

Covid-19: Urgent Responses

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WORKING PAPER SERIES

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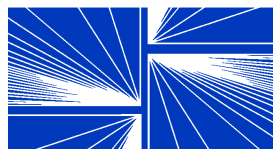
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Institute on Globalization and the Human Condition

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Objectives:

- To foster dialogue and awareness of research among scholars at McMaster and elsewhere whose work focuses upon globalization, its impact on economic, social, political and cultural relations, and the response of individuals, groups and societies to these impacts. Given the complexity of the globalization phenomenon and the diverse reactions to it, it is helpful to focus upon these issues from a variety of disciplinary perspectives.
- To assist scholars at McMaster and elsewhere to clarify and refine their research on globalization in preparation for eventual publication.

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COVID-19: Urgent Reflections

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1. Introduction¹

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In the space of just a few weeks, the COVID-19 pandemic caused by the novel coronavirus has radically transformed the lives of people around the globe. Apart from devastating health consequences for people directly affected by the virus, the COVID-19 pandemic has had major implications for the way people live and work, socialize and love, and make personal, political, and economic decisions. The elbow bump has replaced the handshake. Privately owned communications technologies such as Zoom and Skype have become media of necessity, not of choice. Unemployment is at record levels, the low-wage sector is growing, and short-term work and precariousness is on the rise. The downward mobility trend (Nachtwey 2016) that has been underway in, among others, Western capitalist states for a while, continues to cement itself. Fears of social and personal decline are growing. All of this, and more, harbors the danger of increasing polarizations, (re)producing old and new figures of enmity, hate, and blame.

The pandemic has inflicted a level of pain that is deep. War metaphors have been and are being bandied around, enlisting us in a fight in which supposedly we are all together. But as the papers included in this collection show, this “we” is not harmonious, uniform, or even. It cracks across fault lines of poverty, gender, and race. Data from a variety of reliable sources show that African Americans, who suffer disproportionately from poverty, inadequate housing, limited access to good health care, and chronic illnesses such as diabetes and hypertension, are dying from COVID-19 at horrific rates. In the *banlieues* and *cités* (public housing complexes) of France food-price spikes have triggered hunger riots. While many of us have had (and have) the privilege to work from home, others, including warehouse packers and front-line workers, have been exposed to deadly hazards at work. Domestic, sexual, and gender-based violence has increased, and stay-at-home measures have exposed women and children who live with violent men to great danger. Restrictions that translate into national-security policies have ramped up anti-migrant sentiments. And across Canada, as well as in other places, people in local nursing homes, seniors’ residences, and single-parent households are disproportionately affected and suffer. Indeed, it appears as if the very fabrics of the social, whatever they were before, are at stake.

Global Responses have been divisive and uneven. While, like front-line workers, countries such as South Korea, Germany, and Canada have been applauded for their circumspect approach, others have become a lesson in how not to handle an emergency. In the US, for example, Donald Trump minimized the pandemic early on, offering phoney assurances, failing to make a plan, and accusing China of deliberately spreading “plague.” After weeks of complacency at the top, Russia finds itself with the second fastest rate of COVID-19 infections in the world, while in video conferences Vladimir Putin looks more bored than concerned. Brazil’s President Jair Bolsonaro consistently ridicules public protection measures, showing a degree of reckless insouciance that makes Boris Johnson – by comparison – look responsible and switched on. In Beijing Xi Jinping seeks to transform a catastrophe into a public relations victory for Chinese soft power, strengthening China’s clout at the expense of other countries. In spite of repeated calls for international collaborations, a new nationalism has emerged. The European Union has

all but split over struggles regarding debt risks and recovery funds. In many regards, COVID-19 has not produced more cooperation – if this will be the case for the development of a vaccine remains to be seen – but exacerbated pre-existing tensions.

Beyond the hard and deliberative work of how to manage a pandemic - testing, contact tracing, mask-wearing, individual and collective discipline, drug-trials research, immune response, how best to decontaminate N95 masks, and so forth – one of the most significant and challenging questions that has emerged is how we imagine the future. The virus contagion curve may be flattening, but the unemployment and business bankruptcy curves remain on the rise. If the public-health shock is followed by a protracted economic crisis that leaves many people behind, trust in government, too, will suffer, and political and international identities fracture even more. And, for what it's worth, it might not be liberal democracy but authoritarian and/or xenophobic populism that picks up the pieces. It is also for this reason that investments in preventive measures, including systems that produce diagnostic tests fast and in abundance and coordinated supply chains are essential. As well, investments in public education and reliable social funding cycles, and the political will to risk paying for preparedness that might not be needed, appears more significant than ever.

Another question the pandemic has raised is how we define our relationship to nature. As it has reminded us that we are part of nature, not its sovereign master, it has also reminded us that nature is not simply something that surrounds us from without, but that it is the place into which we are born, in which we die, and which we must respect. It may make itself heard through the croak of frogs and call of loons (just thinking of the cottages and even houses that some of us enjoy), but also through the work of organisms capable of taking human lifeworlds apart. It is in this sense that the virus stokes larger questions about the purpose and essence of politics beyond its managerial values. In the end, there are profoundly systemic questions we need to ask. What sort of economic system is it that values so poorly the work of nurses, teachers, and many care workers without whom our systems might have collapsed long ago? What does it take to create an environmental and political climate that eschews the values of incessant productivity and acceleration in favor of sustainability? How should we think about the good life? The papers assembled in this collection speak to all of these issues, questions, and so much more.

Arrangement of Papers

The collection starts with a meditation on the ways in which the body is at the center of the pandemic, is constituted and imagined as the center of health, how this imagination has consequences for – for example – “care, justice, solidarity, and expertise” (Biruk). The succeeding papers take up this point by moving the discussion into the arena of inequity and social justice. From the ways in which the COVID-19 pandemic has made starkly visible the dire conditions of water and sanitation access for Indigenous Peoples in the United States, Canada, and globally (Leonard), exacerbated the unequal application of law enforcement for migrant, racialized, and trans communities (Lam, Wong, and Scott), to how Black and African diaspora face significant health, social and economic losses as a result of COVID-19 (Abebe) – it is important to recognize how vulnerability is not simply a casualty of this pandemic but a systemic feature of our contemporary political and social system. The point extends into the realm of memory and mourning (Dean), including what acts of memory reveal about whose lives and deaths matter most in Canada. There is the important questions of how social distancing affects

our ability to mourn our losses together in public, and how the memory of previous pandemics assist us (or not) in preventing further calamities and pandemics (Moffat). This collection's final explorations carry us into the realm of epistemology and possibility, asking about epistemic forms of violence embedded in our times and the risks of a "new normal" (Yong). In the end, we may come full circle. As Hannah Arendt urges us to enrich our capacity to imagine existent political orders and life anew (Frost), she also asks us to open up spaces for publics and the kinds of the debate that takes place in this collection.

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¹ I would like to thank Tony Porter for his engagement with this working paper.

2. Our bodies, our containers: Cultural concepts of the body and health in COVID-19 times

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“As if hands were enough to hold an avalanche off.”-Thom Gunn¹

In Thom Gunn’s poem “The man with night sweats,” a gay man reflects on sickness, and on how witnessing the toll AIDS has taken on his community in the 1980s has transformed his life. The body is the central figure in his monologue, cast as a once trustworthy thing that betrays him, a container of the self whose inner fleshiness is cannibalized by an external threat. His hands, in their ability to push away the world *and* bring it closer, are figured as both meager defense and liability in the face of an epidemic that feels like an avalanche.

Then and now, the circulation of mysterious microscopic threats around us prompts defensiveness and suspicion leveled against everything that is not the self; ‘non-self,’ even including those we desire or care for, becomes a potentially hostile category of people and things.² The body in epidemic times is a symbol of control, a site of rituals that performatively conjure protections that contain the self in the body. Imagining the body during COVID-19 as hermitic headquarters, for example, fuels hoarding that builds up an arsenal of commodities.³ Gloves and masks are makeshift armor, affording us thicker skin with which to face the outside world. Clorox wipes—long ago emptied from store shelves—make our groceries and countertops the objects of ritual ablutions meant to defend our homes against potentially deadly incursions hitchhiking on tins, cartons, or dog food. Toilet paper hoarding is a barometer of amplified cultural fixations around maintaining the purity and cleanliness of those parts of the body from which diverse substances and objects, some taboo, enter and exit; protecting such orifices and keeping them clean and pure when we feel under threat, perhaps, conjures a sense of comfort, routine, and security.⁴

The body in COVID-19 times does not become but *reveals* its cultural status as property to be protected, as headquarters from which to launch defenses, and as container whose porosities to the world must be vigilantly patrolled and closed off. These cultural and social images of the body—as bounded thing symbolic of individual autonomy and agency—undergird not only our desire to ensconce ourselves in forts built from mundane commodities, but also drive our consumption of information, data, and advice. Cultural studies scholar Paula Treichler teaches us that epidemics of viral contagion are also epidemics of signification. Language and

¹ Gunn, Thom, *The Man With Night Sweats* (New York, NY: Farrar, Strauss, and Giroux, 1992), 58.

