In different ways and for different reasons, a sense that the COVID-19 pandemic has changed everything has come to dominate public, personal, and intellectual life. The pandemic continues to precipitate simultaneous dread over what is to come and loss over what appears to be gone forever, including loved ones, ways of life, and conceptual and literal safety nets. Over a year has passed since the identification of the virus as a human scourge, but the Damoclesian shadow of the pandemic continues to haunt the world. The social entanglements it created have been both for better and for worse, but they have always exceeded the pathogen’s physical effects on bodies. Anthropologists recognize in these patterns not only a rupture but also the familiar, as if what can be seen now is not new but has simply been made clearer.

Indeed, virally linked global pandemics are not new, and many social scientists recognize in COVID-19 the mobilization of the same kinds of things some have come to expect from a medicalized way of life. Consider these, for a start: untold social violations carried out under the name of a medical emergency; authorizations and failures of free market medical responses; deliberations over the facts that seem to have existential stakes; simultaneous erasures and exposures of structural health vulnerabilities by metrical and biomedical logics; the prospect and hope for (revolutionary) change that bubbled up from the depths of despair over forms of injustice that became intolerable under the simmering conditions of pandemic social distancing and augmented precarity.

What do anthropologists do under such conditions? The same things we always do. We observe. We experience. We participate. We write. We find ways to wedge critical insights into situations that seem obvious and tacit. We find ways to critically engage, despite a politics that seems to foreclose such engagement by foregrounding urgency and emergency over reflection and critique. Nowhere is this sense of urgency more compelling and fraught than when critique seems to align with a politics we reject. To be sure, the global rise of radical White supremacist nationalisms continues. As exponents of the far-right mobilize watered down versions of critical social science to foment dissent over the facts of science, the vulnerabilities of care, and the actual harm of viral spread, the anthropologist’s task of carving out space for critical interrogation becomes even more important and more delicate. How do we offer critical assessment of the forms of reason and action that are mobilized as urgent and necessary, even while we attend to the urgent, necessary task of pushing back against political gestures that destabilize the very facts that we rely on to promote justice and repair?
Many of us are still writing our way through the current pandemic, but it is already clear that anthropologists in general, and medical anthropologists in particular, have a lot to offer. Early in March 2020, the editorial team at Medical Anthropology Quarterly identified a need to create an online space for anthropologists who were capturing the events of the pandemic and thinking about them in compelling and often quite novel ways. This prompted us to create a COVID-19 Responses blog series, in which dozens of members of our community have shared their insights and reflections. The success of this short-form series eventually led us to create a second series around the Black Lives Matter movement. Drawing from the health care themes of our other series (Second Spear and Critical Care), we named this third blog space Rapid Responses. It will continue to serve as a repository for medical anthropological short essays and insights on current events as they unfold.

As we were building out Rapid Responses, the journal also began to receive many article-length submissions that either directly or indirectly offered insights about the COVID-19 pandemic. Contemplating the singular and collective contributions of those articles that made it through peer review, we felt that they created a powerful palimpsest of anthropological thinking beyond and with the virus. Thus, we decided to assemble them into this Special Issue. The essays included were selected because they each made us pay attention to the pandemic in new ways. Some dealt with the problem of unknowns and uncertainty in relation to knowledge, others with how medical knowledge about the facts of pandemics could be shaped by politics. Still others shed insight on how pandemic life has carved out intergenerational, racialized, and nationalist divisions that are exceedingly distressing. All of the articles use anthropological analytics to find nuance in areas of pandemic living that can seem temptingly simple. These pieces question claims that the facts are settled, that we know how the virus should be handled, and indeed that we know the truth about what the virus actually is.

The rationale for this issue is to gather, in one place, a representative sample of the breadth of anthropological thinking on the virus and pandemic. These articles explore the what-if scope of our field. What if we thought of the pandemic this way as opposed to that, with the kinds of evidence anthropologists focus on? What if we consider the past as an ethnographic guide to what happened with COVID-19? What aspects of pandemic sociality might we want to reconsider?

Our collection begins with two articles written originally as editorial-style responses during the early stages of the pandemic. Working their way through the question of who and what was at stake in the spread of Sars-CoV-2, Carlo Caduff and Stefan Ecks each offer novel critical insights about how metrics and sociopolitical arrangements work together to shape both disease spread and disease mitigation policies. Doing so, they aim to push our thinking beyond what became consensus. Multiple unknowns—about fatality rates, pathogenesis, causes, and conditions—invite sophisticated efforts to imagine critical keys that could unlock and explain the situation better than those we currently have.

Caduff draws attention to the dangers of policies formed around statistics about the pandemic that, while not reliable, are nonetheless treated as absolute. Long before we had enough evidence of the true mortalities and morbidities of COVID-19, countries launched policies of social lockdown based on estimates. In the absence of robust testing, isolating, and tracing systems, these lockdowns augmented social
harm in the name of security. Watching the cataclysmic effects of lockdown from his apartment in India and witnessing the excessive harm of displacement and increasing precarity it caused, Caduff invites us to compare the pathologies of inadequate and inappropriate governmental responses to those of the virus itself. Written with a sense of urgency—so urgent that points are offered as “bullets”—Caduff’s essay crafts critical anthropological insights that question not only epidemiological and official logics but also many conventional social science assumptions about how best to deal with viral pandemics.

