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Keynote Address

"The Covid Normal"[1]

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Abstract

"The Covid Normal" indicates both, how Covid-19 has been normalized and how the normal, as we have understood it, has been affected by Covid-19. In this talk, I outline some of the features of this Covid normal. In section I, "The Health of Others, Information-distrust, and Cold Panic", I argue that it is now assumed that safety is everyone's concern, and we are to take decisions for the greater common good. We are, in the pandemic, even more of information-subjects, our subjectivity – of which social and moral responsibility is a constituent – than before, forged in the crucible of information, and yet we find it difficult to act responsibly on the basis of *information* received because there is no normative 'truth' about Covid that we can agree on. I propose that the panic is *not* from Covid-19, it arises from contradictory data. In section II, "Disease, Democracy and Discrete Tragedies", I propose that the mystery that haunts the Covidian state is generated through disinformation and non-information. Covid 19 is not a historical disaster: it is a set of discrete tragedies (migrants, the urban poor, older people, differently-abled) of small segments of the populations that never cohered into a national subjecthood or victimhood in the ecosystem of misinformation. In section III, "The New Visual Icon", I forward some meanings of being masked.

Post-March 2020, we have entered the age of the Covid Normal. In what follows, I outline some of the features of this "normal".

The Health of Others, Information-distrust, and Cold Panic

In the Covid Normal it is now assumed that safety is everyone's concern. As the medical humanities scholar Lisa Diedrich puts it

> By refusing to wear masks and practice social distancing, people have sought to demonstrate—to show by action and display of feeling—how much they don't care that people are dying in unprecedented numbers.

Commenting on the American refusal to practice Covid protocols, she adds:

[1] Many of these arguments were first rehearsed in the form of essays in newspapers in India.

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> this disregard for the health and care of others has become politicized... The mask is a visible sign of regard for others. It communicates an understanding that one's body is not autonomous from but interdependent with the bodies of others. That some would fixate on the requirement to wear a mask as somehow restricting one's bodily freedom is a most cynical disregard for the specific practices of public health...

It may be argued that limitations on free will do exist, but communitarian responsibility requires informed consent and informed choice-making. And this is where things go drastically wrong in the current scenario.

Political philosophers such as Alvin Goodman discussing epistemic democracy models have argued that a free press is integral to democracy. It must publish relevant truths and members of the public must *believe* those truths. Our current problem lies here.

Informed choices and decisions are at best a risky venture today. The state's exhortations to be responsible, for oneself and for others, are launched in the midst of the (mis)information deluge around Covid, and citizen responsibility means, now, ignoring the contradictory bits of data that comes our way, and acting with care and concern.

That is, responsibility means being *able* to sift through it to understand fake from authentic, to identify reliable sources from unreliable ones. We are, in the pandemic, even more of information-subjects, our subjectivity – of which social and moral responsibility is a constituent – than before, forged in the crucible of information.

For the citizenry, the worry is compounded by the problem that the political knowledge held by a few becomes the rationale for their holding office – what the political theorist David Estlund in the 1990s termed 'epistemic authoritarianism'. This is clearly the mark of those in power. Their office bestows upon them the authority to make pronouncements: their knowledge of political truths – for e.g., the risks in confirming the numbers of the dead or publicizing the pros and cons of the vaccines, or the (political) reasons for a certain direction in vaccine policy.

Public choice theorists in the field reject the idea of any normative political truth. Even when there is consensus on something – like vaccine efficacy – it is not possible to assume this agreed-upon idea is 'truth'. Estlund puts it this way:

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> there is no collective standpoint from which the principles could be held to be true. They are accepted by *each* individual as true (or reasonably close), but this cannot be the basis on which they are accepted by *all,* since not all believe them for the same reasons.

In this context, we do not find it possible to act responsibly on the basis of *information* received because there is no normative 'truth' about Covid that we can agree on for the same set of reasons.

In such a context, the panic is *not* from Covid-19, it arises from contradictory data.

