IGNORANCE, ORIENTALISM AND SINOPHOBIA IN KNOWLEDGE PRODUCTION ON COVID-19

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ABSTRACT
In this commentary, based on a close reading of media reports and our everyday experiences as overseas Chinese researchers, we examine the production of ignorance surrounding the COVID-19. Specifically, we focus on ignorance caused by selective inattention and power plays. We challenge the dominant dualistic frame of authoritarianism versus democracy and the role it plays in overly simplifying and even distorting the responses of Chinese authorities in handling this public health emergency. We maintain that this binary thinking is reflective of the conflation of orientalism, sinophobia and statephobia in the West, which also intersects with sexism and racism within and outside academic sites of knowledge production. The consequence is that knowledge accumulated by experts from China as well as other Asian countries about the virus and mitigation strategies are marginalised, discredited, distrusted, if not dismissed altogether.

Key words: Ignorance; orientalism; sinophobia; authoritarianism; politics of knowledge; COVID-19

INTRODUCTION
The more knowledge we accumulate, the more ignorance we produce. Ignorance – in spite of its prevalence in human affairs and profound consequences – receives little attention outside the philosophical dialogue about knowledge production (Proctor 2008). In this commentary about the public’s response to the outbreak of the COVID-19 in the United States and Western Europe, we explore the transpecific and transatlantic production of ignorance from the authors’ experiences and observation in California and Belgium, respectively.

As migrant Chinese academics in social sciences caught up in the fight against the SARS-CoV-2 virus in China and countries where we live – Belgium and the United States — we are distressed and worried for family and friends back at home in China and in our adopted home countries. We feel being stuck between a rock and a hard place. We are critical of the Chinese state and its various policies in our own research, thus try our best to sift through myriad information about China’s response coming from within and outside China in order to distinguish between the applicable public health lessons and China’s ideology-driven propaganda. Yet, to our own surprise, we frequently find ourselves on the defensive, due mainly to the ignorance surrounding the measures taken by the Chinese authorities to contain the pandemic and China in general. Such ignorance, we believe, prevents constructive debates on useful lessons to be learnt and reforms needed to improve the public health system within and beyond China. This crisis has been exploited to accumulate political capital, contributing to the escalation of racial conflicts and intensification of geopolitical tensions. It is also detrimental to building trust and
organising global collective action, which is desperately needed to control the pandemic.

In this commentary we aim to dissect the ignorance as we have observed and experienced. We will start with a brief introduction of Proctor’s (2008) insight into agnotology – the study of ignorance. This is followed first by a close reading of a selection of articles and commentaries published by journalists and researchers in mass media. In the event of a pandemic, anxiety and fear can drive people to overconsume information about the virus, its origin, spread, threat, prevention measures, and possible cures. Structured by desires of knowledge producers and commercial interests of media outlets, representations in mass media are not only main sources of information for the general public but also feed into the structures of feelings and interests in different societies. Existing accounts tend to be split between idealisation and demonisation of China’s political system and responses to the pandemic. They often adopt a binary, homogenous view of the West and/or China, which remove complexities of the development of the pandemic on the ground and marginalise different voices. We are particularly disheartened by the conflation of orientalism and sinophobia in many discussions, which reinforces knowledge hierarchy and fuels racism and microaggression in everyday life. These ramifications are illustrated through our personal encounters in the third section. Privileged to live in the relatively liberal and secluded environment of the academia, we do not often encounter racial discrimination or microaggression that our lesser privileged fellow migrants experience. However, this global pandemic has awakened us to the reality that we had been avoiding: the deep reflection that orientalism is alive and well in aiding the political production of knowledge and influencing the public’s view on ‘the orient’ and ‘the oriental’, to borrow from Edward Said (1979). It is our hope that we, as both migrant outsiders and academic insiders, can shed light on this hard-to-swallow reality.

AGNOTOLOGY AND THE UNEASE OF STUDYING IGNORANCE

Agnotology is a term introduced by Proctor (2008) to refer to the growing field of studies of ignorance. From a Foucauldian perspective, ignorance is part of the knowledge production process. Foucault’s archaeological approach to knowledge sets out to uncover discursive struggles and excavate ‘subjugated knowledges’, knowledges that are disqualified or dismissed by dominant, standard, and sanctioned discourses (Foucault 2003). Agnotology pursues similar endeavours but places the accent more explicitly on the practices and politics that exclude, delay, suppress, deny, erase or marginalise some forms or sources of knowledge (Proctor & Schiebinger 2008).