Ecks, in contrast, wants us to believe the numbers are telling us the truth, but that we are looking in all the wrong places to explain them. He probes one of the many nebulous spaces in contemporary health care, one that COVID-19 has only widened. Scrutinizing surprising maps of mortality that reveal high case fatality rates in urban industrialized settings in the wealthy global north (and—at the time—much lower rates in the Global South), Ecks suggests that this pattern cannot easily be explained. Although we probably don’t know enough to explain why case fatality appeared to be low in some countries of the Global South (indeed we simply don’t have reliable metrics for death or even infection rates for many countries), his proposition is that we should look instead at the possibility that excess death from COVID-19 is related to patterns of excessive pharmaceuticalization—specifically in places where medicines are available, used in multiplicity, and not well coordinated. He draws from research at a complementary health center in the United Kingdom to trace the possibility that COVID-19 morbidity and mortality might be related to this “polyiatrogenesis.” At a time when scientific opinion about the specific pathologies of COVID-19 is still changing rapidly, and in the presence of widely available epidemiological evidence of multimorbidity, Ecks uses clinical ethnography to explore how the presence of a readily available pharmaceutical arsenal might hurt more than help.

Whether or not the cases presented by Caduff and Ecks are convincing to all readers, together they offer important insights about how metrics and pandemics coexist in ways that can be simultaneously unreliable and all-too-telling. These articles also remind us that particular pandemic logics and metrics can be mobilized in different places to wildly different effects. Consider the ethnic, regional, and religious valences of lockdown in India and the authoritarianist dismissal of the virus on the part of the U.S. leadership. Given these specifics, not to mention the broader failure of pandemic preparedness regimes to address COVID-19, it seems clear that we should continue to analytically scrutinize the shortcomings of both novel state interventions like lockdowns and the more sedimented consequences of hypermedicalized, hyperpharmaceuticalized state care.

The next two articles, by Lochlann Jain and Luc Berlivet and Ilana Löwy, take us to a previous pandemic to show how histories of scientific knowledge production and public engagement can shed light on the current pandemic. The reference point for these authors, HIV/AIDS, is arguably the most relevant comparative case for COVID-19 (as opposed to the flu, or other coronaviruses). We could juxtapose these articles to one another, noting that one (Jain) explores the validity of what scientists at the time called a conspiracy theory about the origins of HIV, while the other (Berlivet and Löwy) points to the danger of conspiracy thinking when it drives health policy. Both articles illustrate that deliberation over reliable evidence is not
a scientific so much as a social endeavor, an insight long accepted in STS but given new life in the time of COVID-19.

Jain revisits a controversy surrounding the origins of HIV, inviting us to reconsider the role that scientific wet labs played in the spread of the virus in late colonial Africa. By tracing the politics of knowledge that kept historical and ethnographic information from circulating while giving other kinds of claims the benefit of the doubt, Jain wedges open a crack in the hermetic scientific construction of authoritative knowledge. The origin story of HIV did not emerge through a cold weighing of the available evidence; rather, that story was carefully crafted through a meticulous effort to augment some kinds of evidence and to ignore others. The goal of this historical journey, as Jain points out, is not simply to argue that science can be sloppy, but to craft a new way of thinking about what role historians and social scientists should play in the construction of epidemiological and biomedical claims. Beyond and perhaps more important than this, Jain also forges a theory of zoonosis that includes the vast industry of animals, tissue, and laboratories alongside the conventional wisdom about human–animal interactions that now inform the field. Jain’s term for it, “the Wetnet,” provides a framework for exploring how animal tissues are more than simply innocent media for hosting viruses. Attention to the unruly fluidity of human–animal–viral migrations allows historians and social scientists to question seemingly settled ethical questions about what and who is expendable, epistemological assumptions about what valid knowledge is and where it comes from, and (anti)political stances on what role postcolonial relations play in softening the empirical ground of science. As Jain notes, the making of modern virology relied on the bioavailability of African bodies, then African pathological ecologies needed to be understood to enable colonization. Seen as part of a temporally and spatially extensive Wetnet, the African outbreaks that have been the training grounds for virtually all the big name global public health virologists at least since polio might offer clues for teasing out the social origins of the viral form of COVID-19.