² Martin, Emily, *Flexible Bodies: Tracking Immunity in American Culture from the Days of Polio to the Age of AIDS* (Boston, MA: Beacon Press, 1995).

³ Housing security and expendable cash to invest in pandemic products or ‘stocking up’ characterize this genre of hoarding.

⁴ Douglas, Mary, *Purity and Danger: An Analysis of Concepts of Pollution and Taboo* (London: Routledge, 1966).

representations organize rather than label experience,⁵ and epidemic story-telling is a genre—reliant on props, characters, and narrative arcs driven by uncertainty—documented across time and space.⁶ In what follows, I reflect on a tiny sampling of memes, headlines, and graphics that circulated widely in recent weeks, prompting colleagues and friends to share them on social media and to express anxiety in the face of a cascade of studies, data, and information. I do not aim to analyze whether these various knowledge claims are good or bad, wrong or right; as others have shown, when scientific frames for explaining and controlling situations are absent, non-scientific rationales intermingle with partial truths to fabricate reality.⁷ Instead, I suggest that the momentum gained by knowledge claims in the mediascape of epidemics (what others term ‘infodemics’)⁸ reveals intersections between a cultural fetishization of the aesthetics of data and a cultural investment in ‘the body’ and ‘health’ as containerized and controllable things.

On April 15, *The New York Times* published an article whose headline read, “For runners, is 15 feet the new 6 feet for social distancing?” The article reproduced a simulation that tracked the “spread droplets” and “slipstream” of people’s exhales, coughs, and sneezes while running, walking, or cycling. This simulation had gone viral a few days before.⁹ Against a black background, two slim mannequin-like bodies, white in color, circulate first in single-file and then alongside one another. In the former (“less safe”) scenario, a Technicolor rainbow of particles emerges from the first body’s facial region to brighten the black canvas momentarily before transforming the second body into a target for paintball practice; the splatters dirty the sterile whiteness of the body’s torso and upper legs, and the viewer imagines these particles (a COVID-19 “slipstream”) as deadly weapons inadvertently fired by the first figure. The simulation generates fear not only because of the symbolic pollution of a pure white body (a not insignificant color choice given the racialized history that marked and marks some bodies as clean and others as dirty), but also because it *seems like science*. It is associated with a ‘study’ and provides prescriptive advice to protect oneself against contamination. Specifically the ‘scientist advises’ that runners should extend the general COVID-19 guideline of 6 feet to over

⁵ Treichler, Paula A., “AIDS, homophobia, and biomedical discourse: An epidemic of signification,” *October*, 43, (1987): 32.

⁶ For some examples, see: Briggs, Charles L., “Theorizing modernity conspiratorially: Science, scale, and the political economy of public discourse in explanations of a cholera epidemic,” *American Ethnologist*, 31, no. 2, (2004), 164-187; Wald, Priscilla, *Contagious: Cultures, Carriers, and the Outbreak Narrative* (Durham, NC: Duke University Press, 2008); Lynteris, Christos, “Plague masks: The visual emergence of anti-epidemic personal protection equipment,” *Medical Anthropology*, 37, 6, (2018), 442-457; Bock, Sheila, “Deliberate infectors and exotic origins: The folklore behind COVID19,” *UNLV News Center*, April 1, 2020, accessed at <https://www.unlv.edu/news/article/deliberate-infectors-exotic-origins-folklore-behind-covid-19?fbclid=IwAR25EhY-D-36dSHXATqY5dCp8t7p6tXFrdeVn9EUxCPIkeDMJ9FgDnuZvXA>; Biruk, Cal, “The invention of ‘harmful cultural practices’ in the era of AIDS in Malawi,” *Journal of Southern African Studies*, 46, no. 2, (2020), 339-356.

⁷ Treichler, “AIDS, homophobia, and biomedical discourse,” 37.

⁸ For a review of the infodemic concept and an application to Zika rumors, see: Stalcup, Meg, “The invention of infodemics: On the outbreak of Zika and rumors,” *Somatosphere*, March 16, 2020, accessed at <http://somatosphere.net/2020/infodemics-zika.html/>

⁹ The post most shared in my own social media universe was a *Medium* article (Thoelen, Jurgan, “Belgian-Dutch study: Why in times of COVID-19 you can not walk/run/bike close to each other,” *Medium*, April 8, 2020, accessed at <https://medium.com/@jurgenthoelen/belgian-dutch-study-why-in-times-of-covid-19-you-can-not-walk-run-bike-close-to-each-other-a5df19c77d08>).

15 feet. The simulation carries the aura of data, what anthropologist Saida Hodžić calls the aesthetics of expertise,¹⁰ and catapults the advice into the realm of ‘evidence.’

Many friends and colleagues reposted this story with commentary such as “There goes my only exercise” or “Fuck!” indicating a sense that protecting oneself, given this news, would entail more rigorous measures than they were already abiding by. The aesthetics and packaging of ‘data’, the mesmerizing visualization of neon particles excreted by one body contaminating another, prompts viewers to batten down the(ir) body’s hatches even further. By now, this viral story has been found not to be much of a study at all.¹¹ Yet, the take-home point here is not that this is a ‘bad’ study not anointed by ‘peer review’ and shared by people who didn’t read closely enough (increasingly difficult amid algorithms that channel information through our networks). After all, medical anthropologists have shown how science and the concepts it relies on to describe and study the human body are shot through with the stereotypes, cultural assumptions, and anxieties of those who construct them, especially in epidemic times.¹² Instead, in this visualization we observe how cultural preoccupations with defending the body are validated, given a kind of certainty; the aesthetics of data that manifest in the language of expertise, studies, graphs, quantification, visualizations, and simulations become a beacon of hope that it is possible to protect the body, justifying health-preserving behaviors that, in their compulsiveness and vigilance, might be deemed paranoid or unhealthy in other times. Such compulsions, fixated as they are on biological threat (a virus), containerize health, upholding a narrow definition of health as ‘free from virus’ that minimizes a more capacious investment in embodied wellbeing and distracts us from the structures and relations that produce ill-health. The body-at-home, a new if paradoxical rendition of the entrepreneurial self, becomes the only possible locus of health, a concept imagined to be contained and containable within the biological body pure of COVID-19.

The running advice is not alone in its contagious travels through our mediascapes. Another study widely shared in my circles, with a headline that read, “CDC study suggests coronavirus can travel 13 feet in air and live on shoes”, likewise motivates fear and anxiety, even a sense that we are all doomed. Whether or not one reads the article (the claims made in the headline are sourced from data collected in hospital wards in Wuhan, China that housed COVID-19 patients, a closed

¹⁰ Hodžić, Saida, “Ascertaining deadly harms: Aesthetics and politics of global evidence,” *Cultural Anthropology*, 28, no. 1, (2013): 86-109.

¹¹ See, for example, an article that explains that the researchers who undertook this project have yet to publish a peer-reviewed paper about the simulation, nor have they published even a non-peer reviewed study. The Medium post that went viral was authored by an athlete-entrepreneur, not a public health expert or virologist. An epidemiologist interviewed for the article indicated that the amount of transmission that could possibly occur via this route is dwarfed by that from others. (Koebler, Jason, “The viral ‘study’ about runners spreading coronavirus is not actually a study,” *Vice*, April 9, 2020, accessed at https://www.vice.com/en_ca/article/v74az9/the-viral-study-about-runners-spreading-coronavirus-is-not-actually-a-study)

¹² Treichler, “AIDS, homophobia, and biomedical discourse;” Martin, Emily, “The egg and the sperm: How science has constructed a romance based on stereotypical male-female roles,” *Signs*, 16, no. 3, (1991): 485-501; Patton, Cindy, *Inventing AIDS* (London: Routledge, 1991); Cohen, Ed, *A Body Worth Defending: Immunity, Biopolitics, and the Apotheosis of the Modern Body* (Durham, NC: Duke University Press, 2009).

indoor environment with high density of the virus that does not resemble ‘everyday life’¹³, the headline prompts readers to begin revising their decontamination rituals upon returning home from non-home (non-self) spaces. Should I leave my shoes outside? Suddenly, all the labor they have invested in recent weeks in decontaminating their groceries and takeout boxes—regimens perhaps assembled under the guidance of a doctor whose 13 minute self-made You Tube video, viewed *23 million times* in one week, wrongly advised the masses to wash vegetables with dish soap—seems to have been for naught. Innocuous objects in epidemic times—sneakers, cell phones, the mail, a can of tuna fish, a beer can, or doorknobs—take on new vitality as weaponized reservoirs of risk. The arsenal of defenses, and the objects around us, grow with each viral video or post. Yet, commodity fetishism, wherein the exploitative social relations that give commodities their value are obscured by objects’ materiality and thinginess, is temporarily displaced by a new vigilance that obsessively considers the paths recently traveled by things. A renewed focus on the social lives of objects amid COVID-19 *reveals* the usually invisible exploitation of wage workers now deemed “essential” even as it makes units of their labor into potential contaminants absorbed by the (not-self) commodities we cannot live without in our otherwise hermitically sealed containers.