There are many different typologies and overlapping notions of ignorance (Gross & McGoey 2015). In this commentary, we adopt Proctor’s distinction of three forms of ignorance – as a native state, as a selective choice, and a strategic play (Proctor 2008). The first refers to an innocent gap in knowledge. It is an innocent form of ignorance in that it is impossible to know everything about a constantly changing world, and that ignorance can motivate intellectual pursuits of research or education. So, over time, these gaps can be filled. In the second instance, ignorance is the product of selective inattention. This is not necessarily problematic, however. After all, it is beyond our cognitive capacity to register all sensory information, especially in the digital era we live in. But politics and culture do play a role in making these selections – funding priorities, divisions of scientific labour and competition between them, and value systems that people submit to, to name a few examples. In the third instance, politics and power become more decisive. Ignorance is a willful act. It is created, sustained and reproduced, a process that involves different lines of labour and various devices. Choices are made by some people, with good or bad intentions, to decide what should be kept from others, for how long and in which way. These choices raise questions as to the relations of power involved in the production of ignorance, the socio-spatial distribution of ignorance, and the consequences. These types of ignorance are not mutually exclusive but often entangled in practice. A native state of ignorance may be caused and perpetuated by selective attention or strategic plays.
Studying ignorance requires a moment of reflection on our own ignorance. Given the fact that neither of us were trained, or have worked, in the fields of medicine, virology, epidemiology, or public health in general; and that knowledge about the virus and the pandemic is still rapidly emerging, we will leave the daunting challenges of identifying epidemiological features and clinical treatments of the disease – overcoming the native state of ignorance – to colleagues at the frontline of this public health emergency. Our focus is on ignorance surrounding representations of China’s response and accumulated knowledge about the COVID-19. Given our language skills, we are inevitably ignorant of knowledge communicated in languages we do not know and will have to limit our attention to currently accessible materials. As native Mandarin Chinese speakers, we however have the advantage of accessing materials in Chinese, which allows us to observe the role played by language in silencing certain knowledge.

COMMENT IS CHEAP: THE ‘EVIL’ AUTHORITARIAN CHINESE STATE

In response to the question from the Financial Times to compare authoritarian systems – namely China and Russia– to Western democracies in handling the pandemic, Emmanuel Macron did not give a straightforward answer but marked a strong distinction and strength of Western democracies – free and transparent information, which are considered to be in the DNA of Western democracies but lacking in China and Russia (Mallet & Khalaf 2020). He claimed that ‘the immediacy of the information bears no comparison with ours. Social media are not free in those countries, you don’t have any social media … And there are obviously some things happening which we don’t know about. It’s up to China to tell them’ (Mallet & Khalaf 2020). Although he believed that cooperation and dialogues between countries of different political systems are necessary, he warned that ‘we should not allow ourselves as citizens of free democracies to be hypnotised by the way authoritarian regimes handle crises’ (Mallet & Khalaf 2020).

The interview is representative of a dominant discourse about China’s response to the pandemic and a paradigm frame of China in general. Since the lockdown of Wuhan, authoritarianism has been invoked by journalists, politicians, and academics to explain the suffering of residents in China and to characterise the measures taken by Chinese authorities to bring the pandemic under control. As the epicentres started to shift to Europe and the US and the Chinese authorities reopened its economy, China’s authoritarian regime on the one hand is blamed for delayed responses and resultant socio-economic upheavals in many countries in the West. On the other, many people in Western democracies are confronted with questions – which political system is better and is China the future? When questions are framed around the binary of authoritarian versus democratic countries like these, answering them – even in a balanced way – often conjures up discomfort and requires cautious calibration of vocabulary.

We engage with representations framed on authoritarian politics given its weight in representing China and imagining political life after the pandemic. Our main point is not that they are necessarily biased against China, although some of them do contain factual errors or deliberate misrepresentation. They raise some undoubtedly important questions about media censorship, freedom of expression, abusive state power, and disempowerment of CDC in China’s political system. However, what worries us here is the danger of ready submission to, and fixating attention on this conceptual category of authoritarianism in destructing, if not completely distorting, social realities. Unless we are ready to give in to conspiracy theories, believing that the virus is man-made or genetically modified, we must admit that there are objectively existing knowledge gaps about the SARS-CoV-2 virus, since it is a new virus. It takes time to overcome this form of ignorance – a native state (Proctor 2008) – and prepare mitigation strategies that are proportional to available knowledge, perceived risks, and available resources at a given moment. This temporal dimension is also necessary when assessing the responses of different governments and
the production of ignorance in retrospect. Otherwise, instead of challenging ignorance, we may risk reproducing it.