Berlivet and Löwy present a careful re-reading of another chapter in the history of the HIV to scrutinize the embrace by the U.S. president of a French scientist’s promotion of hydroxychloroquine as a COVID-19 remedy. As Berlivet and Löwy show, in the early weeks of the COVID-19 pandemic, some argued that the push to affirm theories of hydroxychloroquine’s therapeutic benefits represented a form of citizen-driven science, not unlike activism around drug research by HIV-positive patients. Berlivet and Löwy provide a scathing critique of such claims to similarity, noting that the sociological entanglements that gave rise these two moments in the public history of science were wildly different. Unlike Jain, who wants us to remain open to the ways that science can seal off and foreclose debate over the facts, Berlivet and Löwy urge us to remember that the processes by which scientific information gets ratified by publics are historically particular. As misinformation fuels a politics of activism around access to drugs, even drugs that have been only controversially promoted as promising, the call for more careful analysis of exactly what publics and whose facts win the day matter more than ever.

The final three papers, by Lawrence Cohen, Natasha Eksander, and Yasmir Oyarzun, offer powerful accounts of the social exclusions and responsibilities engendered by the COVID-19 pandemic. Early on, it became clear that COVID-19 was not an equal opportunity pathogen. Striking variations in whether a given
infection would prove deadly or benign, who risked exposure and who did not, who was likely to get treatment and who would be denied meant that the pandemic’s impact was uneven. What these articles offer, however, is a much more subtle reading of how the pandemic was taken up by publics, political authorities, and health care agencies to carve new lines of exclusion and raise questions about social debt, sacrifice, and responsibility.

Cohen’s article explores the appearance of languages of “culling” to reflect on the ways that the fate of the elderly came to matter in the pandemic. The mass fatality of older Americans due to COVID-19 infection gave rise, in some quarters, to overt social-Darwinist appeals. Some political leaders began invoking concepts drawn loosely from evolutionary theory to grapple with the unsettling possibility that widespread viral risk necessitated broad social sacrifice, particularly of the lives of older persons. As Cohen reminds us, these turns to talk of mass death as a necessary and even natural course of events must be read through the mediating histories of racial and class exclusion in the places where they circulated. Probing the “ethical publicities” that arise in efforts to arbitrate responsibility across generational divides, he reminds us how notions of biological survival cut in multiple directions under conditions of not just viral spread but looming planetary demise. Along the way, he draws attention in novel ways to the tendency of pandemics that might seem emergent or sudden to highlight chronic problems. Cohen outlines not only the ways that pre-existing conditions exacerbate disease spread and disease burden, but also how longstanding ethical demands to care for some run headlong into equally deep-seated refusals to care for others. Never prescriptive, Cohen leaves us with the open question of not just who is ultimately responsible for the care of the elderly, but also what the elderly themselves might owe as a debt to their progeny.

Eksander’s rich essay on Qatar’s response to the coronavirus reminds us that even when national responses follow the public health script of test, trace, social distance, and shutdown, the effects can be chilling. Using the classic technique of cordon sanitaire, the Qatari government attempted to mitigate viral spread while doubling down on already-established limits to inclusion in the nation state. By walling off sectors of the city-state that were inhabited by migrant workers, Eksander argues, the cordon sanitaire became an instrument of political exclusion, perhaps more than of disease control. In a stark real-time example of the paradoxes of “essential labor,” Eksander shows how the supposedly expendable bodies of “unskilled” migrants remained indispensable to Qatari visions of the state’s economic development. The resonances provoked by Eksander’s insights take us to death camps, humanitarian violence, to U.S. border camps for deported and detained migrants, and to the very foundations of biopolitics, but they remind us that the “social body” or “body politic” remains a geographical project, one steeped in the logics not just of sovereignty but of accumulation.

Last, and perhaps most important for this collection, Yasmir Oyarzun provides us with a stunning article on the collision of the COVID-19 pandemic with America’s reckoning with its debt to Black lives. Through a personal account of volunteering at a COVID-19 testing site, Oyarzun reminds us that the histories of plantation politics and America’s refusal to recognize the labor of Black people continue to haunt the present, even in our most vulnerable and liberal actions of service. Plantation politics infuse the testing site precisely because racial capitalism operates on the (lethal)
combination of self-sacrifice and exploitative extraction. Asking who has historically been allowed to be sacrificed for the public good and tracing this history through militarization and volunteering that shaped the U.S. response to the virus, Oyarzun offers a complex response not focused on Blackness, per se, but on the ongoing struggle to craft care in a world where race continues to matter both too much and not enough. Her intimate revelations of uncertainty over the racial politics of testing, of fearing the test, and of offering tests culminates in a masterful reflection on what it means to, quite literally, breathe (or suffocate) under the apocalyptic and paralyzing framework of recognition.

We offer this collection not as a comprehensive compendium on the pandemic but as a partial testament to the enduring value of medical anthropology in times of nearly unprecedented upheaval. In fact, one thing these authors illustrate, again and again, is that for those who are willing to filter the claims of political and scientific authorities through ethnography and history, there is plenty of precedent for what is happening. From uneven urban development, to colonial exchanges of blood and tissue, to discursive norms about the ethics of care, to the plantations that continue to form the fragile foundation of the food system, medical anthropologists have long been amassing an archive of those precedents. Perhaps this is why the pages of this MAQ volume, as well as our website, have filled so quickly and so engrossingly. The work will look different in the months and years to come, but the work certainly must continue.