Data, headlines, and talk around “underlying conditions,” too, rhetorically containerize the body. *Not having underlying conditions* bolsters the sense of the body as sterile container (of health, purity, cleanliness, fitness) to be managed by the mind. Scanning death counts, those of us who identify or are identified by society as ‘healthy’ might breathe a macabre sigh of relief, observing the ages, conditions (such as diabetes or high blood pressure or ‘obesity,’ bodily states often coded as self-inflicted), even the races of those who have been lost. *Not me*, we may think. These data, read alongside the constant refrain of “underlying conditions,” allow some of us to safely contain the individual body in an imagined cocoon of privileged protection, a trend documented for almost every epidemic known to humankind whereby ‘risk groups’ are partitioned from the ‘general population’. Yet, the rhetoric of underlying conditions shores up an oppressive definition of ‘health’ as merit system, and reproduces the idea that some bodies are inherently ‘sick,’ defective, or disposable, with important implications for bioethical decisions and triage.¹⁴

A narrowly biological interpretation of underlying conditions fails us in numerous other ways, too. First, it obscures the conditions (poverty, race, class, gender, location, histories of dispossession and displacement) that explain the unequal distribution of underlying conditions in a population. Second, the emphasis on underlying conditions in public health guidelines around social distancing, where ostensibly ‘healthy’ people stay home or follow advice to protect ‘unhealthy’ people, falsely confines underlying conditions to singular bodies, rather than the society we share. What does quarantine or social distancing look like for folks who are housing insecure or incarcerated? What does “one person, one cart” look like for a single mother or

¹³ Guo, Zhen-Dong, Zhong-Yi Wang, Shou-Feng Zhang, Xiao Li, Lin Li, Chao Li, Yan Cui, Rui-Bin Fu, Yun-Zhu Dong, Xiang-Yang Chi, Meng-Yaho Zhang, Kun Liu, Cheng Cao, Bin Liu, Ke Zhang, Yu-Wei Gao, Bing Lu, and Wei Chen, “Aerosol and surface distribution of severe acute respiratory syndrome coronavirus 2 in hospital wards, Wuhan, China, 2020,” *Emerging Infectious Diseases* 26, no. 7, (2020).

¹⁴ Clare, Eli, *Brilliant Imperfection: Grappling with Cure*, (Durham, NC: Duke University Press, 2017); see also discussions of health as merit system in Scheper-Hughes, Nancy and Margaret Lock, “The mindful body: A prolegomenon to future work in medical anthropology,” *Medical Anthropology Quarterly*, 1, no. 1, (1987), 25-26.

persons with mobility impairment? The edict ‘shop only once a week’ aims to protect the elderly or the ‘sick,’ but overlooks the social sickness that means many among us lack the liquid funds, vehicles, or strength to buy groceries in bulk. The compelling cultural imaginary of the containerized body separate from and impermeable to environment, geographical location, pharmaceutical markets, state surveillance, and historical forces that structure the unequal distribution of wellbeing needs revising. A friend of mine in Malawi suggested, “Living in Malawi [a southern African country with seven ventilators and 25 ICU beds within its national borders] is an underlying condition.” Burnell Cotlon, a small market owner in New Orleans’ ninth ward, meanwhile, links the deaths of his neighbors and friends from COVID-19 to histories of black dispossession and enduring racism by conceptualizing life in his neighborhood as an underlying condition: “Wearing a mask won’t protect us from our history,” he says.¹⁵ Science studies scholar Michelle Murphy cautions us against thinking of the body caught up in capitalism’s chemical infrastructures as an individual life/self contained within our skin, suggesting that, “[t]he chemical relations of our embodiment expand out into messy and violent histories of colonialism, racial segregation, and labor...”¹⁶ Further, while COVID-19 has compelled audiences the world over, prompting ‘wartime’ measures by governments whose definitions of health and life are suspended in economic markets, we should not overlook the less eventful events that make each of our bodies into impure repositories permeable to environmental, chemical, and social toxins; all bodies are archives of harm in some way or another, and our ability to access redress, treatment, or solidarity for these harms betrays our respective social locations and histories. To imagine the body as singular, sovereign, and bounded thing is to overlook the intricate ways in which each of us is entangled with, in fact, relies on, foreign—even threatening and risky—substances and systems (medications, cigarettes, processed foods, technologies, carcinogen producing cars, capitalism, etc...), even as we rhetorically invent and strive for a singular containerized, so called ‘healthy’ self.¹⁷

Anthropological perspectives on epidemics teach us that economies of information, fear, and anxiety must be analyzed in and through economies and concepts of bodies in a given time and place. COVID-19, like disease events before it, brings the body to the foreground as something to be protected and kept pure. Yet, ‘the body’ and ‘health’ are cultural and political artifacts, concepts whose associated meanings and anxieties in epidemic times have implications for how we conceive of the relation between self and body, self and others, and for how we imagine and access care, justice, solidarity, and expertise. Cultural models, including conceiving of the body as container, play a powerful role in determining how people act, talk, protest, love, care, and die in an epidemic.

¹⁵ Eli Saslow, “Wearing a mask won’t protect us from our history,” *The Washington Post*, April 12, 2020, accessed at <https://www.adn.com/nation-world/2020/04/12/wearing-a-mask-wont-protect-us-from-our-history/>

¹⁶ Murphy, Michelle, “What can’t a body do?” *Catalyst: Feminism, Theory, Technoscience*, 3, no. 1 (2017): 1-15.

¹⁷ Shotwell, Alexis, *Against Purity: Living Ethically in Compromised Times*, (Minneapolis, MN, University of Minnesota Press, 2016).

3. Indigenous water (in)justice and the COVID-19 pandemic

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Introduction

The water crises facing many Indigenous Peoples, nations, and communities across Turtle Island (North America) and globally are well documented (Lam et al. 2017; Robison et al. 2018; Marshall 2017). In Canada there are more than 60 long-term drinking water advisories impacting First Nations reserves (Indigenous Services Canada 2020). In the United States a 2019 national water security study by Dig Deep and the U.S. Water Alliance found that “race is the strongest predictor of water and sanitation access”. The study further found that “Native American households are 19 times more likely than white households to lack indoor plumbing” (Dig Deep 2019, p. 12). Indigenous water insecurity – inadequate access to sufficient quantity and quality of water to meet daily individual and collective needs of Indigenous Peoples – is a product of systemic water colonialism and a grave water injustice (Robison et al. 2018).

Indigenous Water Justice and COVID-19

The novel corona virus (COVID-19) was declared a global pandemic by the World Health Organization on March 11, 2020. Indigenous communities and territories are not immune to the virus. In fact, many Indigenous Nations have reported numerous cases with some Indigenous communities such as the Navajo Nation having a per capita infection rate that is only surpassed by New York and New Jersey (Weber 2020). Why is the infection rate so high for Indigenous communities? The answer is infinitely complex, but one aspect that cannot be overlooked is the connection to water injustices facing Indigenous Peoples. The COVID-19 Pandemic has exacerbated existing water infrastructure and health inequalities for Indigenous Peoples underscoring the water security-health nexus that has slowly ravaged Indigenous territories for decades. Despite fiduciary responsibilities and nation to nation relationships between Canada, the United States, and Indigenous Nations the federal governments of these settler-colonial states have consistently failed to protect Indigenous Peoples and resolve water injustices facing Indigenous communities and territories. Many Indigenous territories lack adequate water infrastructure and currently COVID-19 has delayed the construction of new water facilities as Indigenous nations are forced to prioritize their virus response to limit the spread of the disease (Allen 2020). As scientists and researchers work diligently to find a vaccine or treatment for the disease public health officials have maintained that handwashing with soap is the number one way to prevent the spread of COVID-19. However, for Indigenous Peoples who barely have access to clean water – this life saving step is out of reach for many across Indian Country.

Threats to Indigenous waters during COVID-19

Outside of the devastating human health impacts the ongoing spread of the COVID-19 pandemic poses to Indigenous Peoples it also poses severe threats to Indigenous water rights and the human right to water. The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) protects Indigenous Peoples right to maintain their spiritual connection to their waters

and their right to free, prior, and informed consent for any project that would develop, exploit, or utilize their water (UN General Assembly 2007). Moreover, the United Nations has recognized the human right to water and sanitation and stated that clean water is essential to protecting all human rights (UN General Assembly 2010; Larson et al. 2019). The inaction of the U.S. and Canadian federal governments to secure these inherent rights denies Indigenous Peoples basic human dignity. Indigenous dignity is further corroded as settler-colonial governments categorize extractive industries as essential services and push forward resource development projects that threaten Indigenous waters during a global pandemic. This represents and replicates an ongoing and persistent legacy of water colonialism that has alienated Indigenous Peoples rights and their human right to water protected under international law.