A relevant example here is Jeffery Wasserstrom, professor in history at University of California, Irvine and author of several books on modern China, whose critiques of China’s responses were published in The Guardian. To support his claim that local politicians in Wuhan and Hubei province acted in accordance with the incentive structure of China’s authoritarian state systems to conceal information, Wasserstrom (2020) suggested that they had known of the first case as early as 8 December 2019. He referred to an article from BBC published on 27 January 2020 (Feng 2020). The original article from BBC did not mention the source specifically. It does match with the date of the first case stated in the press release from the Wuhan Municipal Health Commission published on 11 January 2020 (Wuhan Municipal Health Commission 2020). What the BBC journalist failed to communicate clearly, and which Wasserstrom failed to triangulate, is that this first case was backdated through retrospective epidemiological study (Wuhan Municipal Health Commission 2020). It is also intriguing that his piece does not refer to the open-access article published in The Lancet on 24 January which would have thickened the plot he attempted to develop. In that study researchers pinned the date when the first patient showed symptoms on 1 December 2019 (Huang et al. 2020). But again, it is crucial to bear in mind that this research was done retrospectively and that it takes time to make accurate diagnosis of infections with unknown causes during a flu season. It is justified to doubt information from China’s official sources. However, this is more because it is secondary data rather than because it comes from China and/or from its official organs. It is problematic to let a priori concern over authoritarianism – featured by secrecy, lack of transparency, and corruption – prevent us from doing our job of verifying and triangulating data.

While Wasserstrom may be unintentional, researchers at the Henry Jackson Society (a UK-based foreign policy think tank) deliberately omitted information when cross-referencing a source from outside mainland China. Their ignorance is deliberate and strategic (Proctor 2008). It is produced to accumulate political capital. To establish culpability and legal responsibilities of China, they compiled a timeline to show that there was a deliberate cover-up. The evidence they relied on was a journalistic report on South China Morning Post, which, based on documents of the Chinese government seen only by this journalist, claimed that the first case was recorded on 17 November 2019 and there were 266 cases by the end of 2019 when the Chinese state informed WHO (Ma 2020a). Although the journalist cautiously suggested that some cases may be identified retrospectively (Ma 2020a), this was removed in the Henry Jackson Society’s report. By silencing such noises – and only by doing so, these researchers can confidently conclude with certainty that China’s ‘medical authorities withheld authorisation to report the outbreak both internally and to the public’ (Henderson et al. 2020, p.14), a textbook example of authoritarian politics. In response to similar misrepresentation by the Sky News Australia, the journalist later clarified in her tweet, posted on 13 April 2020, and emphasised that ‘there was no indication when the Chinese government was made aware of the case’ and ‘Chinese doctors only realised they were dealing with a new disease in mid-to-late December 2019’ (Ma 2020b).

The lens of authoritarianism is also used to interpret the drastic measures taken by the Chinese authorities and question their effectiveness. Bruce Buckley, China specialist reporting for The New York Times, took issue with the lockdown of Wuhan in his article published on 5 February 2020, and maintained that this level of measure is ‘a vast medical experiment conceivable only in authoritarian China’ (Buckley 2020). The phrase ‘medical experiment’ conjures up the fear of a repressive authoritarian regime. For Emma Graham-Harrison (a journalist for The Guardian), it was suspicious that two newly built hospitals were not running at full capacity one week after their completion (Graham-Harrison 2020). In her article published on 19 February 2020, She referred to the lack of capacity of existing hospitals in Wuhan not long ago (citing an article from the Wall Street Journal published on 5 February), the parallel efforts of converting exhibition halls and a sports stadium to ‘emergency hospitals’ and the absence of military-style emergency field hospitals (an easier solution to the shortage.
of medical care facilities in her view). Instead of providing an answer through grounded research or consultation with medical communities, she opted for an easy explanation of authoritarian politics. She held that ‘the complicated reality on the ground is a reminder of one of the main challenges for Beijing as it struggles to contain the coronavirus: its own secretive, authoritarian system of government and its vast censorship and propaganda apparatus’ (Graham-Harrison 2020). Her conclusion appears to be influenced by her interlocuter, Steve Tsang (professor of politics at SOAS China Institute), who believed that construction of these hospitals is more an attempt of the Communist Party to manage its image.

