus, reveals a broader logic of disposability that underlies the management of technological catastrophe. The distribution of exposure is structured rather than accidental, positioning certain populations as absorptive barriers that protect others from harm. This unequal allocation reflects what Beck (1992) describes as the broader stratification of risk within modern technological societies, where the burdens of catastrophe are disproportionately imposed on specific groups. In the context of Chernobyl, this stratification is intensified by conditions of secrecy and control, which limit the capacity of individuals to fully understand or contest their exposure.

The figure of the disposable worker, therefore, marks a critical transition within the disaster's political logic. These bodies, once deployed as instruments of containment, are subsequently transferred into medical and institutional spaces where the consequences of exposure are managed. The movement from the reactor site to the hospital is not merely spatial but conceptual, tracing the trajectory through which expendable bodies are first produced and then administered within systems of care that cannot fully restore them (Fassin, 2009; Petryna, 2004). In this way, the logic of disposability established at the level of deployment continues into the institutional administration of suffering and death (Berlant, 2007; Mbembe, 2003).

Thus, in *Chernobyl Prayer*, the liquidators and firefighters embody the transformation of human life into a resource that can be expended in the service of political and technological containment. Their experiences expose how power operates through the calculated distribution of risk, the instrumentalization of the body, and the eventual abandonment of those who bear the greatest burden of exposure. The disaster is not only a technological failure but also a political process in which certain lives are rendered expendable in order to sustain others. Through these testimonies, Alexievich reveals that the containment of catastrophe is inseparable from the production of disposable bodies, whose trajectory culminates in institutional spaces where exposure is transformed into prolonged, regulated dying.

4 HOSPITAL AS NECROPOLITICAL SPACE

In the aftermath of the Chernobyl disaster, the hospital emerges not merely as a site of healing but as a critical space in which the administration of life and orchestration of death is enacted through institutional power. Within the framework of biopolitics and necropolitics, medical institutions must be understood as non-neutral environments structured by power dedicated solely to recovery. Rather, they function as spaces where biological existence is regulated while the conditions of dying are simultaneously organized, prolonged, and controlled. Drawing on Foucault's biopower and Mbembe's necropolitics, the hospital becomes a space where the preservation of life is inseparable from the administration of death, revealing how care and control operate simultaneously within institutional structures. Hospitals treating victims of Acute Radiation Syndrome after Chernobyl

exemplify this convergence of care and control, where survival itself becomes a managed and politically mediated condition.

The treatment of irradiated patients was marked by extreme isolation and containment, transforming the hospital into a space of enforced separation (Armstrong, 1995; Foucault & Miskowiec, 1986). Individuals suffering from Acute Radiation Syndrome were confined within sealed environments that physically and symbolically detached them from the social world. Lyudmila Ignatenko's testimony offers a striking account of this condition:

"He wasn't in an ordinary ward, they'd put him in this special pressure chamber, behind a see-through plastic curtain… It was all sealed off with locks and Velcro… He kept calling my name: 'Lyusya, where are you? My Lyusya!' He called over and over" (Alexievich, 2016, p. 15).

This scene demonstrates how medical containment produces a condition of social death in which the patient remains biologically alive but relationally severed. The transparent barrier operates not only as a protective mechanism against infection but also as a visible marker of exclusion, transforming the patient into an object of observation and control. The repeated call "where are you?" signals the breakdown of relational existence, as the subject is deprived of proximity, touch, and recognition. In this space, life is preserved at the level of the body while the social dimensions of personhood are systematically stripped away. The hospital, thus, becomes a site in which individuals are systematically reduced to what Agamben (1998) conceptualizes as bare life. In this space, existence is sustained at a purely biological level while social and political dimensions of personhood are systematically stripped away.

The necropolitical function of the hospital becomes even more apparent in the progressive and irreversible disintegration of the irradiated body. Despite intensive medical intervention, the body continues to deteriorate in ways that exceed both clinical control and linguistic representation. Ignatenko's account of her husband's transformation captures this process with unsettling precision:

"He began changing: everyday, I found a different person. His burns were coming to the surface… The lining of his mouth was peeling off in these white filmy layers… The colour of his body… It went blue. Red. Greyish-brown… You can't describe it! There are no words for it!" (Alexievich, 2016, p. 12).