Money everywhere, but no clean water

Underlying conditions increase individual susceptibility for contracting COVID-19 and for Indian Country lack of clean water is a systemic preexisting condition. For decades Indigenous Nations have pleaded with the federal governments of Canada and the United States to address the water injustices facing Indigenous communities. However, in a time of crisis the settler-colonial governments did find funding to support Indigenous community COVID-19 response efforts. The Canadian government has allocated \$305 million to support Indigenous communities in response to COVID-19 (Pashagumskum and Stewart 2020). Similarly, the United States government has earmarked \$8 billion in COVID-19 relief for federally recognized Tribes under the CARES Act (McLaughlin 2020). However, Tribes in the U.S. are still waiting to receive their funds despite being some of the most heavily infected communities. Imagine the ways in which such funding could have been applied to address dire water infrastructure needs within Indigenous communities if it had been allocated prior to a global pandemic. In a time of crisis those funds will need to be used for emergency response but when COVID-19 has resolved, and Indigenous communities rise from this virulent pandemic they will still be faced with another pandemic – a pandemic of water insecurity.

Indigenous survivance for water security

Despite ongoing colonialism and limited action by settler-colonial governments to address the disproportional impact of COVID-19 on Indigenous communities, Indigenous Peoples have developed preventive measures to flatten the curve. These measures are informed by Indigenous knowledge systems and practices of intergenerational survivance - Indigenous survival and resilience. These preventative measures include closing off Indigenous territories to non-residents to limit community exposure and transnational Indigenous aid campaigns. In addition to limiting travel through Indigenous territories Indigenous governments have also utilized relief funds to purchase emergency water supplies for households (e.g. water truck deliveries, packaged water pallets, etc.) and in many instances have waived water service fees for reserve/reservation residents (Triplicate 2020). The slow action of the U.S. and Canadian federal governments led some Indigenous communities to develop their own transnational aid campaigns through crowdfunding sites like GoFundMe. One such example is the Navajo & Hopi Families COVID-19 Relief Effort which has raised over \$1.6 million to help families on the Navajo and Hopi reservations impacted by the coronavirus (Branch 2020). Aid campaigns have

been further supported by donations from other Indigenous Nations and Peoples from across the world. Esteemed Kanaka Maoli (Native Hawaiian) actor Jason Momoa's donation to the Navajo Nation is one example of transnational Indigenous water aid enacted during the pandemic. In April 2020, Momoa through his Indigenous water company Mananalua Pure Water donated thousands of cases of water to the Navajo Nation coronavirus relief efforts (Indigenous Environmental Network 2020). Notably, Mananalua Pure Water uses recyclable aluminum to can its water in support of its vision to end ocean plastic pollution of which plastic water bottles are a principle contributor. In the midst of a global pandemic Indigenous innovation and transnational aid highlight a path forward for our shared sustainable water future.

Conclusion

The greatest fear emerging from the COVID-19 Pandemic is that Indigenous water injustices will continue to go unaddressed. Exacerbating threats to Indigenous water security persist – the most pressing of which is the climate crisis. The COVID-19 Pandemic has shown the dire conditions of water and sanitation access for Indigenous Peoples in the United States, Canada, and globally. We can learn from this global crisis and strive for Indigenous water justice in four key areas: (1) Fund adequate water and sanitation infrastructure within Indigenous communities; (2) Enforce Indigenous water quality laws limiting discharges of pollutants into Indigenous waters to ensure clean drinking water free from contamination; (3) Adopt and implement the United Nations Declaration on the Rights of Indigenous Peoples affirming rights to free, prior, and informed consent for projects that would use, develop, or exploit Indigenous waters; and (4) honour original treaties with Indigenous nations protecting water and health for Indigenous Peoples for as long as the rivers flow.

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4. COVID-19, policing, and the exacerbation of pre-existing inequalities

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In response to the COVID-19 public health crisis, many countries have adopted increased policing and surveillance powers introduced through emergency orders and laws, particularly regarding social distancing and lockdowns within urban centres. In Canada, provincial and municipal governments have declared states of emergency which allow them to unilaterally impose an array of extraordinary new powers for police and law enforcement.¹ Many of these powers are couched in overbroad and vague terms, dubiously pertinent to public health objectives, and disproportionately harmful to vulnerable and marginalized groups.

In Ontario, the government has gone as far as imposing an ID requirement, which requires people to identify themselves to all police and provincial offences officers.² Provincial offenses officers constitute a very large and diverse group of non-police law enforcement officials including: municipal bylaw officers, First Nations constables, campus officers, TTC and other transportation constables, community housing constables, public health officers, and others. Under emergency legislation, they too are now empowered to charge and fine people who are suspected of violating emergency orders.

In a sharp departure from the prior state of the law, police and provincial offences officers may now require people to carry and produce ID with their correct name, date of birth, and address on request. The people who can get risk a fine of \$750 and up.³ The *Provincial Offences Act* also empowers police officers to arrest without warrant if they reasonably suspect someone is violating a provincial order and authorizes use of force on behalf of anyone police calls for assistance, including provincial offences officers.⁴ The sum effect of these powers is to, remarkably, allow law enforcement to arrest, detain, and ticket individuals for the simple failure to produce ID.

¹In Ontario, emergency powers are enabled and governed by the *Emergency Management and Civil Protection Act*, RSO 1990, c E9. In Toronto, these emergency powers are governed by Chapter 59, Emergency Management, of the *Toronto Municipal Code*.

²*O Reg 114/20: Order Under Subsection 7.02 (4) of the Act – Enforcement of Orders*, online: <<https://www.ontario.ca/laws/regulation/200114>>.

³Ministry of the Solicitor General, “Public Required to Identify Themselves if Charged with Breaching an Emergency Order During the COVID-19 Outbreak” (31 March 2020), online: <<https://news.ontario.ca/mcscs/en/2020/03/public-required-to-identify-themselves-if-charged-with-breaching-an-emergency-order-during-the-covid.html>>.

⁴*Provincial Offences Act*, RSO 1990, c P33 at ss 145-146.

The Ontario ID requirement is but one node in a broader matrix of punitive COVID-related fines and policing. Based on the information provided by the *Policing the Pandemic Mapping Project*, 4,575 people in Canada had been ticketed or charged as of May 1st, 2020.⁵

In April, a petition was circulated in which over 450 concerned community members, comprising of ordinary residents; legal, health, and social work professionals; academics; students; activists; community service providers; and essential workers, expressed their concerns and opposition to the marked increase policing and law enforcement powers in response to COVID-19.⁶ The petition outlined many of inherent contradictions in adopting a heavy-handed law enforcement response to what is ultimately a public health crisis.

Increased policing and law enforcement “blitzes” exacerbate pre-existing social conditions and inequalities, creating new forms of distress, pain, and hardship. Marginalized communities, such as Black, Indigenous, and other racialized communities, homeless and street-involved people, drug users, migrants, and massage parlour and sex workers have long history of being surveilled, racially profiled, carded, criminalized, and harassed by law enforcement.

Racialized communities continue to bear the brunt of overpolicing and unequal application of enforcement of emergency laws. The extension of policing powers and ID requirement results in an increase in the number of *interactions* in which the negative impacts of carding, ticketing, and arbitrary harassment at the hands of law enforcement which will be experienced by racialized and migrant communities. The ID requirement allows law enforcement to circumvent street check safeguards that allow people to refuse to show ID or give police their name and date of birth.⁷ Further, many non-status migrants and people who live with precarious immigration status may not have identification available and therefore risk getting fined as a result, or even if they do provide ID, the risk of having Canada Border Services Agency (CBSA) called in by police for immigration arrest, detention, and deportation.⁸ We need to remember that non/precarious status people and homeless/underhoused people often have no ID and cannot obtain ID easily.

Examples of racially unequal application of law enforcement responses have abounded during COVID. In Ottawa, a Black father was allegedly followed, harassed, and assaulted by bylaw and police officers while walking his daughter at a park after he refused to give his name.⁹ In

⁵Alex Luscombe, A. & Alexander McClelland, A., (2020) “Policing the Pandemic Enforcement Report” (14 April 14 2020 – 1 May 1, 2020), online: <https://static1.squarespace.com/static/5e8396f40824381145ff603a/t/5eae43d69d70876a67c26421/1588478934909/Police_the_Pandemic_Report_1May2020.pdf>.

⁶“STAND UP FOR OUR COMMUNITIES! STOP EXPANDING POLICE POWERS!” (April 2020), online: <<https://docs.google.com/forms/d/e/1FAIpQLSfsvfFCfqwAyGj4H7HNRIrtaHxe2klEJ9vV4DlGXD9s92vJoQ/viewform>> [*Petition*].

⁷Steps to Justice, “Can the police stop me on the street and ask for my ID?” (December 2018), online: <<https://stepstojustice.ca/questions/criminal-law/can-police-stop-me-street-and-ask-my-id>>.

⁸ *Petition*, *supra* note 6.

⁹ Aedan Helmer, “Ottawa father alleges bylaw officer punched him in the face, city denies 'any improper conduct' during ticketing altercation”, *Ottawa Citizen* (9 April 2020), online: <<https://ottawacitizen.com/news/ottawa-father-alleges-bylaw-officer-punched-him-in-the-face-city-denies-any-improper-conduct-during-ticketing-altercation/>>.