Mainstream media in the West are filled with similar accounts of China’s responses to the pandemic. With China watchers and China specialists focusing on authoritarian politics, this may have the worrying effect of drowning out the sobering voices from the expert communities on the frontline fighting this pandemic within China. The decision to lockdown Wuhan was not irrational but was based on the input from the scientific community about the virus and its threats. While there was much uncertainty about the virus during the early weeks of the outbreak in Wuhan, by the time the Chinese authorities decided to seal off the city, it was clear to an epidemiologist, Li Lanjuan, who proposed quarantining Wuhan to the elite politicians in Beijing on the night of 22 January, that the virus can transmit between humans even during the incubation period (Dong et al. 2020). This was later confirmed by an article published by researchers from the University of Hong Kong in The Lancet on 24 January 2020, which additionally reported cases of asymptomatic patients (Chan et al. 2020). According to Li Lanjuan in the interview, in view of the huge traffic around the Chinese Spring Festival, and the danger of this disease, it was a drastic but necessary decision in order to prevent further spread of the virus nationwide (Dong et al. 2020). When it comes to treatment, ‘hospital’ for Chinese experts is also not an undifferentiated category. Not every hospital was capable of treating patients with a highly infectious disease, and a triage system was needed to treat patients with symptoms of different severities and to avoid overwhelming a stressed healthcare system. What Emma Graham-Harrison called ‘emergency hospitals’ were in fact quarantine centres for patients with mild symptoms and without underlying conditions to avoid cluster transmission within families or communities and to keep patients under close medical monitoring and provide rapid intervention in case their conditions worsen, as explained by Wang Chen (a pulmonologist and an expert in critical care medicine) during an interview on 7 February 2020 (The Paper 2020). These two new hospitals were designed and equipped to mainly treat infected patients with more severe symptoms or underlying conditions (Researchers at Nanfang Zhoumo 2020). The decisions of Chinese authorities are based on knowledge accumulated about the disease, the threat to public health, China’s own conditions and available resources at that time.

Iterations of China’s response through the lens of authoritarianism are as much about China as about the West’s self-imagination. They are symptomatic of, and perhaps due to, the conflation of sinophobia, orientalism, and statephobia. Since the eighteenth century, sinophobia has become a dominant way for the West to conceive of China (Zhang 2008). Generalisations about China—a threatening, deviant, despotic, backward, and inferior other—are invoked to constitute the West. Classifying a nation or a regime as authoritarian consolidates the West’s power as a knowing subject to define others and affirms its moral authority and superiority. Characteristic here is the analysis from The Economist (2020). Drawing on a dataset on disasters compiled by researchers at Catholic University of Louvain in Belgium, it concluded that disasters killed more people in authoritarian countries than in democracies (defined as countries with ‘free and fair elections’) (The Economist 2020). Even though China’s response may testify to the capacity of authoritarian governments in mobilising resources within a short period of time, the lack of transparency and limited participation of civil society still renders it inferior to democratic countries when it comes to disaster interventions (The Economist 2020).

This distinction—authoritarianism versus democracy—also derives strength from the fear of the state, or statephobia in Foucault’s word,
across political camps in the West. The growth of surveillance and security state apparatus under neoliberalism has led to strong worries and resistance against the state (Hannah 2016). Compounded by radical Left’s construction of the state as ‘the enemy of real democracy’, this has led to an often undifferentiated critique of the state and the expansion of its power (Hannah 2016). Little wonder that Agamben (2020), a warrior against excessive expansion of state power, voiced strong protest against the emergency measures taken by the Italian authorities. According to him, these measures were to legitimatise the normalcy of state of exception in the name of public health (Agamben 2020). As Žižek (2020) pointed out, Agamben’s reasoning suffers a crucial flaw – why would any state adopt measures that only harm both its own legitimacy and the interest of capital? In his view, Agamben’s commentary ‘is the extreme form of a widespread Leftist stance of reading the ‘exaggerated panic’ caused by the spread of the virus as a mixture of power exercise of social control and elements of outright racism (‘blame nature or China’’)’ (Žižek 2020).

Žižek is right to worry that undifferentiated critique of active state interventions may temper political imaginations and prevent measures that are needed to bring the pandemic under control. Measures taken by the Chinese government are perhaps the worst nightmares for liberals and leftists, even though they were needed to slow the spread and prevent as many deaths as possible. As revealed by Stephen Grey and Andrew MacAskill (2020), journalists reporting for Reuters, scientific advisors for Boris Johnson ruled out measures adopted by China very early on because ‘such drastic actions would never be acceptable in a democracy like the UK’. Giuseppe Conte, too, in his interview with BBC defended his decision and believed that ‘draconian’ measures like China’s are unacceptable in democratic countries (Lowen 2020).

Against the backdrop of orientalism, it is no surprise that the fatality rate of COVID-19 – often used as an indicator of the performance of different governments – has been a subject of heated debate. There are abundant accusations of the Chinese state for underreporting the number of deaths in order to manage its image and keep itself in power (Qin & Li 2020). There is little doubt that the real death toll is likely to be higher given the unpreparedness of the Chinese authorities during the early days of the pandemic. As we were finalising this commentary, the Chinese government raised the death toll by 50 per cent in Wuhan on 17 April to include unreported presumed deaths of COVID-19 at home and miscategorised deaths in then overwhelmed hospitals. This was quickly considered as evidence of deliberate cover-up of an authoritarian state and an attempt to restore China’s image (Qin 2020), despite that New York’s health department made a similar adjustment only three days later (Goodman & Rashbaum 2020). This is yet another example of misplaced criticism about the trustworthiness of data based on political ideology. There is no factual evidence from the accusers, the West, whereas the burden of proof falls upon the accused, China. Moreover, the proof from China is subject to the verification and approval of the accuser.