The insistence that "there are no words for it" points to the collapse of language in the face of extreme corporeal transformation. The body, which ordinarily anchors identity and intelligibility, becomes unstable and unrecognizable, eroding the coherence of the human subject (Rose, 2007a). This breakdown exposes the limits of biopolitical control, as medical intervention can neither halt nor fully comprehend the processes it seeks to manage. The hospital sustains life at the level of biological function, yet it cannot restore the integrity of the person, revealing the paradox at the heart of modern medical power.

This condition is further intensified in testimonies that foreground the grotesque materiality of bodily collapse. Valentina Apanasevich describes her husband's (a clean-up worker) condition in terms that emphasize both the visibility and the uncontrollability of his deterioration:

"Over his body, over his face. He had a kind of black growth over him. Something happened to his chin, his neck disappeared, his tongue flopped out. His blood vessels burst and he began to haemorrhage… 'The bleeding again.' From his neck, his cheeks, his ears. All over his place" (Alexievich, 2016, p. 288).

Here, the body ceases to function as a coherent entity and instead becomes a site of ongoing rupture, where internal systems fail and external form dissolves. The repeated phrase "the bleeding again" signals the cyclical and relentless nature of decline, marking the body as a space of continuous breakdown rather than recovery. Within the hospital, such bodies are not only treated but also contained and observed as they deteriorate, reinforcing the institution's role in regulating the process of dying. Death is not an abrupt event but an extended condition, managed within the confines of medical authority (Berlant, 2007; Christakis, 2001).

The psychological dimension of this transformation further reveals the hospital's necropolitical logic. One wife recounts her husband's reaction upon confronting his altered appearance:

"His nose got somehow out of place and three times bigger, and his eyes weren't the same any more… he wanted me to bring him a mirror… 'Give me a mirror!'… He looked in it, clutched his head and rocked and rocked on the bed" (Alexievich, 2016, pp. 285-286).

This moment marks the collapse of identity as the individual confronts a body that no longer corresponds to the self. The mirror becomes a site of estrangement, where the subject is alienated from his own physical form. The hospital, as the space in which this realization occurs, becomes a site where identity is not restored but dismantled (Hancock, 2018). The patient is reduced to a body that is medically managed yet existentially dislocated

(Carel, 2011), reinforcing the reduction of the human to a purely biological condition.

In this context, the hospital assumes a distinctly necropolitical function by regulating the temporality of death. Patients are maintained within institutional structures that prolong biological existence even as their bodies disintegrate. This condition reflects Mbembe's (2003) account of necropolitical power, while also aligning with what Lauren Berlant (2007) describes as slow death, in which life is prolonged within conditions of suffering and controlled decline. Medical intervention does not eliminate mortality but reorganizes it, transforming death into a regulated and observable process that unfolds under institutional supervision (Armstrong, 1987).

Moreover, the hospital cannot be separated from the broader structures of state power that shaped the disaster's aftermath. The patients who enter these institutions do so after exposure produced by systemic failure, secrecy and inadequate protection. The hospital, thus, functions as an extension of state governance, managing the consequences of decisions that rendered certain populations vulnerable in the first place. The concentration of irradiated bodies within medical spaces reflects the unequal distribution of risk, where some lives are exposed and others protected, reinforcing the political logic that underlies the disaster.

Thus, in *Chernobyl Prayer*, the hospital must be understood as a necropolitical space where life is preserved only insofar as it remains governable. It is a site where the promise of care coexists with the administration of death, and where individuals are held within a threshold between survival and extinction. Through the testimonies of survivors and witnesses, Alexievich exposes how medical institutions participate in the broader political logic of the catastrophe, transforming spaces of healing into mechanisms through which life is regulated and death is organized. The hospital does not merely respond to disaster but becomes one of its central instruments, revealing the intimate and often invisible ways in which power operates upon the human body in conditions of technological crisis.