Brampton, a group of South Asian individuals were ticketed for playing cricket at a park.¹⁰ In contrast, the complete lack of enforcement of physical distancing orders with respect to majority-white protesters who “decided to flout physical distancing measures and emergency laws to protest outside Queen’s Park”, furthering raises questions of whether COVID-related policing powers are being applied in a racially discriminatory fashion.¹¹

The overarching assumption behind physical distancing and lockdown orders is that “we are all in this together” and everyone has similar ability and resources to stay home and self-isolate. This assumption however, is incredibly problematic insofar as it invisibilizes the lived realities of a great number of people. Some people may not have a “home” to stay safe in; they may have to choose between a shelter without proper distancing and sleeping out in the rough in violation of COVID laws¹²; they may not be able to stop working because they are excluded from income supports¹³; and they may not be able to self-isolate because they must go out to connect with their community and mutual aid networks in order to access food, supports, and other life-sustaining resources.

People are being punished if they are not able to be in a private place to keep the social distance. Marginalized communities are often being blamed for spreading the disease without the acknowledgement of the structural inequality and systematic oppression they face. Despite these communities bearing the harshest consequences of the economic downturn in terms of job loss, income loss, and the increased health risks, they are additionally punished through the imposition of tickets and fines of hundreds and thousands of dollars along with having to somehow pay for rent, food, hygiene products, and other necessities with little to no income.

For migrant sex workers, the nexus of criminalization and exclusion from financial support can be devastating. For instance, Butterfly (Asian and Migrant Sex Workers Support Network) conducted a survey with 106 migrant workers in massage parlours and the sex industry. More than 40% surveyed reported that they were not able to access *any* government emergency funds due to their precarious immigration status and the criminalization of sex work. Some of them still need to continue to work to earn money to pay for the food and rent. Some the workers are stuck in Canada are not able to fly back home. Many of them also expressed that they are not able to access health services. Instead of providing support, the increase of policing and ID requirement have increased their fear of accessing support and pushed them to be more underground¹⁴.

¹⁰ Jessica Patton, “Coronavirus: 18 ticketed for breaking social distancing bylaw by playing cricket in Brampton”, *Global News* (14 April 2020), online: <<https://globalnews.ca/news/6816022/coronavirus-brampton-social-distancing-bylaw-tickets/>>.

¹¹ Chris Herhalt, “‘A bunch of yahoos,’ Ont. premier says of people protesting COVID-19 emergency measures”, *CTV News* (25 April 2020), online: <<https://toronto.ctvnews.ca/a-bunch-of-yahoos-ont-premier-says-of-people-protesting-covid-19-emergency-measures-1.4911861>>.

¹² Jane Gerster & Andrew Russell, “Crowded shelter or \$880 fine? Homeless face ‘impossible’ coronavirus choice”, *Global News* (30 April 2020), online: <<https://globalnews.ca/news/6871927/coronavirus-fines-homeless/>>.

¹³ Carl Meyer, “Migrant and undocumented workers plead for help during COVID-19”, *National Observer* (17 April 2020), online: <<https://www.nationalobserver.com/2020/04/17/news/migrant-and-undocumented-workers-plead-help-during-covid-19>>.

¹⁴ Lam, E. (2020) Survey on how COVID-19 affects the workers in massage parlours, spa, holistic centre and sex industry.

Finally, some health providers have pushed back against the idea of policing the pandemic, asserting that the increase of punitive law enforcement “will not protect public health but it will threaten the health and safety of people, especially Indigenous, Black and other racialized people, those with precarious immigration status, sex workers, drug users and those experiencing homelessness”.¹⁵ Of specific concern to health providers is the Ontario government’s order to mandate police access to personal health data in a COVID status database that should normally be subject to a strict level of privacy protection.¹⁶ Health practitioners have expressed concerns that the order discourages people from these communities from being tested or otherwise obtaining health care for fear that their information can be shared with police.

Forgoing a public health and education approach for a strict crackdown approach may also directly impede public health objectives. For instance, a spa worker and member of Butterfly was charged when she carried out physical distancing measures to protect herself and her family. In order to protect the health of her parents, who had pre-existing long-term health conditions, she isolated herself by staying at her spa. Despite explaining herself, she was ticketed \$750 (\$880 total) by Toronto Public Health for failure to close a non-essential business, despite the fact that her business was closed for the purposes of business. She was targeted again subsequently and issued four additional tickets when public health officers when she continued to use the spa to physically distance from her elderly parents.

Ultimately, we cannot police ourselves out of a public health crisis. Instead of turning against each other through community surveillance and policing and abandoning those most vulnerable, we require approaches that enable us to materially support each other through this crisis. We must especially provide access to the missing resources (such as accessible information, housing, healthcare, income support, and food security) to allow for physical distancing to groups who do not have such privileges – the poor, the racialized, and the marginalized. These groups also constitute the “public” in “public health” and therefore deserve to have their fundamental rights and interests protected¹⁷. An injury to one is an injury to all.

¹⁵Petition, supra note 6.

¹⁶O Reg 120/20: Order Under Subsection 7.02 (4) of the Act – Access to COVID-19 Status Information by Specified Persons, online: <<https://www.ontario.ca/laws/regulation/r20120>>.

¹⁷ Open letter, supra note 10.

5. COVID-19 and the Black and African diaspora

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The virus doesn't discriminate. It's the great equalizer. We're all in this together. These are refrains that can be heard around the world as a chorus of government leaders, health practitioners, celebrities, and social media influencers construct a mainstream discourse around COVID-19. With every corner of the globe experiencing the health and economic effects of the virus, and affluent and powerful people like Tom Hanks and Boris Johnson among those unfortunate enough to contract it, there is certainly an unparalleled shared experience that will be a defining feature of this time in global history. This elusive and volatile virus has also served as a common enemy, inspiring incredible feats of solidarity and collaboration across national, cultural, class, disciplinary, and political boundaries. These are indeed important stories to tell.

However, the sociopolitical cleavages of our pre-COVID world are still quite visible through this veil of social change and good will. In fact, there is good reason to believe that these societal distinctions will become further entrenched and increasingly divisive in the time of extreme uncertainty, scarcity, and paranoia that we are currently in. Time, experience and research will tell how these dynamics will ultimately unfold. In the meantime, however, it is important that researchers keep an eye to the ground and begin to ask questions about how COVID-19 is being experienced by different communities – particularly racialized and marginalized groups. When we look closely at the Black and African diaspora in North America¹, we begin to see how the intersections of factors such as race, migration, economics, and structural environment are creating a unique set of challenges that these communities are both confronting and responding to.

Health outcomes and financial strain

In the early weeks of the COVID-19 outbreak, there were rumours spreading quickly through social media suggesting that Black people were biologically less susceptible or immune to the virus. These theories were buttressed by the slow spread of the virus in Africa – spurring theories that high levels of melanin production might be operating as a protectant. In the short time since then, it has become painfully clear that COVID-19 has not passed over the homes of Black people; but rather, Black people are dying at disproportionate rates particularly in North America (Centre for Disease Control and Prevention, 2020). In the United States, where race-based health data is more readily available, there are alarming figures from states like Michigan, Illinois and Louisiana. For example, close to 70% of COVID-19 deaths in Chicago involved African Americans, despite making up only 30% of the total population, and these patterns are mirrored in many other cities across the country (Reyes, Husain, Gutowski, Clair, & Pratt, 2020).

¹ In this paper, I focus on Black and African diaspora communities in North America. This includes both historical communities with roots to the Black Atlantic slave trade (e.g. African Americans), as well as diasporic communities constituted by contemporary refugee and immigration flows from Africa and the Caribbean. While these communities are incredibly heterogenous and differ in innumerable ways, processes of racialization often serve to mask these differences and bring these communities together in a shared experience – *for better or for worse*.

Canadian governments have been reticent to collect race-based health data prior to and following the COVID-19 outbreak, however they are beginning to relent following increased pressure from health practitioners and advocates (Black Health Leaders, 2020; Pinto, 2020). Preliminary public health data from Toronto is already showing that “people living in areas with the highest proportion of low-income earners or areas that have the highest proportion of recent immigrants and high unemployment rates experienced a higher rate of both COVID-19 cases and hospitalizations”(DeClerq, 2020). We have known for some time that social determinants including race, class, education, and environment impact health outcomes in both every day and emergency situations alike (Mikkonen & Raphael, 2010). With this knowledge, it is clear that Black communities, including immigrants and refugees, in both Canada and the United States are at a higher risk for contracting and dying from COVID-19. These communities are exposed to risks such as underlying health conditions stemming from conditions of poverty; living in densely populated communities and households; working in employment in sectors deemed ‘essential’; and, facing barriers to adequate healthcare including racism – to name a few (Commodore-Mensah et al., 2018; Francis, 2010; Pinto, 2020; Smith & Ley, 2008).

Unfortunately, health risks are not the only challenges Black and African diaspora communities are facing in North America as a result of COVID-19. There have been many cascading effects from the loss of income hitting families that are already on the margins. In my own community work, I have observed how East African newcomers and immigrants in Canada are facing significant barriers when trying to access timely information and resources – adding to the anxiety people are already experiencing as a result of COVID-19. Language and technology barriers are making it difficult for people to access and interpret things like guidance coming from health authorities, the web of financial benefits announced by different levels of government, shifting instructions coming from school boards, availability of emergency housing and food banks, and social distancing bylaws. Resources that require application processes or downloaded programs only serve to complicate things further. In addition, social distancing measures mean that they cannot rely upon support provided in-person, and having to navigate virtual assistance presents yet another barrier.