The irony is that this scepticism about China’s data and distrust of an authoritarian state did not translate into effective measures in many ‘democratic’ countries, now with the benefit of hindsight, to prepare for the threat of this disease to their healthcare systems. In Belgium, for example, until early March, leading virologists and microbiologist still compared the COVID-19 to a more severe flu in communicating the risk to the public and informing policy decisions (Dierckx 2020). It took only a few days before medical professionals ran out of masks while the federal government was then caught up in the endless scandals of getting supplies of masks (Bervoet 2020; De Nil 2020).

Limiting attention to the Chinese state actions also ignore other important forces and dynamics that contributed to China’s effective control of the pandemic (see Harvey 2020). Macron is correct about censorship in China (in Mallet & Khalaf 2020), but he, like many in the West haunted by the image and anxiety of a digital surveillance state, is overestimating the capacity of the Chinese state in controlling flows of information. To bypass censorship, netizens in China have long used technology tools (e.g. VPN) and discursive tactics to share information online (Wu & Alaimo 2018). As
we have seen in the past months, investigative journalism, grassroots activists and social media have played an important role in alerting the public about the outbreak in Wuhan and forcing the government to act with more accountability and care (Chen 2020). Medical professionals across China rallied to support Wuhan. Ordinary citizens, both home and abroad, quickly sent supplies and support to help families, friends and healthcare workers in China. Most citizens in China also actively followed the advice from health authorities and medical professionals. Focusing on authoritarian politics, either to praise or to despise, does not do justice to the efforts made by citizens in China to defy the projected figures in mathematical models.

Schiebinger (2008) describes in her study about selective ignorance in knowledge transfer between the peripheries and the colonial centre, not all knowledge gained in African colonies about abortifacients was transferred back to the imperial centre because such knowledge was deemed irrelevant or against the political agenda for population growth and expansion in the colonies. The frame of authoritarianism is one device that polices flows of knowledge across societies and cultures, labouring ignorance. Such ignorance has been exploited by many elites in the West to deflect domestic pressure, which disturbingly inflates anti-China sentiments and racism. Within China, nationalist sentiments – reinforced by perceived hostility from the West – have grown significantly. This has been harnessed by the Chinese state to shape narratives about its own management of the crisis and the political system at home and abroad. Spiral geopolitical tensions like these undermine not only global cooperation to control the pandemic but also collective efforts to bring about a more just, equal, and fair world.

POlITICS OF KNOWLEDGE-SHARING IN EVERYDAY LIFE: ORIENTALISM, RACE AND GENDER

In addition to media, knowledge about the disease is also shared through social interactions in everyday lives. Many overseas Chinese like us have been following updates and advice shared by Chinese authorities and friends in China. Sharing such knowledge often involve awkward moments. Here, we refer mainly to public health lessons and not these (heated) talks about so-called ‘wet market’ (which does not even have a corresponding word in Mandarin Chinese!) or the consumption of bats. In this section, we will present Xu Fang, one of the co-author’s anecdotal experience in California to exemplify how distrusting and discrediting knowledge from China can take subtle forms in everyday encounters, which intersects with race and gender.

On 24 March, Xu’s friend in Coventry, UK posted information about a webinar by Dr. Zhang Wenhong, Director of the Department of Infectious Diseases in Huashan Hospital at Fudan Treatment and Research Centre. The webinar was organised by the Chinese-American Bio/Pharmaceutical Society, located in the San Francisco Bay Area. Dr. Zhang has emerged as a social media celebrity across China, and likely among Chinese people overseas as well, for his expert knowledge, bluntness in warning the public, and calmness and frankness in describing the outbreak. The free event was completely booked within three hours. From her observation, the peak number of simultaneous participants for the webinar reached close to 7,500 during Dr. Zhang’s presentation.

The 40-minute presentation mostly covered the epidemic’s spread in Shanghai, multiple measures the Shanghai Municipal Government took, and Dr. Zhang’s team’s experience diagnosing and treating COVID-19 patients in Shanghai. The COVID-19 ward they work in is the place all infected cases in Shanghai have been treated. It is a presentation with lots of statistics and medical jargon, since Dr. Zhang cited findings published in The Lancet, and works published by his team in peer-reviewed medical journals such as JAMA or medRxiv. The presentation and the Q&A afterwards provided valuable information not covered by Western mainstream media at that time, such as the rate of cluster infection, the effectiveness of oxygen therapy, and the unlikelihood of infection from being in the same enclosed public space with little interaction, such as in an elevator, with a COVID-19 patient.