5 RADIATION AND BARE LIFE

Beyond the institutional management of exposed bodies, radiation emerges as a pervasive and insidious form of power that operates directly at the level of existence itself. Unlike the visible structures of governance examined in previous sections, radiation functions as an invisible medium through which political decisions are inscribed onto the body, dissolving the boundaries between environment, biology, and identity. In *Chernobyl Prayer*, radiation does not merely inflict injury but reconfigures the conditions under which life can be lived, reducing human existence to a condition what Agamben (1998) calls a bare life, in which social, political, and symbolic recognition are systematically stripped away. Radiation, therefore, represents not simply a consequence of disaster but the materialization of a form of power that penetrates the body and reorganizes life at its most fundamental level.

Unlike conventional forms of violence, radiation does not immediately announce its presence. It operates silently, without visible markers, dissolving the distinction between safety and danger (Murphy, 2004). Survivors repeatedly articulate this disorientation, emphasizing the absence of language through which to comprehend their condition. As several voices in *Chernobyl Prayer* recall, "nobody understood what had happened…," (Alexievich, 2016, p. 185) and "not everything can be put into words" (p. 281). This inability to name or interpret the experience signals a profound epistemic rupture. The subject is exposed to a form of violence that cannot be fully perceived, represented, or resisted. Radiation, thus, produces a state in which individuals are not only biologically affected but also cognitively and symbolically disarmed, deprived of the very frameworks through which meaning is constructed.

This rupture intensifies at the level of embodiment, where the body ceases to function as a stable anchor of identity (Carel, 2011). Radiation does not simply wound the body but destabilizes its internal coherence, transforming it into an unpredictable and unreliable entity. A soldier assigned to clear radioactive debris describes the sensory disintegration of exposure:

"We sometimes got blood coming out of our ears, our noses. A tickling in the throat, your eyes stinging. There was this constant drone in your ears. You felt thirsty, but lost all appetite" (Alexievich, 2016, 77).

These symptoms reveal a body no longer governed by its own regulatory systems but subject to forces beyond conscious control. The involuntary bleeding, sensory disturbance, and loss of appetite indicate a collapse of bodily autonomy. The subject becomes estranged from his own corporeality, experiencing the body not as a medium of agency but as a site of invasion and breakdown (Carel, 2011). Here, the body is reduced to a biological process detached from identity, reinforcing the condition of bare life.

The effects of radiation extend beyond the individual body into intimate and relational domains, where the boundaries between self and

other collapse. Ignatenko's recollection of her infant daughter encapsulates this devastating intersection of biology, survival, and guilt:

"I killed her. I…she…saved…My little girl saved me, she took the whole burnt of the radiation herself… (*Gasping*.)… Who can explain that to me? Who can help me understand?... (*She falls quiet for a long time*.)" (Alexievich, 2016, p. 21).`

The fragmentation of speech reflects an inability to process the experience within coherent language. Survival is no longer a stable or positive condition but becomes entangled with loss and moral disorientation (Fassin, 2008). The mother's body and the child's body are bound together within the same field of radiation exposure, collapsing distinctions between victim and survivor. Bare life here is not only a biological reduction but an existential condition in which the subject is trapped within irresolvable contradictions, unable to reconcile survival with the destruction it entails.

Radiation also produces a profound form of social and existential isolation that extends beyond institutional spaces. Survivors frequently describe an inability to re-enter ordinary social life, as their experiences render them unintelligible within shared frameworks of meaning. Valentina T. Apanasevich, wife of a clean-up worker, reflects this condition in "A lone human voice":

"I wanted to talk to someone, but not with any other people. I would go into the church… So quiet. You can forget about your life there" (Alexievich, 2016, p. 281).

This withdrawal from social interaction reflects not merely personal grief but a structural condition of alienation (Honneth, 2004). The survivor does not simply choose isolation but is compelled into it by the impossibility of communicating an experience that exceeds language. The turn toward silence and withdrawal suggests that the subject, reduced to bare life biologically, is simultaneously displaced from the social world, existing at the margins of communicability and recognition.