Community resilience and ingenuity

At the time of writing, it appears that Black and African diaspora communities will continue to face significant health, social and economic losses as a result of COVID-19. While this is a matter of grave concern, it is important to keep sight of the fact that these communities are not simply passive casualties of this pandemic. There are countless examples of grassroots systems of social support, crowdsourced resources, political advocacy, and community innovations. For example, *Black Lives Matter – Toronto* crowdsourced over \$40,000 for a Black Emergency Fund for people who have lost income, and also collaborated with FoodShare to offer 454 large food boxes to families experiencing food insecurity (Black Lives Matter - Toronto, 2020). The Calgary-based community organization *Excel Family and Youth Society* has over 15,000 Facebook followers. It has used this platform to host live broadcasts providing timely and extensive COVID-19 related information to Ethiopian and Eritrean communities in their native languages. They also promptly set up a hotline for individuals needing support to complete government benefits applications (Excel Family and Youth Society, 2020).

In addition, while there has been growing concern regarding the impact that reduced remittances might have on low-income countries, there have been many diaspora-led transnational efforts aimed at supporting African governments and communities in their fight against COVID-19. A U.S.-based Kenyan diaspora media company organized ‘Diaspora Skip Lunch Feed Kenya’ – a campaign to provide direct cash transfers to people in Kenya living in poverty and facing additional challenges as a result of COVID-19 (Kikuyu Diaspora Media Inc., 2020). In another example, the *Africa COVID-19 Response Toolkit* is a robust set of opensource technological resources to support African governments as they respond to COVID-19 (Africa COVID-19 Response Toolkit, 2020). This initiative emerged out of a nucleus of volunteer Ethiopian diaspora tech professionals that mobilized following a single Tweet (Endale, 2020). Despite the precarious times we are in, it is important that we highlight and document these efforts and accomplishments in addition to the disheartening challenges. Without this, we continue the historical cycle of pathologizing Black and African communities and feed into the proverbial ‘single story’ (as Chimamanda Ngozi Adichie so eloquently describes it) we all know too well by now. Our collective goal should be not only to eradicate COVID-19, but also to ensure that the adverse social, economic and cultural impacts do not live longer than the virus itself.

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6. Public mourning in socially distant times: We still need to ask, “Whose Lives Matter?”

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Over the last few weeks many concerns have been raised about how social distancing is affecting our ability to mourn our losses together in public.¹ These discussions range from the challenges arising from restrictions on funeral sizes to the impact of not being able to publicly gather in grief as a community in the wake of recent tragedies, or on the anniversaries of older ones. Public Health officials acknowledge the “tough” and “stressful” nature of these restrictions on public mourning, but insist they are necessary to protect us from the spread of COVID-19.² As a result, Canadians are finding alternative ways to mourn together in public, from front porch candlelight vigils, to online musical tributes, to makeshift memorial symbols appearing in people’s front windows. Public mourning continues, even in a socially distant world. But when we can’t gather together in public to express our shared grief, it is perhaps more important than ever that we think carefully about what our acts of public mourning convey about whose lives and deaths matter most in Canada (and whose lives and deaths don’t).

My research looks at how race matters in relation to public mourning in Canada. For example, it took several decades for Canadians to start paying attention to the tragedy of murdered or missing Indigenous women in this country, and vigils and memorials for missing or murdered Indigenous women and girls are still predominantly organized and attended by Indigenous communities.³ Similarly, it took more than twenty years for Canadians to even begin to recognize the significance of the loss of 329 lives on Air India Flight 182, or to start thinking of that act of terror as a *Canadian* tragedy, even though almost all of the flight’s passengers were Canadian.⁴ And the efforts of groups like Black Lives Matter to prompt Canadians to recognize the multiple murders of Black men and women by police in this country as worthy of widespread public concern and mourning continue to be met with strong resistance.⁵ In fact, in all of these cases I would argue that the majority of Canadians still don’t participate in publicly mourning these deaths, nor do we tend to acknowledge how racism and the ongoing effects of colonialism continue to shape whose lives get widely recognized as grievable in Canada today.

These discrepancies in whose losses we mourn publicly came into sharper focus in late April, as Canadians struggled with how to do public mourning in ways that maintain social distancing.

¹ See, for e.g., <https://www.vox.com/2020/4/7/21202788/funerals-during-coronavirus-burials-mourning>

² Dr. Theresa Tam, Canada’s top public health doctor, comments on the tough and stressful impact of social distancing on public mourning in this CBC article: <https://www.cbc.ca/news/canada/nova-scotia-shooting-coronavirus-vigil-1.5538342>

³ For more information about the crisis of missing and murdered Indigenous women and girls in Canada, see the final report of the National Inquiry available online at: <https://www.mmiwg-ffada.ca/>.

⁴ See the article by my colleague Chandrima Chakraborty: <https://theconversation.com/air-india-anniversary-who-remembers-the-children-killed-in-canadas-largest-mass-murder-118593>. Chandrima Chakraborty, Angela Failler and I have co-edited an anthology studying memorials to the Air India tragedy, *Remembering Air India: The Art of Public Mourning* (University of Alberta Press, 2017).

⁵ See the website of Black Lives Matter Canada: <https://blacklivesmatter.ca/>

The most widespread (and widely reported) example of public mourning is unfolding as I write in response to the murders of at least twenty-two people in Nova Scotia. Much remains unknown about the killer, his motives, and about the people who were killed, but public mourning has been occurring right across the country and condolences are pouring in from around the globe. Indeed, the Queen herself sent a message of condolence, making particular note of the tragic loss of RCMP officer Heidi Stevenson. Canadian politicians, public officials and celebrities have all been sharing their condolences with those directly affected, and national monuments and municipal structures such as Niagara Falls, the CN Tower in Toronto, and the High Level Bridge in Edmonton have been lit up with the official colours of Nova Scotia and the RCMP in the days since the attacks. A makeshift memorial has been growing in front of the local RCMP detachment, and Canadians across the country are participating in public mourning activities from home (in some of the forms mentioned above, and through an online vigil planned for April 24th). Commentators have noted that these socially-distant forms of public mourning can't replace opportunities to physically gather together in larger numbers to publicly share our grief: according to a CBC report, Christine Blair, Mayor of Colchester County (where the murders took place), expressed concern that not being able to come together to mourn was "compounding the pain." "If there's any possible way that you can put more grief on a situation, not being able to have the support of the community ... is going to be very difficult for the families," she said.⁶ Nationalist sentiments have abounded in these examples of public mourning for those killed in Nova Scotia, with many expressing their grief through lowering, publicly displaying or writing messages directly on Canadian flags.

In stark contrast, earlier this month sixteen year old Eishia Hudson was shot and killed by a police officer in Winnipeg.⁷ Her violent death, and the separate police killings since then of two other people, Jason Collins and Stewart Kevin Andrews, have appeared only fleetingly in national news headlines, if at all.⁸ All three were Indigenous. According to media reports, a vigil organized for Hudson in Winnipeg drew several dozen people who attempted to maintain social distancing while mourning together and calling for justice. But the limited media coverage also reported that attendees were mainly "family and friends" and accompanying images suggest that most of the people gathered to publicly mourn Hudson were also Indigenous. Some would-be attendees described being blocked by police from reaching the vigil, though police stated they were only attempting to control traffic. Similar small vigils organized for Collins and Andrews appear from media reports to have been attended primarily by family members, neighbours and friends – people who knew and cared about them in life. Hudson's family expressed frustration that the vigil organized in the wake of her murder was described in a tweet by police as a "protest," likely because this characterization dramatically downplays the outpourings of grief and mourning and the intent to remember and celebrate Hudson's life (and not just draw attention to her violent death).

⁶ See the CBC article: <https://www.cbc.ca/news/canada/nova-scotia-shooting-coronavirus-vigil-1.5538342>

⁷ See news coverage of Hudson's death on the Aboriginal People's Television Network (APTN): <https://aptnews.ca/2020/04/09/16-year-old-winnipeg-girl-shot-and-killed-by-police/>

⁸ See CBC coverage of the police killings of Jason Collins: <https://www.cbc.ca/news/canada/manitoba/jason-collins-shot-dead-by-winnipeg-police-anderson-avenue-1.5530108> and Stewart Kevin Andrews: <https://www.cbc.ca/news/canada/manitoba/police-shooting-winnipeg-man-killed-stewart-kevin-andrews-1.5537684>

My point here is not to question the outpourings of public grief and mourning in response to the violent deaths in Nova Scotia, because these outpourings are deeply understandable, crucially important to the grieving process, and very badly needed. My point instead is to question why we have not seen similar outpourings of public grief and mourning in response to these recent violent deaths in Winnipeg. The answer may seem obvious, but the apparent obviousness reveals a hierarchy of grievable lives in Canada, which in turn tells us much about whose lives matter widely to Canadians and whose violent deaths can be dismissed as *not* mattering widely. Some white Nova Scotians have been commenting on how the killer's impersonation of an RCMP officer is particularly upsetting, because they suggest that when people encounter a police officer they expect to feel safe, not threatened. Such claims exist in glaring tension with the now well-documented experiences of police as sources of discrimination, violence, and a threat to one's life reported by many who are Black, Indigenous, or people of colour (BIPOC) in Canada. The police shootings of Hudson, Collins, and Anderson remind us that police officers are not symbols of safety and protection for all of us. While numerous commentators suggest that Stevenson died *for* her country, we are less likely to widely acknowledge that Hudson, Collins and Anderson died *because of* the violent imposition of colonial Canada (even in the few details available in the media, we can discern the effects of Canada's colonial policies and intergenerational trauma on their lives). All of these losses should matter to Canadians, for we are implicated in all of them.