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Xu uploaded the print-screened slides and audio recording of the webinar to a Google folder and shared the link with two dozen friends and co-workers in and out of academia in the United States via text message or personal email immediately after the webinar with the introduction, ‘If you believe social distancing is the way to go, consider a listen. Thanks to him and his team, Shanghai, a city of 30 million, so far has only 414 cases, 329 recovered and four deaths as of today’. She was aware that friends in the West who did not have a WeChat account or did not pay much attention to the outbreak statistics in China were unlikely to know who Dr. Zhang is, or why his experience and knowledge are valuable, and thus would need some evidence to recognise this opportunity. What happened afterwards inspired this section of the commentary.

The responses from Xu’s professional friends and acquaintances split along race, regional origin, and gender lines, even when age and level of education are taken into consideration. Granted, her observation is based on a rather selective and small sample, since she did not find it necessary or unobtrusive to post the link to her Facebook or LinkedIn accounts, either of which reach a much bigger network of professional connections. That decision, or reservation to be more precise, is due to the concern of encountering suspicions of her credentials and possible accusations of spreading misinformation, despite the fact that she was confident about the credibility of the information that she shared with the above-mentioned small group. Such self-censorship or selective dissemination of knowledge indicated her existing awareness of how information from her, a Chinese national, could be interpreted in a less than objective way, and her decision to share the information with those whom she thought would welcome it. However, what she encountered from such a trusted small group was polite deflection, or even overt dismissal and erasure.

Within that group, white females in general thanked Xu for the ‘important and valuable’ information, while older white males in general pretended her message did not exist, by subtly directing members of the fourteen-member group message to look at apparently more credible sources. For example, after a few grateful messages from older white female members of the group, she received this one: ‘Good morning, [name of the team] team. [His name] here. Useful source of Coronavirus information: Go to Google homepage. Below the search bar, click on ‘Coronavirus information and resources (COVID-19)’. That will take you to a page that has lots of information. Good luck’. Indeed, this member of the group provided a good source of information to others during a public health crisis, and likely in his mind, it was more civil to dismiss rather than overtly point out that a Chinese source was less trustworthy. His underlying message was plainly that the information she shared was not authentic or reliable, while his recommendation of Google was. If he had reservations about Dr. Zhang’s presentation, he could have pointed out which specific part he deemed problematic. Inquiries about sampling strategy, study design, or analytical models would have been welcome to foster an open environment for knowledge exchange, which was exactly what happened when another colleague of hers (of South Asian descent) questioned the validity of the information about the lack of community spread in China after reading the same message sent via email. When she recommended the webinar to older white male friends who do not work in academia and sent them the link to the files, again the response was silence. In contrast to this response, friends and co-workers originally from other developing countries who practice scholarship in the West, especially females, welcomed and appreciated the information, for example, ‘I’m so glad that there are experts like Prof. Zhang who are explaining the method to address the madness and confusion. The slides looked really interesting’, from a colleague of South Asian origin.

Xu’s experience is likely to resonate with many overseas Chinese. Before authorities in Western Europe and the US and their science advisors decided to take more active and stringent measures of social distancing and lockdowns to contain the pandemic, it had been a challenging and frustrating conversation to convince our colleagues and friends in our adopted home countries that the COVID-19 is not a flu, everyone is vulnerable, and avoiding non-essential social events is a must. A gentle warning would often be perceived, if not ridiculed, as an overreaction. Convincing colleagues and friends
to put on masks in crowded public places was probably the most difficult because medical experts from Western Europe and the US had repeatedly emphasised that masks were useless and wearing them was more a cultural thing in East Asia. For example, the CDC in the United States did not recommend its usage until 3 April in its report citing recent studies published by high-ranking medical journals regarding virus transmission from asymptomatic patients, the earliest publications of which are from Chinese scholars in late February (Centers for Disease Control and Prevention 2020).