This displacement is further reinforced by the breakdown of communicative and institutional structures that fail to adequately represent or contain the experience of radiation. Nadezhda Burakova, a resident, recalls a failed encounter with a journalist, emphasizing her inability to articulate her experience within reductive frameworks of representation (Alexievich, 2016, p. 233). This refusal indicates that even as the subject is reduced to bare life biologically, she resists reduction at the level of narrative and representation. The attempt to translate lived experience into data or simplified narrative forms is rejected, exposing the inadequacy of external frameworks in capturing the complexity of radiation-induced existence. The subject remains suspended between biological reduction and expressive resistance (Rabinow & Rose, 2006), highlighting the tension between lived reality and its representation.

In this way, radiation extends necropolitical power beyond institutional control by producing conditions in which subjects are not simply killed but are made to inhabit prolonged states of biological survival marked by vulnerability, exposure, and slow deterioration. Life and death no longer exist as distinct categories but become intertwined processes, where survival itself is inseparable from ongoing decay. The subject exists within a continuum of exposure and decline, neither fully alive in a social or political sense nor fully dead, but suspended within a condition of perpetual instability (Berlant, 2007; Mbembe, 2003) .

Thus, in *Chernobyl Prayer*, radiation operates as a force that reduces human existence to bare life while simultaneously exposing the limits of political power over life and death. It dissolves the boundaries between body and environment, self and other, life and death, producing subjects who inhabit a radically altered ontological condition. Radiation does not simply destroy life but produces a new and precarious form of existence, one that reveals the fragility of identity, meaning, and human relationality under conditions of technological catastrophe.

6 TESTIMONY AS RESISTANCE

The preceding sections have demonstrated how power operates through the regulation of life, the production of expendable bodies, and the management of death. The testimonies in *Chernobyl Prayer* reveal another crucial dimension of the disaster: the emergence of voice as a form of resistance. Testimony does not function merely as narrative recollection but as counter-power that challenges the state's control over knowledge, restores agency to silenced subjects, and reconstitutes memory against official erasure. These narratives do not simply document suffering; they actively contest the structures that seek to contain, obscure, and depoliticize it.

Alexievich's method of assembling polyphonic voices disrupts the singular authority of official narratives (Bakhtin, 1984). Rather than presenting a unified account, the text foregrounds fragmentation, contradiction, and multiplicity. This multiplicity resists the reduction of experience into standardized forms of knowledge, exposing the inadequacy of

state-sanctioned explanations. The voices do not conform to a linear narrative of recovery but instead insist on the persistence of uncertainty, pain, and unresolved meaning (Alexievich, 2016). By preserving these divergent accounts, Alexievich constructs an alternative archive in which lived experience exceeds institutional frameworks.

The act of speaking becomes a site of reclaiming agency within conditions that have systematically denied it. Survivors, rendered silent through secrecy, marginalization, and institutional neglect, use testimony to reassert their presence within history. Burakova's recollection of her encounter with a journalist foregrounds the tension between lived experience and its attempted representation:

"A reporter came to interview me… Needless to say, our interview went nowhere. I couldn't be open with him. I'm not a robot or a computer, or a lump of metal!" (p. 233).

This refusal signals a rejection of reductive modes of representation that seek to translate complex human experience into simplified or consumable forms. The speaker resists being transformed into an object of data or analysis, asserting instead the irreducibility of her subjectivity. Testimony, in this sense, functions not simply as narration but as resistance to epistemic capture (Craps et al., 2015; Felman & Laub, 1992).

Resistance, however, operates not only through articulation but also through the strategic withholding of speech. Another testimony by Apanasevich reveals how silence itself becomes a form of agency:

"I won't mention anything I don't want to talk about. There were such things… I saw terrible things, perhaps more terrible than death. (*She stops*.)"(Alexievich, 2016, p. 286)

This moment of interruption marks the limits of narration as an act of control. Silence here does not indicate absence but authority, as the speaker determines the boundaries of what can be disclosed. Testimony, thus, operates within a tension between expression and refusal, resisting both forced articulation and interpretive appropriation.