And then there is that other group of dead and dying who we are hearing about mainly in the form of statistics, those dying from COVID-19. There are certainly signs of public mourning in response to some of these deaths as well, but nothing approaching the scale we are witnessing in response to the Nova Scotia killings.⁹ This is perhaps not surprising since the COVID dead are dying not all at once and not in one place, but every day across the country and the globe. Their deaths don't take on the status of a tragic event or mass killing in the same way those in Nova Scotia have, and those in Winnipeg ought to have. We don't for the most part know the same details about their lives as we are learning and sharing about the victims in the wake of the Nova Scotia killings. But one thing we do know: the COVID dead are disproportionately racialized.¹⁰ The evidence we have so far suggests that Black communities are experiencing death rates 2.5 to 3 times higher than any other community in the US, and the greater susceptibility to COVID illness and death is also being noted for Indigenous communities.¹¹ Race matters to our collective responses to the COVID crisis in Canada, and to how we will publicly mourn those who die from the virus.¹² We can do much more right now to start challenging how racism and colonialism will shape disparities in who among the COVID dead will be remembered and mourned as mattering to all Canadians.

For example, we are being told repeatedly that health care and essential service workers are our new national heroes, but are we publicly mourning them as national heroes in death? I have been particularly struck by the differences in public mourning of RCMP constable Heidi Stevenson and personal support worker Christine Mandegarian, who died of COVID complications in

⁹ After I finished writing this piece, the CBC launched a series called "Lives Remembered," a memorial tribute to the first 1000 people to die of COVID-19 in Canada: <https://newsinteractives.cbc.ca/covid19livesremembered/>

¹⁰ See <https://www.vox.com/coronavirus-covid19/2020/4/18/21226225/coronavirus-black-cdc-infection>

¹¹ See <https://www.theglobeandmail.com/opinion/article-indigenous-communities-and-covid-19-the-virus-may-not-discriminate/>

¹² See <https://theconversation.com/coronavirus-discriminates-against-black-lives-through-surveillance-policing-and-the-absence-of-health-data-135906>

Ontario on April 15th.¹³ We have not seen anything like the media spotlights, front porch vigils, or online tributes in the wake of Mandegarian's death as we have seen for Stevenson. Mandegarian's husband Parvez, speaking to the CBC after her death, expressed his grief about not being able to be with his wife in the hospital when she died: "My wife died all by herself in a cold room. She died all by herself, all alone, with kids not next to her, husband not next to her, nobody next to her ... Now she's going to be cremated all by herself. I can't even see her last face ... It is an awful experience."¹⁴ Surely the Mandegarians would want to know Canadians en masse were uniting with them in their mourning. What does it mean to have national news outlets like the *Toronto Sun* report "Canada Mourns Constable Heidi Stevenson," while Mandegarian's death, or Hudson's, Collins', or Andrews' deaths, are reported as mattering primarily to those who knew and loved them in life?

It bears repeating that I am not saying we should do less to publicly mourn the violent deaths of Stevenson and the other twenty-one people killed in Nova Scotia. Their deaths are horrific, tragic losses and the outpourings of public mourning we are witnessing are crucially important. Instead, I am calling for a much more equitable distribution of public mourning in this country, and for practices of public mourning that are accountable to the fact that the equally tragic deaths of BIPOC Canadians seem to so seldom generate these forms of purportedly nation-wide grief that the deaths of white Canadians do. This doesn't mean we need to publicly mourn all deaths in the same ways. But in these socially distant times when we are having to completely reinvent how we mourn together in public, we also have an important opportunity to collectively reconsider whose lives get widely represented as mattering to all Canadians, and whose lives don't.

¹³ See news coverage of Mandegarian's death here: <https://torontosun.com/news/local-news/toronto-ltc-worker-who-died-from-covid-19-says-risks-part-of-her-duty-to-care>

¹⁴ See <https://www.cbc.ca/news/canada/toronto/health-worker-covid-coronavirus-death-1.5536183>

7. COVID-19 and reflections on pandemics in the recent past

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As analysis of the COVID-19 pandemic started ramping up, there were many comparisons made to the 1918-19 Spanish influenza pandemic, estimated to have killed 40 to 50 million people worldwide. I watched for comparisons to more recent influenza pandemics, such as the Asian flu (H2N2) pandemic of 1957-1958 and the Hong Kong flu (H3N2) of 1968-70, but few were forthcoming. These later pandemics are much more useful comparators, since they occurred in the age of modern biomedicine, with vaccines and global disease surveillance, and in the case of 1968-70 pandemic, in the age of extensive global air travel. And yet these pandemics have been mostly forgotten in the public imagination, even by those who lived through them.

I have a vague recollection of the 1968-70 pandemic; my mother told me that she was worried about me at the time because I was a toddler and young children were dying from the flu. My mother-in-law had frequently referenced the pandemic of 1957, because that was the year her son, and my partner, was born; she remembers the nurses all wearing facemasks and that my partner's father wasn't allowed to come to the hospital for the birth, due to visitor restrictions. I asked my father, now 88, if he remembered these pandemics. He said he had some recollection of the 1968 one but had no knowledge of the 1957 pandemic. He was a university student in the UK in 1957 and at the time didn't own a radio.

In this age of ubiquitous telecommunications and social media, I am quite sure COVID-19 will not be forgotten for some time to come. Why were these earlier pandemics forgotten and experienced so differently, despite the fact that they incurred high excess mortality? The Asian flu (1957-58) caused between one to two million deaths worldwide and the Hong Kong flu (1968-70) is estimated to have killed up to two million people (Saunders-Hastings and Krewski 2016). In 1957-58 approximately 7,000 Canadians died from H2N2 (Dickin et al. 2019), this is at a time when Canada's total population was only 16 million. The Hong Kong flu (1968-70) was transmitted to the United States with the return of veterans from the Vietnam War (Saunders-Hastings and Krewski 2016), and by the end of the pandemic approximately 100,000 people in the US had died from the flu (CDC 2019). Half of the mortality in the US occurred among people under the age of 65 years (Cox and Subarao 2000).

Most striking about these pandemics was the relatively muted reaction to them while they were occurring. As described by Saunders-Hastings and Krewski (2016) in their review of 20th century influenza pandemics, in the 1957-58 pandemic there was some social disruption due to workplace and school absenteeism, mostly among children, schoolteachers, and healthcare workers. In the medical realm – similar to what is happening now during the COVID-19 pandemic – elective surgeries were cancelled, physicians were reassigned, hospital beds were repurposed, and most care was done in homes. In the UK homecare efforts were not as effective, as workers were obliged to produce a doctor's note for sickness benefits. One of the big differences is that quarantine was not implemented because it "...was considered inappropriate due to the mild nature of the symptoms and the large overall number of infections." (2016: 8). As a result, there was very little economic impact: in Canada a reduction of industrial production

by about 1.2% and in the United States a decrease in the GDP by about 1% (2016: 7). In the 1968-70 pandemic Saunders-Hastings and Krewski note that hospitalizations were high among the elderly; this level of hospitalization could not be accommodated today because hospital capacities “have either decreased or not increased sufficiently to keep pace with population growth rates” (2016: 9).

Clearly the world has changed drastically since the mid-twentieth century, and these differences are reflected in our experiences of and reactions to these pandemics. It seems that in the 1950s and 60s, perhaps closer to WWII and the Vietnam War, there was a higher tolerance and acceptance of death – not to mention more expectation of death by infectious disease, an unexpected way to die for those of us living in high-income countries in the 21st century. Despite Trump’s rants about getting the economy back on track, it seems that today we are more willing to value human life over the economy, at least for now. More understanding of the biology of the virus and our immune response to it will be required to know whether our approach to this pandemic was the correct one – though ultimately this is as much an ethical as a scientific debate, because ultimately it depends on how many lives and whose lives we decide we are willing to sacrifice. In counting lives, though, we must include not only those lost to COVID-19, but also those lost to the collateral damage of economic devastation and delayed medical treatment for other health conditions. We can only hope that the abundance of scrutiny and response to this pandemic will bring into sharp relief the decades-long erosion of our public healthcare and welfare systems and that this will lead to positive post-pandemic change.