Although Xu’s recent correspondents are a small group, too small and haphazard for generalisation, these experiences alerted us to consider orientalism present among fellow academics, even when the evidence presented are credited by peer-reviewed medical journals. To understand the contrast, it is useful to point out that Dr. Zhang Wenhong is a medical doctor trained and practising in China, with good but accented English, and Xu is a relatively young and female academic not in the field of medicine. Furthermore, the abovementioned incident took place when the reliability of statistics coming out of China was questioned. Literature on how the production of knowledge intersects with racism and sexism is abundant. In the current case of COVID-19, when initial cases and knowledge of diagnosing and treating the disease were in China, authority and power associated with the creation and possession of knowledge unavoidably intertwined with political ideology and orientalism. Extrapolating from the domination of imperialist Great Britain over Egypt, to ‘the Orientals’ (a category broadly including Chinese) in the twentieth century, Said (1979, p.32) points out how knowledge and knowledge production are closely associated with power and authority, ‘[k]nowledge means rising above immediacy, beyond self, into the foreign and distant … to have such knowledge of such a thing is to dominate it, to have authority over it’. In the current case, we can see how knowledge possessed by ‘the other’, and the authority obtained through such possession can be interpreted in two dimensions; first, knowledge about the virus and its spread, and second, the Chinese experience or lessons learned from treating infected persons. If the power of knowledge is demonstrated by abstracting it from local contexts and applying it to ‘the foreign and distant’, then objections to and dismissal of that knowledge is the reassertion of power, domination, and Western primacy.

To bridge Said and Proctor, selective inattention as a form of ignorance production is exemplified by the silence or dismissal of Dr. Zhang’s presentation about his team’s experience treating COVID-19 in Shanghai. Such response from Xu’s small group of correspondents demonstrates the clear intention to downplay the importance of the expert knowledge generated in the ‘Orient’ by an ‘Oriental’ and promoted by yet another ‘Oriental’. The other form of ignorance this commentary engages with, ‘strategic plays’ is simultaneously evident in the incident. Both forms of ignorance were expressed in implicit, non-confrontational ways, given the nature of the associations between the correspondents and Xu. However, the silence and dismissal explicitly communicated the purpose of their responses to her, which was to discredit the power and authority embedded in the knowledge produced by Dr. Zhang, and the power and credentials embodied by her. After all, it was she who learned of the existence of the webinar, recognised the significance of the knowledge it contained, recorded it, and vouched for its credibility when sharing it with the small group.

Furthermore, knowledge and power works in a dialectic way: more power over the subject race requires more knowledge about them, which thus facilitates the management and control of them, all on the basis that the power in the West knows better about the subject race (in the East), better than they know themselves (Said 1979 [2004]). In the case of knowledge produced in the East, recognition and authority have been granted in recent years, for China and Chinese scholars as well, but the knowledge produced about COVID-19 and its reception demonstrates how illusory such recognition is. This knowledge, though produced to suggest global generalisability, predominantly uses a territorially bound sample, which is located in the East and concerns primarily a single ethnicity, Han Chinese, is now experiencing ignorance and dismissal in the West. Additional studies have been done and likely published based on data in other East Asian...
countries with more democratic political systems, such as South Korea or Japan, but these are beyond the scope of this writing. From the perspective of Orientalism, ‘the Oriental is irrational, depraved (fallen), childlike, ‘different’; thus, the European is rational, virtuous, mature, ‘normal’ (Said 1979 [2004], p. 40)’. What calls for more rationality, maturity, and cool-headedness in times of crisis than scientific research? In this case, how reliable could knowledge produced by the Chinese about a virus be, especially when authority figures in the United States – though heavily criticised for it – call it a Chinese virus? As Said (1979 [2004], p. 46) points out, it is impossible to untangle knowledge from power, or to avoid the regrettable binary between the West and the East and ‘the tendency of any knowledge based on such hard-and-fast distinction’ since ‘this tendency is right at the centre of Orientalist theory, practice, and values found in the West, the sense of Western power over the Orient is taken for granted as having the status of scientific truth’. What scientific truth implies is its universality and rationality. The pushback and ignorance we observed here was that knowledge produced by ‘the Oriental’ and disseminated by another ‘Oriental’ was fighting an uphill battle to be recognised as universal truth and credible scientific knowledge. The strategic downplay and intentional inattention to produce ignorance can be understood as based on political ideology fearing the triumph of authoritarianism, based on cultural prejudice and racist bigotry fearing a new round of ‘yellow peril’, or based on sexism fearing the challenge to male authority, which is exemplified by Xu’s dismissed voice in promoting the webinar.

In promoting the webinar and the medical knowledge produced by Dr. Zhang, Xu presented herself not only as a gatekeeper but also a credible source vouching for the authority of Dr. Zhang. However, her credentials were not recognised by the white males in her small group, which further resulted in the inattention paid to Dr. Zhang. In Lakoff’s (1973) work about how gender is associated with ways of speaking, she examines how the social discrepancy in the positions of men and women in our society is reflected in linguistic disparities, and Deborah Cameron’s (2007) work in dialogue with Lakoff, points out that since males are still associated with power and authority, assertive tones are commonly associated with them, instead of with females, despite decades of feminist movements for gender equality. In dialogue settings such as the anecdote Xu encountered, the domination of the male respondent was clearly communicated through dismissal of the medical research information she shared – most of which are published by peer-reviewed medical journals in the West. The gender element played a role in the incident was evidenced by the fact that in the responses that she has collected, the majority of women, regardless of race or profession, responded with gratitude, while males either ignored the shared information or scrutinised it closely, though the latter is welcomed for the progress of scientific knowledge. In this case, her voice is ignored in in two senses, due to being both Chinese and female. It appears these two visible characteristics are more salient than her scholarly credentials that allow her to recognise the authority and credibility of peer-reviewed medical journals.