This dynamic reconfigures the relationship between individual and collective memory. Testimonies in *Chernobyl Prayer* are deeply personal, yet they resonate beyond the individual, constructing a shared space of remembrance that challenges official histories. The accumulation of voices produces a collective narrative that emerges from lived experience rather than institutional imposition. This collective dimension preserves difference rather than erasing it, allowing the disaster to be understood as a multiplicity rather than a singular event. In doing so, testimony resists the homogenizing tendencies of state narratives, which often seek coherence at the expense of lived complexity.

Testimony also disrupts the temporal boundaries imposed by official accounts of disaster. State narratives tend to frame catastrophe as a contained event with a definable beginning and end (Beck, 2006; Petryna, 2004). In contrast, the voices in *Chernobyl Prayer* articulate a temporality marked by persistence rather than closure, where the effects of radiation, loss, and displacement remain ongoing (Alexievich, 2016). By foregrounding this persistence, testimony resists the relegation of catastrophe to the past and insists on its continued presence in the present.

The ethical dimension of testimony deepens its function as resistance. By bearing witness to suffering that has been minimized or obscured, survivors compel recognition from readers and listeners. This act of witnessing establishes a relationship of responsibility, in which the audience is called upon to engage with realities that exceed institutional acknowledgment (Felman & Laub, 1992). Testimony, thus, operates not only as personal expression but as an ethical intervention.

In this way, the voices in *Chernobyl Prayer* constitute a form of counter-power that operates alongside and against the structures of biopolitical and necropolitical control. While the state seeks to regulate life, manage death, and control the narrative of disaster, testimony reclaims the authority to speak, remember, and interpret. It transforms the subject from an object of governance into an agent of narration, capable of challenging the very systems that sought to silence it.

Testimony in Alexievich's work, thus, exceeds the function of documentation and emerges as an active mode of resistance. It reclaims agency, reconstitutes memory, and challenges the epistemic authority of institutional narratives. By preserving the irreducibility of lived experience, these voices transform silence into agency and marginalization into presence. Testimony does not only record catastrophe; it intervenes in its meaning, ensuring that the political and ethical dimensions of suffering remain visible within the historical record.

7 CONCLUSION

The Chernobyl disaster, as represented in *Chernobyl Prayer*, cannot be reduced to a technological failure or a site of individual trauma. It must be recognized as a biopolitical and

necropolitical formation in which the regulation of life and the orchestration of death are fundamentally intertwined. Through the frameworks of Michel Foucault (1978) and Achille Mbembe (2003), the disaster reveals a system in which the state governs populations by managing exposure, distributing vulnerability, and producing conditions of abandonment. What appears as a breakdown of control instead reveals a mode of governance structured through the unequal allocation of risk, care, and survival.

This analysis demonstrates how these dynamics unfold across interconnected domains. The regulation of information and delayed evacuation exemplify biopolitical strategies that organize life at the level of populations. The deployment of firefighters and liquidators reveals the necropolitical production of expendable bodies. The hospital emerges as a space where life is prolonged under conditions of controlled decline, while radiation itself reduces existence to what Giorgio Agamben (1998) terms bare life, dissolving the coherence of identity and social belonging. Together, these processes establish Chernobyl as a political technology of death in which life is neither simply preserved nor extinguished, but continuously managed within conditions of exposure and control.

Chernobyl Prayer simultaneously resists this logic through its polyphonic structure, transforming testimony into a form of counter-power. By reclaiming voice and preserving the singularity of lived experience, Alexievich's work challenges the state's authority over knowledge and memory, producing a counter-archive that exposes the violence embedded within official narratives.

The implications of this analysis extend beyond Chernobyl itself. Contemporary crises—including nuclear risk, environmental catastrophe, and pandemic governance—continue to reveal similar configurations of power in which life is regulated through the differential distribution of exposure and protection. In this context, biopolitics and necropolitics remain essential for understanding how modern states organize life and death under conditions of uncertainty.

Chernobyl Prayer, thus, stands as a critical intervention that illuminates the intimate relationship between power, technology, and the human body. It reveals how political decisions are inscribed onto life itself, while also demonstrating how testimony can contest, disrupt, and reframe these processes. The enduring significance of Chernobyl lies not only in its historical impact but in its capacity to expose the fragile and unequal conditions under which human life continues to be governed in the modern world.

8 DECLARATION OF INTEREST STATEMENT

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