Cold panic

The philosopher Isabelle Stengers speaks of 'cold panic': 'a panic that is signalled by the fact that openly contradictory messages are accepted'. She elaborates:

> And this panic is also shared by our guardians. Somewhere they hope that a miracle might save us – which also signifies that only a miracle could save us. It might be a miracle that comes from technology… or the miracle of a massive conversion, after some enormous catastrophe. Whilst waiting, they give their blessing to exhortations that aim to make people feel guilty and propose that everyone thinks about doing their own bit, on their own scale – on condition, of course, that only a small minority of us give up driving or become vegetarian, because otherwise that would be quite a blow to economic growth.

Stengers makes a strong case for cold panic and while her arguments are directed at climate change discourse, it applies just as well to Covid-related panic of 2020-21. Panic-stricken we rush to obey contradictory instructions and try multiple strategies to 'contain' the virus.

Cold panic is accompanied, Stengers notes, by the emphasis on *citizen*-duties. It speaks to our reliance on miracle cures and even accidental cures. If cold panic drives us to behave more responsibly, it also means that we do so in an information-deluge which is no different, oddly, from an information-vacuum because *no one* agrees, or can agree, on the aetiology, prophylactic or therapeutic measures for the pandemic. And yet, we must be both self-reliant and responsible.

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Data and the Bioethical Imagination

The Covid 19 Dashboard on the Covid pandemic, hosted by Johns Hopkins University as the Corona Virus Resource Centre, brings the bioethical to the data being collected and displayed for any viewer in the world.

With its 'Covid 19 in Motion', the daily cases reported is available to all. Then there are US and global maps of the rampaging condition. There are also vaccine efforts, US and global, tracking of trends across the world, testing processes and data, vaccine trackers and tools, among others.

Accounts of 'vaccine characteristics' include details of 'vaccinated groups' across countries, revealing, for instance, the prioritisation and principles of vaccination (also politics?) in different nations. The marker for India, for instance, reads 'all adults' under the rubric 'vaccinated groups' under the 'national immunization program'. But Hungary's reads 'Healthcare workers & elderly & adults with comorbidities & essential workers' and Guatemala's as 'Healthcare workers & elderly & adults with comorbidities'. In the case of Libya it says simply 'N/A' (not applicable), leaving us to speculate on exactly how the 'national immunization program' is being operationalized when there are no identified 'vaccinated groups'.

The Covid 19 dashboard lays a great deal of emphasis on the bioethical aspects of the pandemic's progress, consequences and its treatment.

It insists, for instance, on transparency and the 'responsible use of digital public health technologies'. Under VIEW-Hub of the International Vaccine Access Center (IVAC), it provides visualized data on vaccine use and impact, including the most studies per country for the factor, 'Economic Burden of Disease' for various diseases, computing costs per household, of having to deal with specific illnesses.

Far more interesting is the linkage of biomedical data with key social issues, indicative of a massive emphasis on the socio-cultural and economic undercurrents that determine how Covid 19 affects the world. Under the rubric 'Immunization Equity', this same VIEW-Hub's data from the GAVI Alliance – which includes UNICEF, Bill & Melinda Gates Foundation, World Bank and a large number of civil society organizations from around the world – for the equitable distribution of vaccines, informs us that as of 2019, the number of children in India with *no* access to vaccination stands at 19,192,018, higher many other nations from the Global 'South'. The number should tell us something about the prospects for a Covid vaccination campaign and its

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possible inequities. These numbers for various countries also point to the problems in public health policies in these nations.

Covid Data and Social History

The Covid 19 Dashboard is significant for its clear-sighted view of the social histories of disease and medicine, a field popularized by the historian Roy Porter in his mammoth *The Greatest Benefit to Mankind*, and which now has excellent work on biocapital, the social politics of Artificial Reproductive Technologies and surrogacy, the economics of stem cells, gene lines, etc.

Under its 'equity' rubric, the Dashboard has an interesting set of points from Jeffrey Kahn and colleagues of the Berman Institute of Bioethics (Johns Hopkins) and the Center for Health Security at Johns Hopkins Bloomberg School of Public Health. Cautioning against exacerbating existing inequalities, the note says:

- *Digital public health technologies should be deployed in a manner that does not propagate pre-existing patterns of unfair disadvantage or further distribute harms and risks unfairly throughout the population.*
- *To the extent possible, digital public health technologies should be designed to rectify existing inequities.*
- *Oversight mechanisms must be in place to ensure that the improved public health outcomes are equitable, and to detect and correct any unforeseen resultant injustices attributable to the technology or that can be addressed using the technology.*
- *The incentives and disincentives for adopting new technology must be equitable, not exploitative, and aligned with effective use of the technology.*
- *Disparity-driven technology gaps should be explicitly recognized. To the extent possible, provisions should be made to address the digital divide.*

Acknowledging racial and class-based inequalities across the USA, the above write-up is salutary in pointing to the potential for further unequal measures in the light of the pandemic, which has, as several commentators have noted, produced more 'disposable people'.