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8. If the others could speak: Uncharted territory

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In my last in-person *Politics of Desire* graduate class, most of the students' responds to Covid-19 amounted to a catalogue of the most salient points on the topic: that the World Health Organization should announce it as a pandemic, on whether to wear face masks or not, on social distancing, on the new normal, but most of all, that we are in Uncharted Territory. There were precarity and anxiety in their voices. But Aliah (a pseudonym) was calm, even offered a smile before reminding us there is a precarity that many *others* have experienced for the longest time. Born in Afghanistan and currently residing in the Netherlands she raised a point we have repeatedly touched upon in class: that the *State of Emergency* is not an exception but the norm for many parts of the world. "In Afghanistan," she emphasized, "my cousins would climb onto their roofs when they heard an air raid approaching. They preferred to die on the roofs than dead under the rubble. Afghans have been living in such conditions even before Obama's drones. That might be uncharted territory for you but not for us. Mom used to say Allah gave us everything and we thank the Merciful with warfare and theft. She says the Merciful is TIME itself. Your future rising to get you."

Seeing that all of us were silenced, Aliah once again smiled (and I smiled at her smile) before continuing, "It feels as if TIME is finally shifting even if you cannot feel it. I feel it. But enough about me. What about Trump's daily briefings? What about Bolsonaro of Brazil, Obrador of Mexico? And what about ..." she did not finish the sentence. That got us laughing or rather, in disbelief. I think what Aliah was reminding us is how often a context – in this case, Uncharted Territory – is framed and evaluated. An etiquette of perception, if you might. I think Aliah was reminding us that a context is never static although it is usually taken, mistakenly, as a constant. As a sociocultural anthropologist, do forgive me if I am too relational - to the people living in conflict zones that I have worked with, or those I read who have been living in uncharted territories for the longest time and this is important, those who have had the knack for remaining steadfast (as the Palestinians would say *sumud* or *adi*, or my interlocutors in Thailand's far south would constantly utter the refrain *biasa* – as in, "we are used to it"), and they never talked about apocalypse, unlike some Christians in affluent societies, as if apocalypse is a privileged concept.

To be sure, there is something uncharted about Covid-19. The pandemic not only quarantines people but also quarantines one of the most travelled commodities capitalism has ever known. For the first time in history a barrel of crude oil has dipped below zero cents. Demand has shrunk, even collapsing and despite a conditional deal to cut production, the world is running out of places to store them. What is not uncharted about Covid-19 is that it magnifies to many of us *others* (perhaps not to most Americans) that the most powerful nation-state is also the least prepared; a nation that treats public health as a commodity, and an expensive one, instead of an entitlement. Its mishandling of the pandemic is just another proof that its racist's narcissism and exceptionalism is flawed to its core, to its human condition. Even though its obsession with power and oppression towards the *others* have roots in its colonial history, many descendants of those early colonists are still obsessed with self-aggrandisement, in myth-making, and in empire.

They still seek to exploit the *others* and are indifferent to their suffering regardless of how one wants to whitewash its imperialist history.

And speaking about the new normal, what about Trump's America First - which actually means Trump First? When Donald Trump can become the President of the USA, is normal really normal? Trump's followers may find security in his style as they find comfort in God's words. This is especially true amongst the evangelicals who are also among the most ardent and overt arms supporters, but whose supports of Trump are both pragmatic and issue specific: anti-abortion, end immigration and so-called Muslim terrorists entering the country. The effects of Covid-19 will magnify the issues and will exacerbate existing discriminatory policies and structure not only in the Land of Golden Opportunity, but all over the world. As with previous pandemics, racism, sexism, xenophobia, and scapegoating will be more viral than the virus itself. It is for these reasons we desperately and urgently need to *unlearn*.

The effects of the pandemic estrange us from the most commonplace of our daily habits. They break the continuum of the everyday and make us stop and think, quietly, as if there is spirit in quietude that can magnify the core structural value of the human networks that crisscross and constitute social fabrics across the world. These are the invisible features of society that are rarely factored into standard economic measures, but their costs have always been carried by those outside the corporate and governance systems. There is now an urgent need, more than ever, to be aware of the pervasiveness of violence in modern societies and question the naturalness of nation-states and their transformation in neoliberal globalization's longstanding (thirty something years and counting!) blind eye towards it, both theoretically and practically. What might come out of it could offer us a glimpse into a reality that is different from the status quo. In doing so, it affords us an essentially human experience: the realization that things can be and should be different. The struggles with and the recoveries from this pandemic might shape our hopes and fears, dreams and ambitions. It is essential that the lessons from it matter, ultimately, because it makes us who we are and what we can be, what we have been desiring.

9. Thinking the unthinkable: The riddle of Covid-19

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There's nothing good about Covid-19. There's no silver lining in the form of lower pollution or the rewilding of urban spaces, because those can be achieved without a pandemic. And celebrating the karmic justice of humans becoming the imperiled species is chilling when that peril primarily takes the elderly and vulnerable. Quite simply, the pandemic has brought unthinkable hardship and demands profound change if any humane form of public co-existence is to continue.

Hannah Arendt suggested that the capacity for "thinking the unthinkable," lay at the roots of every great beginning (1971b, 208). As anyone who has faced traumatic loss understands, it's also the only way to move on. In this case the loss is of an entire world. For Arendt the world is not a location, it's a way of being and acting together. It's quite literally being in public together. The current reduction of the public space to a skeleton crew of medical carers and food workers is therefore especially unthinkable. Yet she talked about the unthinkable as a riddle and a treasure.

Why a riddle? Because the unthinkable involves something we already know, but don't understand. Everyone knew a pandemic was possible. By January 2020 it had begun. Yet hospitals went unprepared and airlines blithely transported the virus and its human hosts around the globe. What seems unfathomable from this side of the Covid-19 event horizon is why this threat didn't appear as a real and present danger. Given what we know now, why didn't we see it sooner? The reason is that what we knew, we didn't understand. Understanding is what makes knowledge meaningful (Arendt 1994). People can know things – that man walks on four legs as an infant, two as an adult, and three when elderly with a cane – without grasping that humans are the changeable creatures of the Sphinx's great riddle. The unthinkable too presents like a riddle – unfathomable at first, transparent after.

Walter Benjamin described the task of translating a language in terms relevant to this discussion. He said we misunderstand translation if we think of it as a straight linear transmission from one language to another. Translation is only possible because humans are capable of a tripartite move. Any specific term must first be translated into a higher conceptual plane from which all language and meaning emerges. What Benjamin called "pure language" isn't speakable, but it powers the possibility of comprehension (1968, 79). Moving between languages means resolving language back to its base components in understanding, before reformulating them again in speakable form. Without that third space, no translation is possible, because no two foreign terms perfectly align. Arendt's 'unthinkable' is like Benjamin's third space of language. It's no place to dwell, it's not even articulate, but moving through it releases transformative potential.

Covid-19 sets off a similar process. Arendt described our sense of history as a thread weaving past and future together. Like translation, the thread appears linear, but what

actually binds time together is the mysterious operations of the present. That third space of time is “a battleground” where our relationship to past and future is wrought (Arendt 1968, 10). Possibility lives in that gap. When the thread of history breaks it enables us to repurpose resources from the past and weave a new thread out of the debris, like reclaiming treasure from unknown depths (Arendt 1971a, 212).

Why treasure? Because the world of ‘before’ now appears precious and strange. Moreover, the experience Arendt is describing cannot be passed down in language; only its worth can be identified (1971a, 212; 1968, 5). Why not? Because we wouldn’t understand anyway (see above, under ‘riddle’). Since the path ahead lies on the other side of the unthinkable, each new generation “must discover and ploddingly pave it alone” (Arendt 1968, 13). People will always struggle to understand until a certain threshold of unthinkability is reached. That threshold marks the point where old certainties fail. Arendt tells us life takes on “bewildering spontaneity” at that moment, as an unbearable scale of possibility appears (1971b, 210). The challenge is to navigate through it back to something livable.

The treasure Arendt has in mind isn’t any specific political possibility. The treasure is the capacity to re-imagine an existing order. It’s the opportunity to use 100% of our political minds to see the world as we make it, and can *remake* it. Riddles are popular with children for a reason, they prompt a joyful experience of discovering their own intellect by using it to full capacity. But riddles range from the childishly delightful to the rigorously profound. Great sages like Lao Tsu and Confucius taught this way because it unlocks deep cognitive potential. Lao Tsu called this method “the teaching that uses no words” (1963, 58). As Benjamin understood, that speechless space is where the magic happens.

We have the dubious privilege of being presented with a riddle for our own times. The riddle, as Arendt put it, is “how to restart time” (1971b, 214). The unthinkable for us is an entire world on ‘lockdown,’ to save lives from ‘the beast’ of Covid-19. Moving forward in the face of that shock means thinking the unthinkable, including that this could go on for months, perhaps years. And if there’s no vaccine? That too is unthinkable.

Arendt was fond of quoting Tocqueville, that “when the past ceases to throw its light upon the future, the mind of man wanders in obscurity” (2018, 328). A common refrain in press conferences worldwide was that Covid-19 meant, ‘everything is on the table.’ That’s both a blessing and a curse. To be in this place is to be “confronted anew... with the problems of human living together” (Arendt 1968, 141). On such occasions, Arendt advised: “We must try to think,” not by ignoring the past, but “without trusting the validity of any so-called lessons of history. This is difficult and uncomfortable, but it also contains great challenges and perhaps even promises” (2018, 330).

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