CONCLUDING REMARKS

Our analysis and reflection have attempted to dissect the production and entanglement of different types of ignorance (Proctor 2008). Ignorance exists everywhere and can never be completely eradicated given how complex the world is and how little we know. A native state of ignorance about the world will always exist and it takes both time and will to overcome it (although not always necessary). This process is shaped by practices and politics of ignoring, raising questions as to relations of power and interest in the production of ignorance. In the case of the ongoing pandemic, there are knowledge gaps about the SARS-CoV-2 virus and scientists worldwide are racing to accumulate more knowledge about it so as to better inform public policies, nationally or globally. As we have sought to show, ideological and political differences can frequently stay on the way of overcoming this native state of ignorance. By saying this, we are not implying that ignorance is always intentionally created with a bad faith. Conceptual frames
that we subscribe to may sensitivise us to some aspects of socio-political lives while ignoring others. Although it may not be intentional, it does remind us of the importance of reflexive exercise, to question how our imaginations, training, and passions affect the politics we advocate for and write about. In other instances, as we have discussed, ignorance is created and/or maintained intentionally to serve political agendas. This may negatively affect the process of accumulating and disseminating knowledge about the disease and measures to contain the pandemic.

In reviewing the discussions about China’s response, we are intrigued by the emphasis on the China aspect in many accounts. This is understandable given that the outbreak was first reported in China. But, if we are allowed to indulge in a thought experiment for a moment here, had free and fair election – the commonly used definition of democracy – existed in China, how would representations about China’s response look like? Would knowledge accumulated in China about the virus and precautionary measures still put under the same credibility test by democratic countries? Or, will a more ‘nuanced’ vocabulary also emerge to talk about China as well (Žižek 2020)? In raising these questions, as we have attempted to bring out in this paper, attention has been disproportionately placed on China – a threatening, backward and untrustworthy other. The legacy of orientalism and sinophobia, reinforced by state phobia, influences knowledge exchange from China. It is one thing to claim that knowledge from China is to be taken with caution because more knowledge is needed given the novelty of this virus. It is another to dismiss or discredit this knowledge altogether. As we are revising this paper, many European governments and US health authorities have reversed their earlier recommendations and finally called for mask-wearing in public spaces. It is a measure widely adopted in East Asia since shortly after the outbreak began in Wuhan in late January but ignored and even ridiculed in the West until recently. This is yet another example of ignorance rooted in the struggles for and the fear of losing power and authority, which unfortunately and unnecessarily complicates the global fight against COVID-19. As the saying goes, a virus does not recognise (national) borders; if the knowledge to fight it is itself subject to essentialism and exclusiveness, this sets barriers that result in unnecessary loss and human suffering. In Said’s (1994, p. 31) words, ‘they give rise to polarizations that absolve and forgive ignorance and demagoguery more than they enable knowledge’.

Our discussion here also raises several interrelated conceptual questions for further research. First, the pandemic alerts us to the role of the state in coordinating resources and protecting public health. It invites critical reflections upon the state, its roles in socio-economic management and state-centred political struggles in existing theories. It has long been argued that the state is not a monolithic and coherent entity. Yet, more attention is still paid to the repressive side of the state. An undifferentiated attack on the state and state-centric struggles overlooks, and will undermine, its potential as an important scale and institution to create and defend conditions for individual and collective well-being (Hannah 2016). Second, it calls for re-conceptualisation of authoritarianism and democracy in political studies. To associate authoritarianism and democracy only with the national scale is a mistake of methodological nationalism, denying their co-existence in any polity and at any scale. It is perhaps also necessary to go back to the fundamental question of good government whereas authoritarianism and democracy are practices to achieve this end. Third, comparing responses of different countries, whether they are classified as democracies or authoritarian countries, are pointless in an unevenly developed world hit by the pandemic asynchronously. These attempts to abstract a Chinese model, a South Korean model or a German model and to advocate their export or use as a benchmark are of little value given the differences in health care infrastructures and available resources as well as knowledge. This is not a claim against drawing useful lessons from other countries’ experiences, however. If we must engage in comparative studies, it is perhaps a more useful endeavour to investigate how pre-existing inequalities in power, wealth and knowledge have contributed to or been exacerbated by the spread of the pandemic over time.
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