There is another fascinating report summary, prepared by Rupali Limaye, *Director of Behavioral and Implementation Science at the International Vaccine Access Center in the Johns Hopkins Bloomberg School of Public Health, on 'vaccine hesitancy'. The brief report is an eyeopener on how social*

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histories of medicine are shaping perceptions, evaluations and processes around Covid 19. It opens thus:

> Among the 41% of US citizens who told researchers last year that they would not receive a COVID-19 vaccine as soon as it was available, African Americans were the least willing. A history of formal medical exploitation and decades of institutional and cultural racism have entrenched that mistrust and fear…

Directly pointing to the systematic injustice to and exploitation of specific races and ethnic groups in US health policies and medical experimentation, the Report is a history itself. The Report goes on to speak of the politicization of vaccination before bringing up the 'number one question' Limaye was asked: 'Are the vaccines safe for Black people?' She also records:

> Many also ask how many African Americans participated in the vaccine trials. How many African Americans who were in the trials have comorbidities like diabetes and high blood pressure, so that they can truly trust the claims of the efficacy and safety.

Noting a similar vaccine hesitancy in Africa and India, Limaye appeals for a responsible role of the social media in the battle against Covid 19.

The Covid Dashboard is evidently not just algorithms or biomedical trials. It is a site that locates contemporary biomedicine in the language of a particular *history* of biomedicine that was racialized, iniquitous and exploitative.

The Johns Hopkins initiative alerts us to the social dimensions of Covid even through an aggregation of data.

From within this data emerges the bioethical imagination.

Disease, Democracy and Discrete Tragedies

Decades ago, Amartya Sen proposed in 'Democracy as Freedom' (1999) that famines do not occur in a functioning democracy. But obviously pandemics do. The question then is: what is the relationship between disease and democracy?

In the new issue of the *Journal of Human Rights Practice*, the Human Rights scholar Paul Gready maps the crisis of the pandemic on to the crisis of democracy itself. Gready makes two significant points: transparency in public decision-making is important in a crisis, the issue of state capacity and the kind of state we want.

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The Transparent State

As debates rage furiously about the efficacy (or not) of the vaccine, the 'demos', the public that constitutes the state's beneficiaries (or not), are left uncertain about the various claims around it.

Adding to the befuddled state is the near-frightening reports of 'cooked' scientific studies, inappropriate testing, incomplete trials and others. When we read that the *Lancet* and the *New England Journal of Medicine,* indisputably the leading journals in their field, retracted published work on Covid because the data and related research processes were questionable, then we realize that the absence of transparency around the pandemic's etiology, progress or side-effects is perhaps pervasive.

If a democracy relies on informed consent and informed decision-making, then it stands to reason that the subjects in a democracy need accurate and reliable information. Democracies, argues the philosopher Alvin Goldman, are epistemic:

> a crucial part of a democratic framework, or system, that there be institutions, structures or mechanisms that assist citizens in acquiring and possessing politically relevant information, where by "information possession" I mean true belief and by "politically relevant" information I mean information that is relevant to their political choices.

Two commentators on democracy, Christian List and Robert Goodin, speak of the 'epistemic virtues of information-pooling', which we can see is linked to the Goldman argument about democracy as well.

The mystery and the miasma that haunt the Covidian state – which is what all states around the world are today – is generated through disinformation and non-information. The age of Covid is the age of the information-dark.

The State We Are In

Human Rights scholars such as Supriya Akerkar who works and teaches in the Disaster Risk Reduction program with the Centre for Development and Emergency Practice, Oxford Brookes University, researching the pandemic, has argued in a recent essay that 'The COVID-19 discourse also highlights similar and terrible assumptions made about "weak" and "older" bodies as dispensable objects'. Akerkar notes how such older, weaker subjects

> emerged through regimes of social welfare policies and practices in different countries including care homes, pensions and benefits, with

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underlying contradictory narratives of stigma, dependency, risk, and respect of these groups.

It is precisely these regimes that are being eroded through the threat of funding cuts, staff shortages and of course the pandemic as the overarching rationale.

Akerkar's argument sums up the 'state we are in' (to play on the phrase): of disposable weaker/older people.

The link between the transparent state and 'the state we are in' may be elaborated as follows.

The state we are in is defined not by a *free* flow of ideas and reliable opinion around the pandemic, its differently-calibrated effects and clear information about its primary and secondary victims. With insufficient data and mutilated or partial data about the diseases around the virus, the worst hit are those ostensibly at high-risk, who are uncertain about the vaccine and the effects of (not) taking it. Thus, those already handicapped by the potential threat of the disease are further alienated from the state's so-called therapeutic/palliative processes because they *do not know* if they should participate in these processes. Misled, misinformed by the barrage of high-crescendo fake news, propaganda, anxieties driven higher by this barrage, a significant segment of the population – the older people – the disposable people are also the inhabitants of the information-dark spaces that constitute the state we are in today.

A state is defined by the primacy it accords to fundamental human rights. In a time of crisis, such as this, the response of the state to the crisis ought to define for us the nature of the state we are in. Rights are claimed by individuals and groups from the state. To return to Gready once more, 'Human rights are needed not just as a negative shield against government interference, but also as a means to make positive claims on government'. The larger question is: if you are kept in the dark about the information that would determine your course of action, your choices, in the crisis, then what claims can you possibly and rightfully make on the government?

In short, the first claims on the state has to be the right to free information flows, reliable and unredacted information so that the subjects, particularly the most vulnerable, can stake their claims. The crisis of the vulnerable citizens is, essentially, a crisis of *information* about the disease. An epistemic democracy can only occur in a transparent state.

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The now-classic formulation of the public sphere, as the space of information sharing and rational debate, needs recoding and rewording. Our public sphere today – the state we are in – is first and foremost a *publicized* sphere (which is devoted to all forms of publicity, propaganda and populism). Second, the public sphere, thanks to the cumulative effect of manipulated information and targeted advertising, which segments the population of customers in order to tailor information released to them, is a fragmented one: we have public sphericals, so to speak, each determined and acting according to the kind of (mis)information it receives, or chooses to receive, so that there cannot be a concerted action – even thinking – as to how we are made quiescent subjects through information. We cannot make claims because segmented social groups with variable information-doses cannot come together. Those working with Human Rights and the older, differently-abled victims of the pandemics are pointing precisely to this segmentation. This is the state we are in.

Covid 19 is not a historical disaster: it is a set of discrete tragedies (migrants, the urban poor, older people, differently-abled) of small segments of the populations that never cohered into a national subjecthood or victimhood in the ecosystem of misinformation. The last word here comes from the justly famous *Pale Rider: The Spanish Flu of 1918 and How it Changed the World* (2017) wherein the historian Laura Spinney noted that after the pandemic waned, there was

> no cenotaph, no monument in London, Moscow or Washington, DC. The Spanish flu is remembered personally, not collectively. Not as a historical disaster, but as millions of discrete, private tragedies.

The New Visual Icon

The newest fashion accessory, doubling up as a safety device – or is it the other way round? – is the face mask. If there is a visual icon that captures our current year, it would be, *tragically*, the mask. Its medical necessity and prophylactic powers notwithstanding – and these are not beyond question either, if reports and advice from the WHO and other organizations are to be believed – the mask is the new frightening trend. What does it say about our world where this apparatus is now life-saving?

If, as Wittgenstein said, ‘meaning is a physiognomy’, then what are the many meanings of the mask today?

First, it serves as a sign of individual social responsibility and health-protective behaviour. Individuals who mask themselves (!) not only guard against being infected by viral and other pathogens, they ensure that they do

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not act as conductors of the pathogen – although, as we know, the transmission is also via touch and surface contact. The mask therefore positions the wearer as an ethical and socially-responsible person.

Second, it marks a huge shift in the very idea of concealment. The world has been debating, often acrimoniously, the face-cover of particular ethnic and religious groups, the risks of face-concealment and the supposed significance of the visible (uncovered) face. The myth of the visible face as embodying a willingness to be identified, and as a surface wherein one could detect ulterior motives (the face being the index of the mind and what not), has been abandoned in favour of a responsibility in covering the face. The older notions of surveillance that demanded a visible face are no longer tenable. Now we surveil people to check if they are masked.

Third, the personal protection device (mask) recalls theatrical masks. In many cases, one observes the medically styled mask has been replaced by coloured cloth and designer masks. The human face is as 'made-up' by the mask as in any theatre! The mask blurs the line, therefore, between the prophylactic device and the decorative addition to the physiognomy.

Fourth, masks move from being symbols of scientific behaviour and necessity to being icons of self-representation. It is no longer simply prophylactic, it is an extension of the dress code, the accessory and the face that I want the world to see. Just as one does not leave home – ideally – without checking to see whether all the appurtenances making up the 'representation of the self in everyday life' (Erving Goffman) are in place, we now check for the mask as well. What once was the province of the superhero (excluding Superman) has been rendered ordinary and commonplace.

Fifth, there is a 'spectacle of masked unity', as Christos Lynteris describes it in his study of plague masks in an essay in *Medical Anthropology*. A democratisation of facial appearance is on with the mask becoming essential face-wear – a process disrupted minimally at least by those who wish to add visual value through their customized masks. The face mask, whether in the form of the ubiquitous handkerchief or the more gauze-and-string object, is a sign of an entire population governed by an anxiety over the air-borne pathogen. The biopolitical regime of today demands its own material culture, and this is the mask. The mask, in other words, is a sign of a population united under the biopolitical regime of protective behaviour and medicalized social responsibility.

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Sixth, the face mask as protective gear positions the people as instantiations of what Ruth Rogaski termed 'hygienic modernity'. If science (alongside capitalism and imperialism), with a strong medical component defines modernity worldwide, with varying degrees of intensity, contemporary modernity is defined by the demands and practices of sanitation, cleanliness and personal hygiene. This hygienic modernity also has a vibrant public discourse component as well – from responsible disposal of garbage to recycling, biohazard wastes and, currently, public contact and proximate behaviours. Hygienic modernity is marked by the adoption of a variety of scientific practices that are of course predetermined by class and economic factors – from the economic ability to wall up inside the home by elite classes with assured income, insurance and savings to the millions of poor with *no* economic sustenance. That is, hygienic modernity, like all forms of modernity in history, has a clear class angle to practices of cleaning, cleansing and health-protective behaviour.

Seventh, and continuing the above, the mask cathects onto itself personal and public health and functions as a sign of a national crisis, concern and care-discourse. As national borders are sealed – a geographical assertion of national sovereignty – sovereignty also demands the solidarity, coproduction and mutually assured safety by the people, for the people and to the people. In other words, *national sovereignty is predicated on a nation awakening its conscience in the matter of protecting its people from not only the pathogen, but also from each other*. Hygienic modernity is intrinsic to national sovereignty, even as health-protective behaviour – as speeches by political leaders repeatedly emphasize – defines an individual as a good citizen. A good citizen keeps the correct distance and observes all practices of hygienic modernity.

Finally, the mask must be read as a significant contributor to the new visual iconography of: the nation, the social order and the human face. While the national emblems remain a publicly instituted iconography of national identity and sovereignty, the mask incorporates the unfortunate biomedical into the visual scheme. As the new visual sign of the social order, the mask is an iconography of not just terror (of the pathogen) but of collective behaviour itself. It is thus a visual iconography of a host – I use the term with a full awareness of its etymology 'hostis', meaning both 'guest' and 'enemy' – of affective and political behaviour: terror, care, anxiety and curiosity. As the single most important and visible contributor to the new iconography of the human face, the mask reveals and conceals, it dethrones the *hijab* and the veil, is at once biomedically relevant and aesthetically questionable.

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If the superhero wears it to disguise her/his real identity, we now wear it to reveal our true identity: as vulnerable populations. It indexes vigilance as the world mounts a war against the pathogen. To spread the virus through irresponsible acts is a crime, and biomedically masked vigilantes to check these are the order of the day.